



**Aboriginal
Health Council**
of Western Australia

Pre-Budget **Submission**



**We acknowledge
the Whadjuk people
of the Noongar Nation
as the custodians of the land
that AHCWA is located on
and we pay our respects
to all Elders, past, present,
and future.**

About AHCWA and the Aboriginal Community Controlled Health Sector

Governed by an Aboriginal¹ Board of Directors representing the seven regions of Western Australia (WA), the Aboriginal Health Council of WA (AHCWA) promotes the ACCHS Model of Care, which focusses on the delivery of comprehensive, holistic, and culturally secure primary health care services to Aboriginal people. AHCWA exists to empower and build the capacity of Aboriginal communities to design and deliver holistic and culturally appropriate health care, by supporting its Members - the 23 Aboriginal Community Controlled Health Services (ACCHS) located across WA.

WA ACCHS operate in diverse metropolitan, regional, remote and very remote locations. They deliver comprehensive and wraparound primary health care for Aboriginal people, by identifying and responding to the local cultural and health needs of Aboriginal people and their communities. AHCWA and the ACCHS sector are committed to ensuring that Aboriginal people across WA enjoy the same level of health and wellbeing as all Western Australians.

AHCWA advocates for improved Aboriginal health outcomes and to ensure co-design and partnerships with the health system. AHCWA also supports community capacity building through training programs and works with community to achieve collective goals.

Chairperson and Chief Executive's Introduction

The ACCHS sector remains strong and resilient, achieving the best outcomes for Aboriginal health by delivering quality wraparound health care to Aboriginal people and communities. Embedded in their communities, ACCHS are often the first port of call for diverse matters impacting health and wellbeing. They deliver culturally safe, place-based, holistic and person-centred healthcare, despite challenges, such as workforce shortages, a lack of sustainable funding, inflation, systemic racism and the impacts of the Voice to Parliament Referendum outcome.

ACCHS are underfunded for the important work they undertake, yet they are key to alleviating pressure on the WA health system by providing comprehensive primary care in the community. Investment in the ACCHS sector strengthens healthcare access and reduces reliance on acute services.

AHCWA is committed to genuine partnership with the WA Government to achieve the Four Priority Reforms and reach the targets of the National Agreement on Closing the Gap. However, shared decision-making, Aboriginal leadership and government accountability need to be at the centre of any engagement and collaboration.



Vicki O'Donnell OAM
Chairperson

Des Martin
Chief Executive
Officer

The funding proposals outlined here in AHCWA's Pre-Budget Submission were identified as priorities through broad consultation with the WA ACCHS Sector. These proposals present a real opportunity to affect change and deliver significant benefits to Aboriginal communities across the State. We hope that the WA Government will continue to recognise the critical work of the ACCHS sector, and respond accordingly.

¹Throughout this submission, AHCWA uses the term 'Aboriginal' to respectfully refer to all Aboriginal and Torres Strait Islander people across Western Australia.

Introduction

The 2025-26 State Budget presents an opportunity for the newly elected WA Government to commit funding and resources that will strengthen future-focused health policies and programs, improve Aboriginal health and wellbeing, and close the gap in health outcomes and life expectancy for Aboriginal people.

This is a chance for the WA Government to act on commitments made under the National Agreement on Closing the Gap (the National Agreement)² and associated policy and planning documents, such as the WA Aboriginal Empowerment Strategy,³ the WA Closing the Gap Implementation Plan,⁴ and the Closing the Gap Health Sector Strengthening Plan.⁵

Despite these high-level policy and planning documents, the WA Government is falling short of meeting Closing the Gap outcomes and targets, and has not sufficiently embedded the Priority Reforms in its work.⁶ Strategies, plans and frameworks with unfunded actions are not sustainable and will fail to

realise their stated goals. It is important to ensure that these plans and strategies are fully operationalised, which includes making the required investments.

According to Priority Reform Two target of the National Agreement, all jurisdictions must 'increase the amount of government funding for Aboriginal and Torres Strait Islander programs and services going through Aboriginal and Torres Strait Islander Community Controlled organisations'.⁷ The State Commissioning Strategy for Community Services makes a similar recommendation to invest 'in Aboriginal Community Controlled Organisations (ACCOs) and over time increase the proportion of services delivered by ACCOs'.⁸ These recommendations recognise that when Aboriginal people lead, design and deliver services and programs, improved health and wellbeing outcomes are experienced by the community.

