

Aboriginal people have the highest chronic health problems of any group in the country.

Katungul is a bulk billing facility. This puts Katungul at a disadvantage when compared to mainstream clinics, who charge fees above the Medicare Rebate. Medical staff are well paid, and the clinics are well resourced.

Currently Katungul employs GP's equivalent to 1.5 FTE's. Ideally Katungul needs 2 FTEs per facility (6 FTE across the 3 facilities). To fill the void Katungul engages Locum's, and the cost includes \$1500 to \$1800 per day, accommodation, travel costs to and from plus provide them with a car. The cost outweighs the benefit. With Locum's constantly changing, the client struggles to build a relationship and trust with a Doctor. Trying to attract and recruit GPs to our footprint long term is difficult as the remuneration, accommodation/housing and access to services is problematic.

Dental is another area that is almost impossible to attract to our footprint. Currently Katungul has fully equipped dental suites in Bega and Narooma. No dental service has been provided in Bega for almost 2 years. This is due to the fact Katungul cannot convince a dentist to come to Bega and if they are interested the cost to employ is prohibitive.

In Narooma up until June 30, 2024, the Dentist was providing services for 3 days per month. The Dentist has increased his days to 6 days per month. This is great; however, the waiting list is over 100 here at Narooma. There is a fully equipped Dental bus located at Narooma. This was used to visit schools to provide dental checks for school children. This was very popular and successful service. However, it hasn't been used for over 18 months due to the lack of availability and recruitment of appropriate staff that includes Therapists and Hygienists. On rare occasions when a Dentist has shown some interest working at Katungul their hourly rate has been \$350 per hour, Katungul cannot afford to pay that rate.

FUNDING

The NSW Ministry of Health fund our four foundational programmes (Dental, Mental Eyes and Ears and Population Health) as well as some funding for minor Capital Works. NSW Department of Communities and Justice (DCJ) fund the operations of our Domestic Violence Facility. The Federal Government through the Department of Health provide funding for the Indigenous Australians Health Programme (IAHP) and Aged Care. Katungul recognises that these are "the best bang buck" programmes we have. The funding is direct, mostly aimed at frontline delivery of services, high standard of reporting and accountability and are flexible as they deal directly with the recipients of the funding.

Unfortunately a significant portion of our funding comes via the "middleman" that includes Grand Pacific Health (GPH), Coordinare, Rural Doctors Network (RDN), or Federal funding diverted through "disasters" such as Resilience NSW (now NSW Reconstruction Authority), SNSW Local Health District (SNWLHD) and even through Indigenous organisations such as National Indigenous Australians Agency (NIAA), National Aboriginal Community Controlled Health Organisation (NACCHO) and Aboriginal Health and Medical Research Council (AH&MRC). Katungul's response is as the funding passes through these

organisations the funding becomes diluted (they all take a slice to cover their administration costs) and the effectiveness of the programme diminishes in proportion.

POPULATION HEALTH PROFILE (PHP) - COORDINARE

Coordinare's PHP relies on the regurgitating data from the Census, and we discovered, during Covid, that much of the data is simply not correct, aside from measuring where people are on a Tuesday night in the middle of winter, much of the data is wrong, especially to do with dwelling occupancy levels and, in turn, population trends etc. that emanates from that. The PHP underpins all health care planning, and this is critical with our community.

EDUCATION & TRAINING

Our number one priority is to improve the services delivery on our footprint. The ready-made skill set we need immediately is hard to find and for Katungul a long-term view is required to meet this need. Identifying and investing in Aboriginal people from our footprint through education and training is the only way Katungul can meet the needs of the community.

Katungul urgently needs Aboriginal Health Workers (AHW), Aboriginal Health Practitioners (AHP), Enrolled Nurses (EN) Registered Nurses (RN) with this level of skill set it will lessen the workload of GP's and be more efficient. It's the same situation in the Dental programme and the need for Therapists and Hygienists.

Katungul receives very little funding for Education and Training. Our suggestion is that provision for Education and Training should be attached to a delivery programme directed through NSW Health.

Another major problem for Katungul is the poaching of staff on our footprint. We are competing with all the "middlemen" listed above. The talent pool at the coal face is continually diluted. Katungul has had staff complete their AHP and AHW training only to be poached by the SNSWLHD.

Last week I had one of our AOD staff advise me that SNSWLHD approached him to apply for a role with them and his application was successful. He let me know what had happened and after some discussion I was pleased to find that his passion was working with Community directly even though he was offered significantly more money. I was also made aware that SNSWLHD had a pot of money for the purpose of to spend recruiting Aboriginal staff and they need to act quickly while the money is still available.

