WALGETT ABORIGINAL MEDICAL SERVICE
COMPREHENSIVE PRIMARY HEALTH CARE PROGRAM (PHCP) – August 1986 to Dec 1990

INTRODUCTION

This report has been prepared in retrospect at the request of the Walgett Aboriginal Medical Service (WAMS) Chief Executive Officer and relates only to the period from August 1986 to December 1990.

WAMS has provided comprehensive primary health care services from the beginning, as Aboriginal Health Workers (AHW) were employed from the time of the establishment of WAMS, and a doctor shortly thereafter. Health promotion, early intervention, provision of culturally sensitive, and where possible culturally appropriate services to clients with acute and chronic illnesses were a focus of activities from the inception of WAMS.

The community nurse was appointed in August 1987, to implement the WAMS comprehensive primary health care program (PHCP) ensuring the provision of culturally sensitive, high quality, coordinated, effective and resources efficient provision of health care services primarily to the Aboriginal community in Walgett, but essentially all those who sought health care were treated the as everyone from the time the doors were first opened. As the PHCP progressed it was extended to all clients of WAMS (Aboriginal and non-Aboriginal) and also to communities of Lightning Ridge, Collarenabri, Goodooga, Glengarry and Sheepyards.

AIMS:

The main aim of WAMS PHCP was to provide a culturally appropriate primary health care accessible to Aboriginal people in Walgett. Due to the restricted services available in the town the specific objectives of the program were to:

- provide a culturally appropriate venue as a point of contact;
- facilitate culturally appropriate decision making by Aboriginal people regarding their specific health and related psychological issues;
- assist in the prevention of and early intervention for illnesses or socio-emotional well being (SEWB) issues experienced by Aboriginal people in Walgett;
- support Aboriginal women during their pregnancy, including from pre-conception to the end of the postnatal period;
- facilitate access by Aboriginal people to specialist health services as required.

WAMS PHCP PHILOSOPHY

- Health in the community is determined by the community itself, shaped by attitudes and beliefs related to self and others and the ability to adapt in positive ways to stressors in the environment.
- The health team members function to facilitate adaptation. They have specific knowledge and skills in determining the stressors and the likely outcomes of different coping mechanisms. Only the individual or group can determine the 'rightness' of various coping mechanism. The health team members are able to evaluate outcomes but not to direct behaviours or attitudes.
- Prevention is of equal, if not greater, importance than curative programs, however curative programs may take priority in day-to-day activities.
- Each individual is responsible for their own health, but they can also expect that health team members provide them with specific knowledge and /or skills to allow each individual or group to make informed decisions.

GOALS OF WAMS

The goals of WAMS were to develop:

- a belief of self worth in the community and individuals, and the ability to cope with daily stressors effectively;
- effective health promotion programs, based on the needs of the local community;
- relationships between community members and the health system, so that services are effectively and appropriately utilised; and
- enhance the qualifications and skills of the employees of WAMS.

The objects of WAMS as outlined in its Constitution, were:

Recognising that Aboriginal people suffer economic, social, nutritional and housing disadvantages that cause or accentuate medical problems beyond those of the general community, the objects of WAMS shall be to:

- *foster and strengthen the development of Aboriginal culture and identity;*
- *provide an accessible medical service to Aboriginal people;*
- *provide health promotion programs that meet the needs of Aboriginal people;*
- *assist Aboriginal people to use existing health services effectively;*
- *promote understanding among the members of the health system (at all levels), the general community and politicians so that adequate provision is made for the needs of Aboriginal people;*
- *employ Aboriginal people wherever possible to deliver a service that meets the needs of the Aboriginal community;*
- *continuously assess the health needs of Aboriginal people and to take or cause to be taken, steps to meet these needs;*
- *encourage staff of WAMS to participate in training courses to enable them to carry out the objects of WAMS;*
- *support the establishment of Aboriginal medical and other health related services, and encourage and assist existing services;*
- *regularly evaluate the service provided by WAMS in terms of the objects.*

UNDERLYING PRINCIPLES

The WAMS PHCP was based on a number of other fundamental principles.