Given the Labor Government's recent budget surpluses, this is the time to make strategic investments that deliver on existing policy commitments, including

the aforementioned National Agreement,⁹ the WA Sustainable Health Review (SHR),¹⁰ the WA Aboriginal Health and Wellbeing Framework 2015-2030,¹¹ the State Commissioning Strategy for Community Services 2022¹² and the Department of Communities Aboriginal Community Controlled Organisation Strategy 2022-2032.¹³

With strategic investment in mind, this Pre-Budget Submission includes costed proposals to address Aboriginal community health needs by addressing critical gaps. These proposals are the result of an extensive consultation process with AHCWA's Member Services, including a survey to all Member Services, individual meetings if requested by services, and follow up discussions with WA ACCHS CEOs and Clinical Leadership Group.

From these consultations, nine key areas of need were identified which were then strategically divided into three discrete funding proposal areas and six broader advocacy areas that were refined into AHCWA's key election priority document.¹⁴

²National Agreement on Closing the Gap. (2020). <https://www.closingthegap.gov.au/national-agreement> (accessed 20 March 2025).

³The Aboriginal Empowerment Strategy WA 2021-2029 (2021). <https://www.wa.gov.au/system/files/2021-09/Aboriginal-Empowerment-Strategy-POLICY%20GUIDE.pdf> (accessed 10 March 2025).

⁴Closing the Gap Jurisdictional Implementation Plan Western Australia. (2021). https://www.wa.gov.au/system/files/2021-09/Implementation%20Plan%20-%20CtG_1.pdf (accessed 10 March 2025).

⁵Aboriginal & Torres Strait Islander Health Sector Strengthening Plan. (2021). https://www.closingthegap.gov.au/sites/default/files/2021-12/sector-strengthening-plan-health_0.pdf (accessed 10 March 2025).

⁶Productivity Commission 2024, Review of the National Agreement on Closing the Gap, Study report, volume 1, Canberra.

⁷National Agreement on Closing the Gap. (2020). https://www.closingthegap.gov.au/sites/default/files/2021-05/ctg-national-agreement_apr-21.pdf p.18 (accessed 10 March 2025).

⁸WA Government (2022) State Commissioning Strategy for Community Services 2022. <https://www.wa.gov.au/system/files/2024-09/state-commissioning-strategy-for-community-services-2022.pdf> p.10 (accessed 10 March 2025).

⁹National Agreement on Closing the Gap. (2020). <https://www.closingthegap.gov.au/national-agreement> (accessed 20 March 2025).

¹⁰Sustainable Health Review. (2019). Sustainable Health Review: Final Report to the Western Australian Government. Department of Health, Western Australia. <https://www.health.wa.gov.au/-/media/Files/Corporate/general-documents/Sustainable-Health-Review/Final-report/sustainable-health-review-final-report.pdf> (accessed 10 March 2025).

¹¹WA Department of Health (2015). WA Aboriginal Health and Wellbeing Framework 2015-2030. Department of Health, Western Australia. https://www.health.wa.gov.au/-/media/Files/Corporate/general-documents/Aboriginal-health/PDF/12853_WA_Aboriginal_Health_and_Wellbeing_Framework.pdf (accessed 10 March 2025).

¹²WA Government (2022) State Commissioning Strategy for Community Services 2022. <https://www.wa.gov.au/system/files/2024-09/state-commissioning-strategy-for-community-services-2022.pdf> (accessed 10 March 2025).

¹³WA Department of Communities (2022) Aboriginal Community Controlled Organisation Strategy 2022-2032. Department of Communities, Western Australia. <https://www.wa.gov.au/system/files/2022-08/ACCO-Strategy-document-2022.pdf> (accessed 10 March 2025).

¹⁴<https://www.ahcwa.org.au/election-priorities/> (accessed 10 March 2025).

Funding Proposals

- 1 Healthcare Infrastructure
- 2 Patient Assisted Travel Scheme and Patient Journey
- 3 Oral Health

1 Healthcare Infrastructure

Over time, ACCHS have experienced significant growth in demand for their services and a consequent rise in client numbers. As a result, ACCHS are required to expand service delivery and programs, resulting in insufficient space in ageing and no longer fit-for-purpose buildings. These challenges, coupled with the growing Aboriginal population across the State, place additional pressure on ACCHS as they strive to meet clients' needs in the community.

