



# Annual Report 2020–2021



**NACCHO**  
National Aboriginal Community  
Controlled Health Organisation

## Artist recognition

Artists Tahnee Edwards (Yorta Yorta) and Toby Dodd. Ngarrindjeri/Narungga/Kaurna  
Dreamtime Public Relations, 2013

<https://dreamtimecreative.com.au/artwork/>

## Story

The waves in the pattern mimic those in the ochre pits. The colours represent Aboriginal and Torres Strait Islander peoples. The meeting places represent our affiliates and the larger meeting place is the National Aboriginal Community Controlled Health Organisation (NACCHO).

The cover illustration symbolises NACCHO's working in collaboration with the Australian Government and the Aboriginal Community Controlled Health sector over the past year to manage the response to the COVID-19 pandemic.

## Design and layout

Studio Elevenes

### **The report may contain images of Aboriginal and Torres Strait Islander people who have passed away.**

The contents of the Annual Report 2020–21 unless explicitly stated otherwise, may not be reprinted, reproduced or published in any form whatsoever without the permission of NACCHO with the exception of quotations from media releases or for the reproduction by non-profit organisations pursuing similar aims to NACCHO.

To request rights to reproduce content from the Annual Report 2020–21 which are copyright to NACCHO you can email us at [reception@naccho.org.au](mailto:reception@naccho.org.au)

Level 5, 2 Constitution Avenue  
Canberra City ACT 2601


P.O. Box 130, Civic Square ACT 2608

**T** (02) 6246 9300

**E** [reception@naccho.org.au](mailto:reception@naccho.org.au)

**W** [www.naccho.org.au](http://www.naccho.org.au)

 @NACCHOAustralia

 NacchoAboriginalHealth

 @NACCHOTV

 @naccho\_au

 @naccho-australia

ABN 89 078 949 710

**NACCHO acknowledges the financial support of the Australian Government  
Department of Health.**

## Acknowledgment of Country

NACCHO acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners of the lands where we live, where we work, and across Australia.

NACCHO recognises and pays respect to Elders past, present and emerging across Australia and thanks them for their continuing care and custodianship of land, sea, culture and community.



**NACCHO**

10 November 2021

The Hon. Dr Gary Johns  
Commissioner  
Australian Charities and Not-for-profits Commission  
Parliament House  
Canberra ACT 2600

Dear Commissioner Johns

I am pleased to present the National Aboriginal Community Controlled Health Organisation (NACCHO) 2020–21 Annual Report to the Australian Charities and Not-for-profits Commission.

NACCHO's Annual Report is an accurate account of the organisation's activities and financial performance in accordance with the requirements under the *Charities Act 2013*. Included in the 2020–21 Annual Report are NACCHO's audited financial statements for the period 1 July 2020 to 30 June 2021.

Yours sincerely

**Donnella Mills**  
Chair

**Patricia Turner**  
CEO

# Table of Contents

## Part 1 The Organisation

Vision Statement	02
NACCHO's Core Values and Behaviours	03
Report from the NACCHO Chair	04
Report from the NACCHO CEO	07
About NACCHO	11
Strategic direction	14
Governance	15
Our CEO and Board	16
Political leadership	19
Events	23
Media and communications activities	26

## Part 2 COVID-19

NACCHO Medical Advisor Report	35
COVID-19 response and vaccine support grants	37
Working in partnership with the Australian Government	37
Case Study Mala'la Health Service	38
Communication of key messages	40

## Part 3 Partner Programs and Policies

Memorandums of Understanding (MoUs)	42
Our Partners and Programs	44
Policy and Programs	50
List of submissions	52
NACCHO external committee representation	58

## Part 4 Medicines and Pharmacy

Medicines and Pharmacy	64
Report from Chastina Heck	67
QUMAX	68
NACCHO and NPS MedicineWise	70
Digital health and medicines	71
IPAC and iMeRSe projects	72
NACCHO and the Antimicrobial Stewardship (AMS) Academy	72

## Part 5 NACCHO Affiliates

State and Territory Reports	74
Outcome 1	90
Outcome 2	92
Outcome 3	94

## Part 6 Financial statements

Directors' report	96
Statement of profit and loss and other comprehensive income	99
Statement of financial position	100
Statement of changes in equity	101
Cash flow statement	102
Notes to the financial statements	103
Directors' declaration	119
Auditor's independence declaration	120