The definition of health held by WAMS is that health means life means health. The NAHS Party as further elaborated this definition in 1989, stating that health means:

> *"Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life."*

In applying this definition, it is to be noted that:

> *"Health is an ongoing process, often painful, of an organism becoming the most – the best – it can be. And disease is anything, sometimes painful, often painless, that interferes with the process of health."* [i]

Further, to ensure programs and activities were culturally sensitive and where possible culturally appropriate, specific guidelines were developed to be applied whether developing programs or in direct service provision. In relation to the activities of the WAMS health services providers the following principles were applied from inception of the PHCP.

As one of the Aboriginal cultural imperatives are positive reinforcement, WAMS attempted to ensure that this imperative drove the development of programs and also the therapeutic relationship between WAMS services providers and clients and the families. WAMS programs and activities highlighted the positive aspects of various issues, strove to use strategies that promoted individual responsibility and promotion of self-esteem in individuals, in families and the community as a whole.

WAMS uses the holistic approach to care. To this end AHW were provided further education and support to enable them to coordinate and oversee the various services offered to clients and their families, whether dealing with physical, psychological or sociological in nature, working to ensure that these were of high quality, coordinated, complementary and cohesive. Whilst the doctor and nurse were each responsible for their own area of practice within the therapeutic relationship, AHW were included wherever possible. Their insights into the context in which the client operated were invaluable in enabling positive outcomes for the clients.

Adherence to legislative and regulatory requirements and governance, administrative, professional and clinical standards is essential to provision of high quality health care. The *Functional Cognitive Framework For Health Service Providers* [ii] was the theoretical framework used to ensure that programs and activities would have a basis for clear direction and decision-making. WAMS adhered to the NSW Government legislative and regulatory requirements. NSW Department of Health clinical guidelines were applied in the absence of any relevant guidelines. In terms of professional behaviour, the doctor adhered to the national professional standards of general practice and the nurse to the International Council of Nurses (ICN) Standards of Practice. As at that time there was no formal recognition of the practice of AHW in NSW, the NT legislative, regulatory and competent practice requirements were customised to suit NSW circumstances.

REVIEW OF SIGNIFICANT ISSUES

For many years WAMS Directors and staff had been raising concerns regarding the incidence and prevalence of health problems, physical and socio-emotional and the poor usage by Aboriginal people of the existing health services. Mainstream health service providers also expressed frustration regarding the "non-compliance" by Aboriginal patients with the advice given or treatment proposed by the health service. Discussions ensued between the Registered Nurse (RN), Aboriginal Health Worker (AHW) and:

- WAMS staff;
- WAMS directors;
- clients of WAMS;
- other people in the community;
- health staff – Walgett hospital staff, community health staff in Goodooga, Lightning Ridge, Collarenabri and health staff providing services from the Area Health Service and the Aged Care Services, both in Dubbo.

Issues identified included:

- socio-emotional distress in the community was extreme, relating to a wide range of factors including, but not limited to, intergenerational trauma, chronic racism, chronic unemployment and high death rates from a variety of chronic diseases, as reflected in the high prevalence of alcohol abuse, domestic violence, vandalism, high rates of school dropout, poor academic achievement across the board, intimate partner violence, general trauma, motor vehicle accidents, recidivism in regards to recreational drug use and generally being unsettled and being itinerant.;
- some medical conditions were present in epidemic proportions, for example diabetes, cardio-myopathy, renal conditions and respiratory diseases. Communicable diseases, including sexually transmitted infections (STIs) and blood borne viruses (BBV) were also present at significant levels;
- some of WAMS clients were highly reticent to use health services unless the issue was extreme;
- clients needed:
  - access to individual sessions during which all their health issues were addressed, rather than attending in groups or clinics which specifically focused on specific issues e.g. ophthalmology, ENT, obstetrics, general medical or paediatrics;
  - support in all pregnancy related issues, not merely medical concerns;
  - culturally appropriate service supporting their care and nurture of children from birth to five years of age;
- women perceived pregnancy and birthing as a normal part of living and had difficulty with the need to travel to Dubbo for all services except for antenatal classes (conducted by Early Childhood Nurse) and contraceptive advice (usually received from WAMS or private general medical practitioners);
- health practitioners were concerned about the high rate of adolescent pregnancies, lack of attendance for antenatal care, high rate of women presenting to Walgett hospital for deliveries with little or no antenatal care and the high incidence of pregnancy related health issues.