Across WA, many of AHCWA's Member Services have teams dispersed across multiple locations, often in temporary buildings, as they have outgrown existing clinical spaces. Member Services have also been required to convert spaces within buildings to meet the needs of clinical, non-clinical and administrative staff, in addition to patients and programs. These challenges were even more pronounced during the COVID-19 pandemic when ACCHS across the State erected tents and temporary external structures to triage, treat, isolate and protect staff, clients and individuals.

Appropriate infrastructure is crucial for ACCHS to provide quality, culturally safe and holistic primary health care on Country. There is a clear need for ongoing upgrades to infrastructure in ACCHS to ensure that infrastructure quality matches the quality of care that is delivered by Aboriginal community-controlled

services every day. Suitable and updated infrastructure is also needed to support a growing multidisciplinary workforce that can prioritise a culturally safe primary health care space which focusses on health promotion, prevention and early intervention. This in turn contributes to cost savings, efficient services, improved outcomes and increased self determination.

Infrastructure issues were previously highlighted in AHCWA's 2024-2025 Pre-Budget Submission and continue to be raised as a priority for the Sector, demonstrating the ongoing need for greater funding and resourcing in this area.

The impact of infrastructure on the viability and sustainability of ACCHS has been recognised by both the Commonwealth and State Governments, with the Health Sector Strengthening

Plan identifying infrastructure as a key area for action under Priority Reform Two of the National Agreement. It states that 'investment is required to address significant issues with seriously deteriorating or non-existent health infrastructure for many ACCHS through improved infrastructure. This encompasses new and renovated health clinics and associated housing for staff'.¹⁵

The ACCHS sector acknowledges and welcomes the WA State Government's investment in ACCHS clinic infrastructure for community-controlled services, including the 2023-24 investment of \$18.3 million in the South West Aboriginal Medical Service (SWAMS) Health Hub, which matched the Commonwealth Government allocation of \$18.3 million.¹⁶ The WA State Government's support for the SWAMS Health



¹⁵Aboriginal & Torres Strait Islander Health Sector Strengthening Plan. (2021). https://www.closingthegap.gov.au/sites/default/files/2021-12/sector-strengthening-plan-health_0.pdf (p.11) (accessed 10 March 2025).

¹⁶<https://www.swams.com.au/state-government-backs-health-hub/> (accessed 10 March 2025).

Hub will positively impact the health and wellbeing of Aboriginal people in WA's South West as they will now be able to access high quality, holistic and accessible culturally appropriate care, services and programs in one place on Country.

The ACCHS sector also welcomes the WA State Government's commitment of \$11 million towards the construction of a new clinic for the Broome Regional Aboriginal Medical Service (BRAMS), matching the Commonwealth Government's commitment.¹⁷

It is expected that pressure will ease on existing mainstream medical services and emergency departments in both Broome and the South West as these ACCHS provide increased and tailored prevention, health promotion and disease management programs.

AHCWA understands that the WA Government shares responsibility for infrastructure with the Commonwealth, however these two examples provide a precedent for the WA Government to supply funding to improve and expand other WA ACCHS clinic infrastructure.

Investment in ACCHS infrastructure will ease demand on hospitals and minimise preventable hospitalisations and costs associated with addressing acute needs.

An audit is essential to identify infrastructure gaps, assess land and buildings needed for clinic expansion, determine improvements needed, maintain a record of existing assets, document infrastructure compliance, and potentially inform grant applications.

The SHR notes that 51,000 (7 per cent) of the 707,000 hospitalisations in 2017–18, at a cost of \$368 million each year, could have been prevented if timely and appropriate health care and management had occurred in community settings.¹⁸ ACCHS are often the first point of contact for community and deliver better health outcomes for Aboriginal people. Consequently, they need to have appropriate and up-to-date infrastructure to provide timely and efficient services, and reduce the burden on the hospital system.

Currently, individual ACCHS do not have the resources and time to conduct a thorough infrastructure audit to identify clinic needs. As a result, AHCWA proposes that the WA Government fund a comprehensive audit of ACCHS infrastructure to understand and outline the healthcare infrastructure needs of the ACCHS sector.