## Part 7 Appendices

Appendix A – NACCHO Members	124
Appendix B – Glossary of terms	128
Appendix C – Abbreviations and Acronyms	130
Appendix D – NACCHO directory	132



Part 1

# The Organisation



NACCHO



NACCHO

Vision Statement

**Aboriginal and Torres Strait Islander people enjoy quality of life through whole-of-community self-determination and individual spiritual, cultural, physical, social and emotional wellbeing.**

**Aboriginal health in Aboriginal hands.**

# NACCHO's Core Values and Behaviours

Our values and behaviours drive how we interact with each other, and how we work together to achieve results. They aren't descriptors of the work we do or the strategies we employ to accomplish our vision, they are the unseen drivers of our behaviour.



# Report from the NACCHO Chair

**Donnella Mills**  
NACCHO Chairperson



**At the time of writing this report the COVID-19 pandemic has deteriorated significantly. The governments of our two most populous states, New South Wales and Victoria, have admitted it is no longer possible to stop community transmission. We have also seen the very first deaths from the virus among our people. The situation, which had been dire in western New South Wales, was escalating into a crisis in the Aboriginal community of inner Sydney.**

This annual report, however, covers the financial year ending 30 June 2021. At that point the Delta variant had not erupted and upended the strategies in place. There had not been one death among Australia's Aboriginal and Torres Strait Islander people. This represented a truly remarkable effort on the part of our sector—to have kept our people so safe when we could see the terrible toll in First Nations peoples in other parts of the world. Each and every Aboriginal Community Controlled Health Organisation (ACCHOs) played its part. They should all be congratulated for their 2020–21 achievements, and for their vital and continuing efforts since.

One outstanding result has been that—despite the pandemic and its far-reaching impact on our communities and families

through the shutdowns, border restrictions and the daily stress faced by front-line health staff—NACCHO and the sector have continued to develop. This is a clear sign of our growing strength and capacity, and a testament to the work of the CEO and her team. They have continued to transform NACCHO into a dynamic and potent organisation with a degree of influence far exceeding its remit.

NACCHO is now seen as, perhaps, the leading voice for our people. Partly, this is a legacy of the years in which successive governments stripped away the funding and capacity of many other Aboriginal and Torres Strait Islander peak organisations. NACCHO, arguably, was the main Aboriginal organisation left standing at the national level. The increasing public profile of NACCHO is partly a blessing and partly a curse. It is widely perceived that the organisation represents much more than Aboriginal and Torres Strait Islander health. NACCHO is often expected to comment on non-health-related matters. We are invited to be on almost every committee and to write a submission on almost every review and inquiry. We are not resourced for this and, more to the point, our expert focus is health, although we understand that the social determinants of health will always demand that we take a broader view. Fortunately, we expect that the growing strength of the Coalition of Aboriginal and Torres Strait Islander Peaks (CoP), formal partner in the National Agreement on Closing the Gap signed in the reporting year, and many of the organisations within it will bring more balance for governments and others seeking community-controlled sources of advice and co-design.



Nevertheless, I think it is very important that we acknowledge and appreciate the hard work of the CEO, Pat Turner, and the Secretariat over the past four years or so in transforming NACCHO into such an influential organisation. NACCHO has also benefited from the CEO's personal prominence. This year Pat delivered the 20th Anniversary Charles Perkins Oration and the Australia and the World Annual Lecture (Australian Studies Institute). She addressed the National Press Club and delivered the keynote presentation at the Sidney Sax Award for health-policy leadership. And she has become a familiar sight alongside the Prime Minister and Minister Ken Wyatt at the Parliament House press conferences related to Closing the Gap and on episodes of *The Drum* and other programs.

It would be remiss of me not to also acknowledge our Deputy CEO. Dr Dawn Casey has been the engine-room in NACCHO's COVID-19 work, while continuing to build the Secretariat's capacity and the reputation of NACCHO. She solicited badly needed funding for the COVID-19 response that has been passed to many of our members and affiliates.