PROCESSES ASSOCIATED WITH WAMS PHCP

- The program was a 24-hour service, provided by Aboriginal Health Worker (AHW) and Registered Nurse/Midwife (RN) employed by WAMS, and when WAMS had one, the Doctor. Clients could enter program via referral from:
  - self,
  - family;
  - WAMS staff;
  - local general medical practitioners;
  - local community health or Walgett Hospital staff;
  - out of area health services;
- In general the venue for the program was WAMS. Many of the health promotion activities occurred in the community. Home visits and visits to inpatients in hospitals were also undertaken on a needs basis as authorised by the doctor or RN.
- Specific services included:
  - advice on relevant health issues;
  - crisis intervention;
  - prevention of or early intervention for clients at risk of medical conditions (e.g. diabetes, asthma, thalassemia, etc.) or in socio-emotional distress or those requiring support in their parenting skills to name but a few;

  - general health assessments, made by either the AHW or RN. Physical obstetric assessments were made by the RM;
  - medical treatment by the doctor.
- All clients were referred to their general medical practitioner wherever any results out of the normal range were obtained or where the AHW or RN suspected a medical problem;
- AHW or RN discussed relevant issues with the client prior to and following visits to mainstream practitioners.
- WAMS established strong relationships with a variety of specialist services (including specialist doctors, women's health nurse, audiologist, diabetic educator, Aged Care Assessment Team (ACAT) and the like), some of who provided a visiting service to Walgett, others who saw clients in Dubbo.
- Women were referred to their general medical practitioner once they were pregnant for general medical examination, including screening for potential problems and for referral to an obstetrician. They were offered a midwifery service, concentrating on healthy mother and baby and early recognition of problems. Women were also encouraged to utilise existing antenatal and postnatal services. There was no birthing service in Walgett. Doctors required that all women travel to a service providing labour ward facilities for their deliveries. The nearest obstetricians were in Dubbo. Only emergency deliveries were conducted in Walgett;
- Families were supported in their care of elderly relatives, with practical advice and clinical support where needed. The RN and AHW conducted aged care assessments on behalf of the ACAT;
- Where possible WAMS assisted with transport needs to and from medical specialists visits and hospitals. Some assistance was available for transport to specialist services. WAMS provided patient transport to and from Dubbo, initially three times per week. Where clients were referred to specialists further away, clients were encouraged to access the NSW Health Isolated Patients Travel and Accommodation Scheme (IPTAAS). In case of hardship, WAMS staff negotiated with NSW Health to cover the cost in advance, after the client paid a nominal fee. The NSW Ambulance Service was accessed where emergency evacuation (road or air) was required;

IMPLEMENTATION

The crucial aspects of the WAMS PHCP relate to:

- adherence to the objects of WAMS by all programs and all staff;
- development and strengthening of the role of Aboriginal Health Workers;
- specific activities related to well-being of both individuals and community, such as sentinel screening; nutrition and dental health; wellbeing of children; mental health and socio-emotional well-being; substance abuse program.

PRINCIPLES OF PRIMARY HEALTH CARE

Examples of the application of the principles of primary health care included the following:

- WAMS developed and completed an accurate community profile of all areas of community life.
- A wide range of individuals and groups in the community were, and are, consulted to determine significant issues.
- WAMS Directors and staff act as advocates at any forum that the community deems appropriate.