An audit is essential to identify infrastructure gaps, assess land and buildings needed for clinic expansion, determine improvements required, maintain a record of existing assets, document infrastructure compliance, and potentially inform grant applications. An audit also provides an opportunity to determine clinical need for equipment, digital technology and other clinical apparatus that would improve the delivery of culturally safe and appropriate care on Country, and lead to better outcomes.

This recommendation supports the WA State Government's commitments under Priority Reform Two of the National Agreement - building and strengthening the community-controlled sector, and would improve access for Aboriginal people to safe and effective essential primary health care services through the provision of culturally appropriate, fit for purpose health infrastructure across WA.

¹⁷<https://www.brams.org.au/help-build-our-new-clinic/> (accessed 10 March 2025).

¹⁸Sustainable Health Review. (2019). Sustainable Health Review: Final Report to the Western Australian Government. Department of Health, Western Australia. <https://www.health.wa.gov.au/-/media/Files/Corporate/general-documents/Sustainable-Health-Review/Final-report/sustainable-health-review-final-report.pdf> p.26 (accessed 10 March 2025).

BUDGET PROPOSAL 1

\$1.4 million for AHCWA to undertake a comprehensive assessment of WA ACCHS healthcare infrastructure needs in metropolitan, regional, remote and very remote communities. This will identify infrastructure gaps and determine improvements needed to align the growth of the services with the needs of community.

AHCWA will engage a consultant to complete an audit of all AHCWA Member Service clinics (including remote and very remote clinics) in terms of capital works and clinical equipment. This includes scheduling, coordinating and supervising all aspects of the audit.

- ✓ Capital works audit to include (but not limited to): structural building checks including bricks, mortar, walls, flooring and wiring; doors; driveways, fences and retaining walls; bathroom equipment; and air conditioning and heating units;
- ✓ Capital works audit will include identification and assessment of land and buildings that need to be acquired to accommodate clinic expansion;
- ✓ Capital works audit will outline technical details that will inform future project designs and functional briefs; and
- ✓ Clinical equipment audit to include the review and stocktake of all equipment within the facility, including equipment that is ageing, deteriorating, needing upgrades or replacement.



Ear Health Training at Broome Regional Aboriginal Medical Service (BRAMS) in 2022

② Patient Assisted Travel Scheme and Patient Journey

The Patient Assisted Travel Scheme (PATS) is a financial assistance program funded by the WA Government and administered through the WA Country Health Service (WACHS). It provides subsidies for people living in regional and remote WA to travel to access specialist medical services. PATS is available to country residents who meet the eligibility criteria and are required to travel more than 100 kilometres to access specific services.¹⁹

The ACCHS sector has identified many issues which impact the efficacy of PATS. These issues include limited travel subsidy resources, accommodation subsidies not being in line with current market conditions, inconsistent application of PATS policies, and limited access to PATS for dental procedures.

Alongside these issues, ACCHS have explained that the PATS system is complicated and

many clients need support to navigate the system. They also highlighted that many PATS staff lack cultural understanding and may not be aware of the complexities of travelling from remote communities to larger regional centres or Perth. It also appears that PATS arrangements are dependent on individual PATS Officers/Clerks and that ACCHS often need to follow-up on arrangements to ensure their patient's travel arrangements are appropriate. However, the arrangements frequently fall short of meeting patient needs. Many ACCHS explained that these follow-ups take clinicians away from their core work and adds to an already demanding workload.

This has been an ongoing issue and was highlighted in 2007 in the Highway to Health: Better Access for Rural, Regional and Remote Patients Inquiry (Highway to Health Inquiry).

Here, an Aboriginal Medical Services Alliance Northern Territory representative outlined the administrative burden of PATS on community clinics, stating this was 'not an effective use of doctor time'.²⁰

AHCWA and the ACCHS sector welcome Labor's election commitment to increase the PATS fuel rebate and to expand eligible services included in PATS,²¹ however this will not address the added burden of work that ACCHS face when managing the journey coordination involved in PATS.