Our sector has continued to grow despite the pandemic. Each year we continue to serve more clients and reach more areas. A number of government-run Aboriginal Medical Services (AMSs) are beginning the transition into ACCHOs. In the past four years we have had 21 enquiries from Aboriginal and Torres Strait Islander leaders and existing organisations keen to join NACCHO. These have resulted in 11 formal applications, of which three were approved for full membership by the Board (Moorundi ACCHS, SA; Northern Peninsula Area Regional Council, Qld, and Moorditj Koort Aboriginal Corporation, WA). As members would be aware, full membership of NACCHO means meeting a number of demanding criteria, including the provision of primary health services and evidence of community control.

The 2020–21 financial year saw some significant adjustments in how we all worked. At NACCHO we held our first ever online Annual General Meeting (AGM). Since February 2020 all of our Board meetings have been held by video-conference. The downside is that we had to cancel the national members' conference and youth conference scheduled for 2020 and we have still not been able to convene safely the Extraordinary General Meeting on a new NACCHO Constitution. Once we can come together to meet face-to-face, I am sure that we will quickly make up lost ground, rejuvenate our friendships and build new relationships.

One of the personal projects that I undertook in the last financial year was a contract with Health Justice Australia. We also collaborated with this organisation in our Budget submission. As many of you may know, Wuchopperen Health Service in Cairns, Qld, ran a very successful health–justice partnership and interest is growing in other communities around Australia to see a similar model rolled out. It is certainly work that is close to my heart. It highlights the value of wrapping services around people's complex needs, particularly those who are unlikely to come into contact with other services while they are accessing a trusted Aboriginal community-controlled service. These sorts of partnerships will become more important in our sector as we all develop and mature.

One partnership delayed by the pandemic was a project with King & Wood Mallesons (KWM) in delivering governance workshops specifically designed for ACCHO board members. I was hoping to run these workshops with KWM providing senior lawyers and funding, testing the concept first in North Queensland and then rolling out similar workshops in other areas. This is something we can now look forward to in 2022.

**Image:** NACCHO Chair Donnell Mills speaks to young players at the opening ceremony of the Indigenous Community Basketball League (ICBL) Cairns on 7 February 2021.





NACCHO benefits from a wealth of support from many corporate and other partners. As members would be aware, Gilbert & Tobin has closely supported us along the journey to a new NACCHO Constitution. As always, they continue to advise and assist us. We also enjoy excellent relationships with other peaks. NACCHO continues to work closely with the Australian Council of Social Services (ACOSS) on welfare issues and with CATSINaM on workforce issues for our sector. We work with the Australian Medical Association (AMA) and the Pharmacy Guild. We auspiced the funding for the Coalition of Peaks and were the driving force in establishing this critical alliance comprising more than 50 Aboriginal Community Controlled Organisations (ACCOs).

2021 was also the year in which our sector turned 50. The very first AMS, in Redfern, Sydney came into existence in 1971. It was built on the model of community control. Their wisdom and fortitude all those years ago need to be acknowledged and celebrated. Establishment of the Redfern AMS marked a critical step for our people. From that single service 50 years ago, we are now a vibrant sector of 143 ACCHOs operating 550 clinics, delivering 3.1 million episodes of care of which more than 1 million are in remote areas. Collectively, we are the third largest employer of Aboriginal and Torres Strait Islander people in the country. It all rests on your hard work—the Aboriginal and Torres Strait Islander community members who have led this sector through decades of growth.

**Image:** NACCHO Chair Donnella Mills with the Wuchopperen Health Service Team wearing the COVID-19 Vaccine Team polos.  
**Inset:** NACCHO Chair Donnella Mills gets her second vaccine from Wuchopperen Health Service nurse Catherine Moro.

2020–21 has been a significant year for milestone anniversaries:

**40th**

Two ACCHOs are celebrating their 40th anniversaries: Biripi Aboriginal Corporation Medical Centre on the central coast, NSW, and Wathaurong Aboriginal Cooperative Limited in Geelong, Vic. celebrated their 40th last financial year 2019–20

**35th**

Brewarrina Aboriginal Corporation, NSW, is marking its 35th anniversary.

**30th**

Two services are now 30 years old: Danila Dilba Health Service in Darwin, NT, and Njernda Aboriginal Corporation in Echuca, Vic.