- A number of pilot projects have been initiated to address specific issues in identified target groups.
- WAMS staff work towards researching issues raised to identify the real problems and their causes, rather than limiting activities to manage symptoms.
- WAMS encourages and supports interested members of the community to train in general skills that will assist community development;
- WAMS staff expend limited resources on those issues that are beyond the control of the local community to change, but continue to advocate at every opportunity for the necessary change;
- All staff, not only health professionals, function as multi-skilled professionals to enable WAMS to effectively utilise resources at its disposal;
- The community makes the final decision and bears the responsibility. WAMS ensures this by noting comments from Directors and feeding back to them information that is then used in community decision-making.[iii]

ABORIGINAL HEALTH WORKERS

The extension and enhancement of the knowledge, skills and attributes of the Aboriginal Health Workers (AHW) proved to be vital to the success of the PHCP. As outlined earlier, the relevant health professional retained the responsibility and accountability for their own area of expertise. The role of the AHW was to support clients to understand and effectively implement the advice of the relevant health professional in the context of the client's own values and physical, social, cultural and environmental circumstances.

AHW are the vital link in working with the community to address health issues. They assist the health system in understanding the needs in the community and assist community members to effectively use the services and systems available. The knowledge, skills and attributes required by AHW include, but are not limited to:

- Assessment – *finding out the true story* – gathering information, finding out about existing services; looking at any underlying issues; keeping in touch with the relevant people whilst ensuring confidentiality.
- Planning – *getting things ready* – deciding what the problem is and who owns it; if its WAMS problem, what can be done; setting goals and objectives; negotiating; organising people and equipment; talking to people; making presentations.
- Implementation – *doing* – talking and listening to people / groups and their ideas; doing demonstrations; setting up equipment; providing client care (physical and socio-emotional); returning things to people; thanking participants.
- Evaluation – *seeing if it was worthwhile, and whether it could be done again and better* – assessment, analysis, and collation skills; submission writing; report writing.

The contribution of AHW to the identification of need, development of responses and evaluation of effectiveness cannot be over emphasised. Health service providers continually **react** to perceived health matters rather than **respond** to health needs of the community. AHW are able to break this non-constructive, often damaging, cycle.

AHW also supervised the conduct of the clinic, the ordering of stock and supplies and the maintenance of equipment, as ideally.

WAMS PHCP ACTIVITIES

WAMS works to respond through application of the philosophy describe above. Using this philosophy, it is the AHW who guide the development, implementation and evaluation of programs, with the other health professionals providing the specific knowledge and skill of their area of expertise.

By no means a listing of all the activities of WAMS PHCP, examples of the efficacy of the role of the AHW is demonstrated through the following activities:

- Doctor and AHW undertook a detailed survey of the environmental living conditions for Aboriginal people in Walgett, Gingie and Namoi, in which all families participated, having given informed consent. The participants understood the nature of the survey, the content and also in what way the results were to be used.
- RN and AHW completed a community profile for Walgett in 1988, which included population statistics obtained from Australian Bureau of Statistics (ABS) as well as those obtained from the headcount of people conducted by the AHW. Other information collated included physical features of the Walgett Shire; clean air, water, food and shelter; safety and security of persons and property; income to provide basic material needs; education and self development; maintaining a sense of well being and health; and opportunity to function well in complex society.
- Into the category of matters outside the control of WAMS falls the issue of access to uncontaminated water. The AHW and RN approached the local Health Surveyor to test the water at the inlet to Gingie water treatment – this had not previously been considered This action resulted from concern raised by AHW that there could well be a link between slower than expected healing of skin sores (not only in Aboriginal people); fish dying in the river; and constant complaints about the high EColi contamination levels in the water provided to Gingie. Aboriginal people operated the Gingie water plant and the health system's reaction in the past had been that the operators did not adhere to a sufficiently high standard. Within a week the Health Surveyor reported that he had received telephone notification that the *Escherichia coli* (EColi) levels were over 400 times higher than accepted by the WHO and advised that he would be working with the operators of the water treatment plant to address this. Interestingly, following the activities put in place in the Gingie water treatment plant, there were no further episodes of EColi contamination, yet when the formal water testing report came back to the Health Surveyor, the levels of EColi were reported as within normal limits. Given that Walgett is downstream from the cotton farms, AHW also checked with NSW Health to determine what chemicals were on the list that the Department included in there water surveillance and inquired of the Aboriginal workers working on the cotton farms which chemicals were in use. Due to the political pressures applied, WAMS could not progress this matter.
- All clients requiring medical attention from the doctor were encouraged to consult with the AHW so that they had access to coordination of the services that they required.
- AHW developed, organised and implemented a program to screen for chronic disease. The program, conducted over a period of a week and in which over 1,000 people participated, included any family history of chronic disease, measuring of weight, blood pressure and blood sugar level (BSL). All clients who failed the screening were referred to and followed up by the local medical practitioner within the week. This activity was written up and published by the AHW[iv].