Many Aboriginal clients have complex needs and challenges with ACCHS emphasising that many clients have never left their community or travelled previously, in addition to often not speaking English as a first language. ACCHS explained that this is not well understood by current PATS Officers/Clerks, and that there is a need for improved cultural safety and awareness of cultural issues and complexities. This was also highlighted as an issue in the 2007 Highway to Health Inquiry.²²

Access to PATS needs to be improved to enable better access to appropriate health care for remote patients and to address the disparities between Aboriginal health and non-Aboriginal people, in line with the National Agreement.

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¹⁹<https://www.wacountry.health.wa.gov.au/-/media/WACHS/Documents/PATS/PATS-Handbook.PDF> p.5 (accessed 12 March 2025).

²⁰Highway to Health: Better Access for Rural, Regional and Remote Patients (2007). https://www.aph.gov.au/-/media/wopapub/senate/committee/clac_ctte/completed_inquiries/2004_07/pats/report/c05_pdf.ashx%20Refer%20to%20 p.101 (accessed 12 March 2025).

²¹<https://www.rogercook.com.au/media/historic-pats-expansion-to-provide-regional-cost-of-living-relief> (accessed 12 March 2025).

²²Highway to Health: Better Access for Rural, Regional and Remote Patients (2007). https://www.aph.gov.au/-/media/wopapub/senate/committee/clac_ctte/completed_inquiries/2004_07/pats/report/c05_pdf.ashx%20Refer%20to%20 p.87 (accessed 12 March 2025).



Kununurra, Western Australia

Strategic Direction 2 outlined in the Implementation Guide of the WA Aboriginal Health and Wellbeing Framework highlights the need for the implementation of 'policies, processes and pathways to reduce the complexity involved in navigating the health system for Aboriginal patients, their carers and families'.²³ The funding proposals outlined in this document will support the achievement of this Strategic Direction and improve the patient journey for many Aboriginal patients throughout regional and remote WA.

AHCWA proposes that the WA Government fund and work with the ACCHS sector to implement PATS Regional

Coordinators that will specifically assist Aboriginal clients navigating the system. AHCWA is aware that PATS Officers/Clerks already exist, however the proposed Regional Coordinator would be located at an ACCHS and would specifically support Aboriginal people with the logistical and administrative components of PATS.

AHCWA is also proposing that the WA Government fund a Patient Liaison Officer for each regional ACCHS to support Aboriginal clients through the patient journey. It is proposed that they would meet Aboriginal clients in Perth and provide cultural brokerage; assisting Aboriginal people to navigate travel and appointments, and liaising

with hospitals, PATS Officers/Clerks and accommodation. WA ACCHS have identified coordination of care throughout the patient journey as an area of critical need, explaining that a coordinated patient journey process is crucial to ensure the health and safety of community members, providing stories of many people who did not have the support or means to return to community and disappeared, or passed away as a result. The important role of Aboriginal Liaison Officers (ALO) to support clients on the patient journey was noted in the 2015 Standing Committee on Public Administration Report on the Patient Assisted Travel Scheme in Western Australia.²⁴

²³Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015–2030 (2015). <https://www.health.wa.gov.au/~media/Files/Corporate/general%20documents/Aboriginal%20health/PDF/13283-implementation-guide-final.pdf> p.26 (accessed 12 March 2025).

²⁴Report on the Patient Assisted Travel Scheme in Western Australia (2015). [https://parliament.wa.gov.au/Parliament/commit.nsf/\(Report+Lookup+by+Com+ID\)/763CA24D4868976848257E660025B7EB/\\$file/pc.pat.150609.rpf.025.xx.pdf](https://parliament.wa.gov.au/Parliament/commit.nsf/(Report+Lookup+by+Com+ID)/763CA24D4868976848257E660025B7EB/$file/pc.pat.150609.rpf.025.xx.pdf) p.78 (accessed 18 March 2025).

A handful of WA ACCHS currently provide this Patient Liaison Officer or ALO role, which is demonstrating positive outcomes, despite little to no funding. These ACCHS have highlighted the need for sustainable funding to ensure the continuation and longevity of these positions.