I have mentioned earlier that Katungul is a bulk billing facility and consequently we cannot match what NSWLHD, and other "middlemen" pay. This makes it hard to retain and attract staff and when we do provide training for staff, they get poached.

CONCLUSION

While the tiers of Government create their own inefficiencies in duplicating services etc. the solution is that we (and all AMS's) should deal directly with both Federal and State Health agencies who should, in turn, have all associated training funding channeled through them.

Aboriginal people have the highest chronic health problems of any group in the country, we need to help to attract the health professionals we need to improve outcomes for our community.

David MacQueen

CEO

Katungul Aboriginal Corporation Regional Health & Community Services

KATUNGUL ABORIGINAL CORPORATION REGIONAL HEALTH & COMMUNITY SERVICES – SUMMARY OF SERVICES

Katungul is a community owned organisation with approximately 350 members. The Board is elected from the members.

MEDICAL CLINIC

The clinics are located at Bega, Narooma and Batemans Bay and offer a range of services and treatments. These include:

- GP/Medical Centre
- Allied Health and/or visiting Specialist Services
- Dental Services
- Mental Health Services
- Chronic Disease
- Eye & Ear Health
- Women's & Men's Health
- Drug & Alcohol (AOD)
- Patient Transport

Katungul holds an outreach clinic at Wallaga Lake every Tuesday.

WOMEN'S HEALTH AT KATUNGUL

Services include:

- Pap smear cervical clinic
- Sexual health screens
- Breast screening
- Domestic violence (debrief and referral)
- Sexual assault (debrief and referral)

ABORIGINAL MATERNAL INFANT HEALTH STRATEGIES (AMIHS)

Katungul offers pre- and post-natal care for Koori women and women with Koori babies.

AMIHS is accessible in Narooma through the Moruya District Hospital and at the Bega-based Katungul clinic. The program has been designed to provide a continuum of care for expecting mothers who have built a trusting relationship with their midwife and obstetrician. The midwife also conducts home visits up to 6 weeks after birth to offer physical support and personal care for mothers and newborns.

The program was developed to improve the quality of pregnancy care and birth outcomes in Koori women and women expecting Koori babies. AMIHS promotes a healthy lifestyle during pregnancy and provides education on parenting and family planning.

PATIENT TRANSPORT AT KATUNGUL

Katungul Aboriginal Corporation Regional Health and Community Services understands that it can be difficult for clients to travel to our Bega, Narooma and Batemans Bay based clinics. In this instance, transport is available for clients who:

- Are Indigenous & are a regular Katungul Client (3 visits in a 12-month period)
- Are referred by Katungul services
- Have no access to a vehicle
- Are not on work cover

TRANSPORT VEHICLES

Transport vehicles have baby seats, capsules and boosters available for family transport.

AOD SERVICES

Our clinics are located at Bega, Narooma and Batemans Bay and offer a range of services and treatments. These include:

- Group counselling,
- one on one counselling,
- support in recovery
- transport to rehab
- Detox and Family support.
- WDO - Work Development Orders- all sites
- Smart Recovery Groups

DENTAL

Services include

- General dental check-ups
- Dental Therapist
- Teeth whitening
- Teeth cleaning and fluoride therapy
- Repair of damaged teeth
- Treatment of disease
- Extraction of teeth
- Education on dental health

SEWB

Offer a range of services and treatments. These include:

- Koori connections
- Strong Families, strong communities
- WDO - Work Development Orders- all sites
- General counselling
- ADLO - Aboriginal Disability Liaison Officer

EARS - OT MEDIA

This program has led to the establishment of the Ears, Nose and Throat (ENT) outreach clinic at Goulburn, Batemans Bay, Bega and Moruya, which is regularly attended by an ENT specialist from Westmead Children's Hospital. Children with chronic OM are immediately transferred to the ENT clinic for further treatment.

EYES - Katungul Eye Health Program

The Katungul Eye Health program involves vision testing and diabetes checks performed by a Sydney-based eye specialist.

INTERGRATED TEAM CARE (ITC)

The ITC program aims to improve health outcomes for Aboriginal and Torres Strait Islander people with chronic conditions through care coordination and support for self-management.

DOMESTIC VIOLENCE FACILITY FOR ABORIIAL WOMEN.

Recently opened earlier this year and has 22 rooms available.