**25th**

The Tamworth AMS, NSW, and the Ampilatwatja Health Centre in Central Australia are both celebrating their 25th anniversaries. NACCHO affiliate VACCHO is also celebrating its 25th anniversary.

**20th**

Bendigo and District Aboriginal Co-operative, Vic, is 20 years old.

All of these services illustrate the longevity and tenacity of our sector and its determination to keep on going from strength to strength.

Finally, I would like to thank my 15 fellow Directors on the NACCHO Board and all the staff of the NACCHO Secretariat for their good humour and willingness to work through the operational challenges and glitches that have faced us in such trying times.



## Report from the NACCHO CEO

**Pat Turner AM**  
NACCHO CEO

**There is a separate statement about the work of the Coalition of Peaks and the new National Agreement on Closing the Gap, signed in the reporting year. Therefore, I will confine this report to the core work of our sector and, in particular, its contribution in combating the pandemic and keeping our people safe during these troubling times.**

If we reflect back on the inception of the pandemic and how the situation incrementally worsened throughout the course of 2020, it is tempting to ask whether we could or should have approached things differently. Of course, there is always room for improvement, no matter how effective an organisation may be; but, in all honesty, I think our sector and every ACCHO has done all that it was possible to do with the knowledge and resources available to us at the time.

Look at what happened overseas. First Nations peoples were hit the hardest. If we had not acted as we did, we could have expected similar results in Australia. With such neglected housing—in which we are crowded together, unable to isolate and with 2.3 times the burden of disease compared to other Australians, we have been fearing a terrible loss of life. Based on our share of the population (3.3 per cent) and accounting for our higher comorbidities, we could have expected to have lost around 75 Aboriginal people within

the first 1000 or so deaths recorded from COVID-19 up to 30 June 2021. Yet up to that point there was not one single death among our people. This was no accident—75 Aboriginal lives were saved as a direct result of hard work, your expertise, the community-controlled model of care and the trust in which these services are held by our people.

We managed to act in advance of most governments. Our team, consisting of Dawn Casey (Deputy CEO), Dr Jason Agostino (NACCHO Medical Advisor) and other experts quickly engaged with agencies to bed down a COVID-19 plan. We closed down our own communities and protected our Elders where possible. We supported our people in lockdowns and developed culturally appropriate communications strategies. We warned governments of the housing issue and other social factors (albeit, to little avail). We secured prioritisation of our cohort in the vaccination rollout, although this was compromised by the April 2021 announcement about the AstraZeneca vaccine by the Australian Technical Advisory Group on Immunisation (ATAGI). And we used our intimate knowledge of our own communities in emergency responses and contact tracing. What a remarkable effort this has been. Our expertise continues to be all the more important now that the game-changing Delta strain has arrived.

The work of NACCHO has been made so much easier by the steadfast leadership of the Chair. She took over under difficult and unexpected circumstances in December 2018, was elected overwhelmingly in her own right a year later and has since been faced with steering NACCHO through a once-in-a-century global pandemic. Despite this, NACCHO and the sector have continued to grow under her stewardship.



In the last three years, the ACCHO sector's collective staffing level has risen from about 6000 to 7000 (16.7 per cent), and our collective client base has increased from 340,000 to 410,000 people (20.4 per cent). This growth can partly be attributed to extra government support for COVID-19, but the overall trend shows that we are growing and that more and more stakeholders are willing to support and invest in us.

I would like to make special mention in my report of Mike Stephens, NACCHO's Director of Medicines. He is the longest-serving policy director in NACCHO and over the years we have relied heavily on him. He was the driving force behind the Seventh Community Pharmacy Agreement, the IPAC Project (pharmacists integrated into ACCHOs to address chronic disease), the Pharmaceutical Benefits Scheme (PBS) Medicines Listing and National Formulary Project and the IMeRSe Study. The latter was a two-year project that investigated whether a new type of structured clinical patient medication review is feasible for Aboriginal and Torres Strait Islander clients, ACCHOs and community pharmacies. The final report was submitted to the Department of Health in December 2020, and a supplementary paper submitted in June 2021.

NACCHO has also made significant contributions to the disability sector. The Department of Social Services funded us to deliver NDIS Ready, a program designed to expand ACCHOs' capability to deliver National Disability Insurance Scheme (NDIS) services; increase the number of ACCHO registered NDIS service providers; and enhance Aboriginal and Torres Strait Islander community awareness and participation in the NDIS. NACCHO also delivered the National Community Connector Program, which helped with wrap-around services. We expect that we will play a similar role in the aged care sector in helping to implement measures announced in the 2021 Federal Budget.