- Pilot program was conducted to support diabetic clients whose BSLs were regularly in excess of 25 mmol/l (450 mg/dl). WAMS had at least 10 clients in this category. The RN and AHW developed a specific program, to be implemented and overseen by the AHW. Within the first month, all of the ten clients participating in the program consistently had BSL less than or equal to 13 mmol/l (234mg/dl) and continued to maintain these levels or better for the duration of the program. Unfortunately, as this was a pilot project undertaken in addition to the existing workload it was not sustainable for any long period. It should be noted that this program was initiated at the same time as one of many submissions that were lodged for a generalist family therapist, with the intention that the incumbent of this position would take some of the SEWB workload from the AHW thereby allowing a stronger focus on prevention of illness and mitigation of the effects of existing chronic disease.
- Establishment of the midwifery clinic, including AHW in all aspects of service delivery, resulted in positive outcomes. For example after the first two months, all clients presented within the first trimester for antenatal care and continued to attend regularly till their confinement. All women participating in the program gave attention to their own health and that of their child, and visited obstetricians as was required. From 1987 to 1990 there were no maternal deaths nor stillbirths; average number of antenatal visits ranged from 4 to 7; number of clients in 1987 was 20, with 56 clients in 1990.
- AHW worked with the RN (Nurse Audiometrist) to conduct hearing screenings on all children. Within a two week period, all children from preschool age to the final year of high school, attending preschools and schools in Walgett, Lightning Ridge, Collarenabri and Goodooga had primary hearing screening (visualisation of ear canal and ear drum, and hearing testing at 250db, 1000db and 4,000db). Those who failed had secondary testing within two weeks and if required were referred to and seen by either LMO within four weeks and ENT specialist within 6 weeks.
- AHW supported clients attending specialist services, both before (preparation and explanation) and after (review and management planning).

SENTINEL SCREENING

From the appointment of the doctor, WAMS was committed to sentinel screening of potential problems, including but not limited to, communicable diseases, chronic disease, hereditary abnormalities, substance abuse and socio-emotional wellbeing.

For example, due to the sensitivity associated with some communicable diseases, the doctor screened clients for STIs, HIV/AIDs and other blood borne viruses. All individual cases were followed up.

Other examples of sentinel screening included:

- all clients known to have diabetes or hypertension were reviewed at least annually for their renal function, retinal health, and peripheral circulation;
- all antenatal clients were screened for a range of communicable diseases;
- due to the high incidence of melanoma in northwest NSW, skin checks were part of client assessment.

Where an infection preventable by immunisation proved to be endemic, for example Hep B, an immunisation program was undertaken, ensuring that those presenting for immunisation were first tested for the condition.

NUTRITION AND DENTAL HEALTH

Nutrition has been a focus of WAMS since the beginning.

The key positive activity was that AHW raised the issue of nutrition with clients on every possible occasion, with practical affordable suggestion as to how individuals and families could have healthy diets within the family budget.

Recognising the role of dental health in good nutrition and the prevention of chronic disease, WAMS also administered the Mobile Dental Service for communities in northwest NSW and subsequently established a dental clinic in WAMS.

Access to fresh fruit and vegetables continued to be problematic – due to distances from market gardens and the climate, the cost of these items is high relative to the income of the population. Where people could afford to do so, they travel to larger centres, but this is not a sustainable option long term as these larger centres are 200 to 300 km distant.

One of the simple, if time consuming, activities conducted was to buy a commonly used item, for example washing powder, at Dubbo, Walgett and Lightning Ridge. Expectedly, the item cost less in Dubbo. What was a surprise, if one accepts the argument that distance raises costs, is that the same item was significantly cheaper in Lightning Ridge, a community considered to be more remote than Walgett. Further, this was not a perishable item so there was even less justification for the higher cost. WAMS secured the support of the Walgett Shire Council Community Development Officer, who the lead a major campaign of contacting various business chains and suppliers. As this particular issue is out of the control of Walgett, there was little success, but we continued the campaign nevertheless – we saw this as a chronic condition, incurable, but needing attention.