AHCWA is aware of the Country PathS²⁵ journey coordination program, managed by WA Health, however Member

Services have expressed a need for a patient journey program that is embedded in the ACCHS Sector to support Aboriginal clients. Another program called Country Health Connection²⁶ also exists, however this is currently a transport program, and does not provide the broader wraparound support that many clients require, which could be met by the WA ACCHS sector. The ACCHS Sector does not wish to see a duplication of programs, but recognises

that there is a clear need to improve patient journey support from beginning to end. Embedding patient journey support within the ACCHS sector will ensure cultural safety, complement existing programs, improve Aboriginal health and wellbeing and support the WA State Government's commitments under Priority Reform Two of the National Agreement - building and strengthening the community-controlled sector.

BUDGET PROPOSAL 2

\$990,000 for PATS Coordinators in six regions throughout WA to be based at one of the ACCHS in that region. They will assist Aboriginal clients and ACCHS to navigate the logistical and administrative side of PATS.

BUDGET PROPOSAL 3

\$2.31 million for Patient Liaison Officers to be employed by each regional WA ACCHS. They will be responsible for assisting Aboriginal clients through the patient journey upon arriving in Perth or larger regional centre.

- ✓ AHCWA will liaise with and support WA ACCHS to implement PATS Coordinators and Patient Liaison Officers.
- ✓ The WA ACCHS Sector will employ PATS Coordinators, have responsibility for on-boarding, salary payment and associated travel and capital expenditure.



²⁵<https://www.wacountry.health.wa.gov.au/Our-patients/Country-PathS> (accessed 15 April 2025).

²⁶<https://www.wacountry.health.wa.gov.au/Our-patients/Patient-Assisted-Travel-Scheme-PATS/Get-started> (accessed 15 April 2025).

3 Oral Health

The ACCHS sector has repeatedly raised issues regarding dental care provision in WA. Most dental conditions can be easily avoided with appropriate preventative care, however high levels of demand, lack of access to services and government funding constraints in WA have led to public dental services addressing acute dental need, out of necessity, rather than focusing on preventative care.

Services throughout the State are fragmented, variable in quality and often reliant on visiting services, which can be unreliable and inconsistent. Despite oral health impacting a range of health issues, State and Commonwealth investment into public dental remains inconsistent and not fit-for-purpose.

Regional and remote areas are currently reliant on a mix of visiting services from the Royal Flying Doctor Service (RFDS), WA Dental Health Service (DHS) and occasionally philanthropic dental organisations. In some regions, both DHS and RFDS partner with and operate out of ACCHS; working together to ensure Aboriginal people are receiving culturally safe dental care.

DHS currently only supports people that have a health care card or pension concession card. Treatment is subsidised by the WA Government up to a maximum of 75 per cent of the cost of the treatment, with the level of dental subsidy based



upon a person's Centrelink income, which is assessed by DHS.²⁷ In remote locations, where DHS is the sole dental provider, all patients can access dental care at the public dental clinic, however, if patients are not eligible for subsidised care, they are required to pay the full fee. Waiting lists can be long and clients are seen in a first come, first served manner.

RFDS attends a number of regional and remote sites on a Fly-in, Fly-out basis and although RFDS dentists treat clients regardless of income or access to concession cards, they are unable to address the full dental need of clients. A number of ACCHS have extensive waiting lists that cannot be resolved with visiting services. There needs to be sustainable solutions to address the dental need,

particularly in regional and remote areas. Further, RFDS is not funded to provide a comprehensive dental service in the regions, it is considered a supplementary service that exists only to address need where there is a market gap.

RFDS and other services struggle to find workforce and accommodation in regional areas, with DHS experiencing severe staff shortages.²⁸ Dental services also ceased through COVID-19, with a number of locations unable to access dental treatment for approximately two years. This has led to an extensive backlog of clients. Out of necessity, dental clinicians prioritise acute treatment (generally in the form of extractions), rather than preventative care.

²⁷<https://www.dental.wa.gov.au/About-us/Quick-Guide-to-Dental-Health-Services/> (accessed 12 March 2025).

²⁸ACCHS participant feedback.

Due to the high levels of acute need, many clients are referred to dental services in a hospital setting, particularly if they require general anaesthetic. There are also a high number of referrals for children to attend Perth Children's Hospital. Given this need, and the expense of travelling to regional centres or Perth for dental treatment, and the lack of coverage under PATS, AHCWA is suggesting that the WA Government provides finance for an emergency fund that Aboriginal clients can access to pay costs associated with dental treatment, including accommodation and travel.

