About us

Oseca Health [Oseca] is a community based primary healthcare organisation, with a rich history spanning over 30 years. At our core, we believe that empowering individuals to enhance their wellbeing is essential for building thriving communities.

As a dedicated not-for-profit, community based organisation, our success is intertwined with the health and wellbeing of our communities, enabling us to contribute positively and meaningfully to the lives of those we serve.

Compassion Respect Integrity Excellence

Oseca
Better Health

Contact Us

For more information, please contact the Living Healthy Team at Oseca.

1300 680 431

swprograms@oseca.com.au

www.oseca.com.au

Acknowledgement of Country

Oseca acknowledges that we provide services on Noongar country. We pay our respects to the people, the cultures and the Elders past and present.

The ICDC service is provided through funding from WAPHA

WA Primary Health Alliance
Better health, together

phn
PERTH NORTH, PERTH SOUTH, COUNTRY WA
An Australian Government Initiative

Living Healthy Service

South West

Integrated Chronic Disease Care (ICDC) Program

Oseca
Better Health

What is the program?

Our services are designed to support individuals living with chronic health conditions by providing personalised care plans and expert guidance. Through a holistic approach, we empower individuals to self-manage conditions such as diabetes, respiratory disease, cardiovascular disease, and high-BMI obesity.

We also address the challenges and barriers individuals face in their health journey. By offering tailored support and resources, we help clients navigate the complexities of chronic illness, ensuring equitable access to care and fostering long-term health improvements.

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Services provided

We offer a range of specialised services to support individuals living with chronic health conditions:

- Diabetes education
- Exercise physiology
- Dietetic support
- Care coordination

Our care coordinators will work with you to assist you manage your chronic health conditions through the development of individual plans and increasing self-management capacity.

Who is eligible?

Our services are designed to support individuals living in the South West of WA who are over 18 years old and diagnosed with diabetes, respiratory disease, cardiovascular disease, or high-BMI obesity.

We prioritise providing care to those who face financial disadvantage or have limited access to essential health services.

Individuals can be referred for our services by their GP, Nurse Practitioner or the Remote Area Nurse. Referrals must include a current copy of the GP Care Plan and the reason for the referral.

How the services help

Effective coordination of client care is essential in achieving optimal health outcomes.

By addressing the challenges and barriers individuals face in their health journey, we ensure a person-centered approach that empowers long-term wellbeing.