MENTAL HEALTH AND SOCIO-EMOTIONAL WELL BEING

Whilst WAMS staff had been providing support to clients, 1988 saw the formalisation of mental health program through WAMS, where AHW and RN identified the following characteristic that potentially could indicate the degree of stress to which individuals are exposed, including:

- The community is divided along class lines, and there are some elements of racism;
- Misusing of addictive substances by choice or habit;
- Accepting state institutions' decisions about what is right for an individual or community;
- Ineffective social interaction (reacting to rather than responding to the messages expressed by other);
- Limited access to social institutions, e.g. education, health, workforce participation and the like;
- Perception of poor options for upward social mobility;
- Inappropriate behaviours due to lack of self-esteem, such as expressing anger or frustration in destructive ways, responding in ways which reflect a general feeling of hopelessness and little prospect for an actualised future.

WAMS PHCP aimed to assist the community and individuals to consider effective strategies to address these issues, to the benefit of people, families and the community. The key strategies included:

- Use of local and imported resources;
- Meeting the total needs of the client;

- Meeting the needs of individual through positive community activities (including fashion parade, vacation care program, football knockout, debutante ball, family fun day, and women's meetings).

A number of analyses (conducted between August 1987 to January 1988) revealed issues that needed to be addressed if people were to have any chance to achieve optimal levels of health. These include, but are not limited to:

- Identity crisis (based on the historical fact that the Aboriginal community in Walgett and its surrounds has been stripped of its heritage, that includes land, culture and power);
- Unemployment and lack of incentive to achieve;
- Perception that there is little to achieve – that 'there is nothing beyond the levy bank';
- Relatively poor environmental conditions reinforce the idea of lesser worth;
- Social patterns encourage the use of addictive substances;
- Welfare services undermine the necessity of provide for self and family;
- Limited access to information and support on issues of concern to the community. Generally the health system would determine an issue and then conduct major public health promotion and treatment programs which were to address the given issue;
- High incidence of 'accepted' or 'normalised' violence, particularly domestic and in relation to law enforcement agencies (high incidence of domestic and sexual violence);
- Limited access to support systems relating to pregnancy and children;
- The expectations of the 'female' role in the community made it imperative that we convince women that they have the power to change lifestyles positively, in particular in the areas of nutrition, child rearing, hygiene, education and primary health care.

All these issues combine to engender a poor self-esteem that leads to a lack of incentive to either identify problems, or to question the effectiveness of currently used coping mechanisms.

WAMS believes that whilst there are people in our community with mental illnesses, there did not appear to be any greater incidence than in other communities. We believe that many of the problems that health professionals have defined as mental illness are in fact a consequence of constantly progressing through the grieving process (grief is triggered, but before person is out of shock, another event triggers grief) and of ineffective coping mechanisms.

One's faith in oneself, and in one's own ability to respond appropriately in any reasonable situation is essential for effective interpersonal relationships. There will always be circumstances arising that are unusual or novel, in which behaviour cannot be predicted, but most day-to-day events are familiar. The nature of environment in which the person, group or community functions is a vital factor in determining their level of self-esteem and well-being. WAMS alone cannot change this environment, however it can work (directly or indirectly) towards assisting the individual to cope effectively with the environment in which they live.

SUBSTANCE ABUSE PROGRAM

The WAMS Substance Abuse Program was formalised in 1989, to provide programs for high risk groups in the community, namely children under 12 years; adolescents (12 – 20 years); adults; the unemployed; and known alcoholics and reformed drinkers. The program also supported WAMS staff to liaise with other health professionals in the area to support the provision of high quality of care.

WELLBEING OF CHILDREN

From the community profile completed in 1988, it was evident, given approximately 49% of the Aboriginal population in Walgett was under 16 years of age, that WAMS had an obligation to address the needs of children and adolescents.

