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**What is community control?**
Aboriginal or Torres Strait Islander community control is a process which, through community participation and engagement, leads to the community having greater control over planning, development and management of primary health care services. Community control can be considered along a continuum of responsibility for service delivery (see diagram). The continuum ranges from minimal control, such as state government–run health services with a community reference group, to greater control where an incorporated organisation governed by community members is the primary health service provider. With greater control comes greater responsibility and accountability. Consistent with the underpinning principle of self-determination, models of community control should reflect the community’s capacity and aspirations.

**Why community control?**
Given the poor health status of Aboriginal and Torres Strait Islander people, and the gap in life expectancy at birth between Indigenous and non-Indigenous Queenslanders (10.4 years for males, and 8.9 years for females), Queensland Health needs to work in partnership with others to look at how access to health services can be improved and how the health status of Aboriginal and Torres Strait Islander Queenslanders can be improved.

Community control of health services aims to redress the problem of mainstream health services not meeting community needs. International and national research and experience shows that:

- in any population, but specifically disadvantaged populations, improving access to primary health care is critical for improving health outcomes
- community involvement in the design and delivery of primary health care services is a key factor in improving access to primary health care.

- Canada, the United States of America and New Zealand have taken a systematic approach to increase community control and have seen improvements in Indigenous health indicators.

**What is the Queensland Government commitment?**
The Queensland Government formally supported the move towards community control in the *Queensland Aboriginal and Torres Strait Islander Policy* (1994). Since then significant policy work has taken place to move the Queensland Government closer to this aspiration, including endorsement of the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* (2003), the Queensland Premier’s signing of the *Closing the Gap Statement of Intent* in 2008, and release in 2010 of *Making Tracks Towards Closing the Gap in Health Outcomes for Indigenous Queenslanders by 2033*.

Queensland Health is a co-signatory to Deeds of Commitment which provide for the transitioning of primary health care services to community controlled organisations in Yarrabah and Cape York (both deeds were endorsed in 2006).

**What is the current status?**
Queensland Health has worked with government and non-government stakeholders to develop a draft Strategic Policy Framework for Transition to Aboriginal and Torres Strait Islander Community Control of Health in Queensland. The draft Strategic Policy Framework will be released for public comment prior to the final policy being considered for approval by government.

The transition to community control is an exciting, but challenging process, requiring time, patience and flexibility by the staff of all organisations involved.

The levels and quality of health services currently delivered to communities will not be diminished during the transition process.
Transition to Community Control
Models along the continuum

Adapted from NT Pathways to Community Control

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