There is a great need for dental reform across the State and for both State and Commonwealth Governments to invest in new and sustainable approaches to dental care for Aboriginal people, particularly those on low incomes and in regional and remote areas. This includes partnering, funding and working with ACCHS to provide oral health care. The Select Committee into the Provision Of and Access to Dental Services in Australia report recognised the need for ACCHS to have greater involvement in the delivery of oral health care, recommending that 'the Australian Government adequately recognises the need for Aboriginal Community Controlled Health Organisations to: train general health care providers in delivering basic and preventative oral health care; and recruit and retain dentists, and other oral health practitioners, to work in regional and remote areas of Australia'.²⁹

This aligns with the ACCHS holistic Model of Care in which multidisciplinary teams provide wraparound care based on the needs of communities. Oral health needs to be integrated into ACCHS to enable the provision of culturally safe, holistic care, supporting wellness and preventative care. The need for the provision of culturally secure, sustainable dental services, in partnership with the ACCHS sector has been recognised in other jurisdictions, with the New South Wales Government providing \$1.7 million to ACCHS across the state to upgrade dental equipment.³⁰

Building the capacity of willing ACCHS to provide dental care is in line with Priority Reform Two of the National Agreement. Where this is not possible, there should be resourcing and funding for dental partners to work with the ACCHS sector to ensure continuity of care and culturally secure services. Ideally, AHCWA and the ACCHS sector would like funding to embed dental in ACCHS clinics as part of a comprehensive holistic service, however AHCWA notes this could be difficult given workforce shortages, with DHS and RFDS struggling to recruit dental staff. Given the dental workforce shortage, AHCWA is proposing a strategic approach to addressing oral health challenges in the short term.

When AHCWA consulted RFDS and DHS on dental service challenges, both highlighted difficulties in recruiting sufficient workforce to travel to the regions, as well as barriers related to clinic accreditation and inadequate dental infrastructure. To address this, AHCWA and the ACCHS sector propose funding an infrastructure audit and assessment to ensure ACCHS facilities meet necessary standards.

Additionally, AHCWA recommends investment in an ACCHS Oral Health Coordinator position to lead oral health promotion, education, and preventative initiatives. This role would also oversee the dental infrastructure audit and manage the dental emergency fund.

AHCWA also suggests investment into training Aboriginal Health Practitioners in Fluoride Varnish Treatment. This would involve a refresh of a 2013 election commitment to employ and train Aboriginal Health Workers to provide basic assessment, primary care and prevention in ear, eye, and oral health to children in remote communities in the Kimberley, Pilbara, Midwest and Goldfields regions, in partnership with the ACCHS sector.

Given the dental workforce shortage, AHCWA is proposing a strategic approach to addressing oral health challenges in the short term.

²⁹Select Committee into the Provision of and Access to Dental Services in Australia (2023). https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Dental_Services_in_Australia/DentalServices/Final_report/Chapter_5_-_Maldistribution_and_capacity_training_and_workforce_matters p.107 (accessed 10 March 2025).

³⁰<https://www.nsw.gov.au/media-releases/dental-investment-benefits-aboriginal-communities> (accessed 10 March 2025).

Pilbara region, Western Australia



BUDGET PROPOSAL 4

\$400,000 for AHCWA to undertake a comprehensive assessment of WA ACCHS dental infrastructure needs in metropolitan, regional, remote and very remote communities. This includes assessing and supporting services with compliance, licensing and equipment maintenance.

AHCWA will employ an Oral Health Coordinator to provide oral health education to ACCHS staff and clients. The Coordinator will also undertake an audit of all AHCWA Member Services' dental equipment and rooms. This includes scheduling, coordinating and supervising all aspects of the audit.

- ✓ The audit will include the review and stocktake of all dental equipment, including equipment that is ageing, deteriorating, needing upgrades or replaced.

BUDGET PROPOSAL 5

\$806,000 for a dental emergency fund to support travel to Perth for dental emergencies and associated costs.

- ✓ The audit will also review licensing and accreditation and provide advice to clinics on their needs in this space.

BUDGET PROPOSAL 6

\$205,000 per year for an Oral Health Coordinator to provide oral health education to ACCHS staff and clients, undertake the dental infrastructure audit and manage the dental emergency relief funding.

AHCWA will also manage the dental emergency fund applications and distribution of funds.



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