There had been health services provided by the doctor to children from the beginning. AHW worked to encourage families to access the early childhood services provided by the local community health centre. All families were counselled on the importance of immunisation and the consequences of a child contracting the condition as well as the risks associated with immunisation.

There was also a visiting Family Therapist.

The *Youth in the Outback* – a self-esteem program for young adults was developed to guide the WAMS response to the needs of children.

WAMS undertook the management of the Vacation Care program in 1988 and work began on the establishment of Goonimoo, the Aboriginal Children's Mobile Service.

In order to support families and in particular parents, WAMS presented multiple submissions for Family Therapist of the period, all of which were unsuccessful.

REVIEW AND EVALUATION

The evaluation of the WAMS PHCP had various elements:

- The WAMS PHCP was under constant scrutiny of the community through the WAMS Directors, Chief Executive Office, clients, their families and staff.
- Each of the funding bodies required acquittals and evaluations of the programs they funded.
- RN, AHW and any other WAMS staff members involved in any given project or program constantly reviewed progress during the project or program. A written evaluation was provided to the Chief Executive Officer on completion of the project or program.

CONCLUSION

During the period 1986 to 1990 the aims of the WAMS PHCP were not merely met, but exceeded. Through the efforts of the AHW, supported by the Chief Executive Officer, the doctor and the RN, WAMS clients considered that they were:

- supported to make culturally appropriate decisions regarding their specific health issues;
- assisted in the prevention of and early intervention in illnesses or socio-emotional well being (SEWB) issues;
- if pregnant, supported during their pregnancy, including from pre-conception to the end of the postnatal period (six weeks post pregnancy);
- encouraged to attend to specialist services as required, and supported in making subsequent plans regarding their health issue.

When viewed through the lens of the objects of WAMS, the PHCP was highly successful.

- AHW and RN worked to ensure that all aspects of the program fostered and strengthened the development of Aboriginal culture and identity – this at times lead to conflict with many members of the community, the Directors and other health staff, usually due to lack of information or pre-existing prejudice or strongly held values regarding a specific issue, strategy

or program. Initially it was the RN who encouraged resolution of the conflicts, but the AHW were encouraged to develop their confidence and each in turn was soon able to demonstrate the benefit of the particular program in which they were engaged. Because the AHW were able to use culturally appropriate strategies, far less effort was spent convincing the community and therefore more energy and time was available to conduct the programs.

- The doctor and AHW provide a high quality, culturally sensitive medical service to accessible to people living in Walgett, Lightning Ridge, Collarenabri, Goodooga and all surrounding areas.
- AHW, supported by the RN, were able to provide culturally appropriate health promotion programs that met the needs of Aboriginal people and were able to support people to use existing health services effectively.
- WAMS actively worked to promote understanding among the members of the health system (at all levels), the general community and politicians so that adequate provision is made for the needs of Aboriginal people, through the Director, Chief Executive Officer, AHW, Doctor and RN. Only history will show to what extent we were successful.
- WAMS continued to employ Aboriginal people wherever possible to deliver a service that meets the needs of the Aboriginal community, not only to health positions but to all positions at WAMS;
- The doctor, AHW and RN continuously assessed the health needs of Aboriginal people and of the community and took whatever steps they could to meet these needs;
- All staff engaged in ongoing education, self directed, informal and formal.
- WAMS assisted and supported other communities if they wished to either establish or to enhance existing Aboriginal medical and other health related services. WAMS supported and provided practical assistance to not only to the communities of Lightning Ridge Goodooga, Collarenabri, Glengarry and the Sheepyards, but also Burke, Brewarrina and Cobar in the areas of governance, administrative issues and clinical matters.

In conclusion, the WAMS Directors, Chief Executive Officer and all the staff (employed and volunteers) associated with the WAMS PHCP are to be commended on their efforts, in particular their innovation, perseverance and tolerance when faced with challenges created by well meaning health professionals and others (for example politicians, church representatives and other persons in position of authority) who, in their inability to understand history, context and responses of Aboriginal people to rapidly changing and unaccepting environments, continue to perpetuate massive social upheaval.

In spite of the constant attacks on their identity, their culture, their knowledge and their self, Aboriginal people survive and, in many instances, thrive.

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