NACCHO's developing policy team prepared 29 influential policy submissions and/or responses for a range of inquiries and reviews. These included two pre-Budget submissions to Treasury (in August 2020 and January 2021) and submissions relating to:

---

Australian Government response to the COVID-19 pandemic

---

Inquiry into the Federal Circuit and Family Court of Australia (Consequential Amendments and Transitional Provisions) Bill 2019

---

Commonwealth Data Availability and Transparency Bill 2020

---

Senate Community Affairs Legislation Committee into the Social Services Legislation Amendment (Strengthening Income Support) Bill 2021

---

Continuation of the Cashless Welfare Bill 2020

---

House of Representatives' Inquiry into Homelessness in Australia

---

Department of Health's National Injury Prevention Strategy 2020–30

---

Productivity Commission's Draft Indigenous Evaluation Strategy

---

**Image:** NACCHO CEO and Lead Convenor of the Coalition of Peaks, Pat Turner, with Prime Minister, the Hon. Scott Morrison MP, and Minister for Indigenous Australians, the Hon. Ken Wyatt AM, MP, at the announcement of the new National Agreement on Closing the Gap at Parliament House, Canberra, 30 July 2020. (Photo credit: AAP).





**Image:** (Clockwise from top-left) Pat Turner was invited multiple times on ABC *The Drum* to speak on various topics including: First Nation's success with COVID-19 and the vaccines rollout, Closing the Gap, Indigenous Voice to Parliament, Stolen Generations amongst others. Pat Turner receiving the 2020 Sidney Sax medal for outstanding contribution to the development and improvement of Australian healthcare. Pat Turner delivered the 2020 'Australia and the World' Annual Lecture: *The Long Cry of Indigenous Peoples to be heard – a defining moment in Australia* at the National Press Club of Australia. Dr Charles Perkins Memorial Oration keynote speech sees Pat Turner say government partnerships are key to Indigenous advancement.

---

Senate Community Affairs Legislation Committee

---

Senate Select Committee on the Aboriginal Flag

---

Senate Select Committee on Tobacco Harm Reduction

---

National Preventive Health Strategy survey

---

National Disability Insurance Agency review of support coordination in NDIS plans

---

First Nations People with Disability

---

Review of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* – Phase 2 Consultation

---

2020 Review of the Disability Standards for Education

---

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability

---

House Select Committee on Mental Health and Suicide Prevention

---

Gayaa Dhuwi (Proud Spirit) Australia on the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

---

Hearing Services Program Review

---



---

National Strategy to Prevent Child Sexual Abuse Final Report

---

House of Representatives Standing Committee on Employment, Education and Training – Inquiry into Adult Literacy and its Importance

---

Medicare Benefits Schedule (MBS) Electrocardiography Review

---

SkillsIQ review of the Aboriginal and Torres Strait Islander Health Worker training package

---

National Preventive Health Strategy

---

National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Plan 2021–2031 (survey response)

---

Productivity Commission's Inquiry Report on Mental Health (survey response)

---

NACCHO also played a key role in the development of the National Aboriginal and Torres Strait Islander Health Plan 2021–31 and will be involved in drafting the accountability framework and future governance arrangements.

In much of the above work, NACCHO collaborated closely with its eight state and territory affiliates. NACCHO is fortunate to enjoy close working relationships with them and to be able to call on the deep knowledge of our members and affiliates.



Our partnerships often extend well beyond the immediate Aboriginal and Torres Strait Islander health sector. A key example has been our work with Vision 2020 Australia on the Subsidised Spectacles Project. This involved distribution of subsidised spectacles via ACCHO-led pilots in three states. We also worked with them in the implementation of Strong Eyes, Strong Communities: a five-year plan for Aboriginal and Torres Strait Islander eye health and vision. Another major partnership was with Hearing Australia on annual hearing assessments and follow-up treatment for Aboriginal and Torres Strait Islander infants, focusing on rural and remote areas. NACCHO has been involved since the early stages of this project, to ensure capacity building for ACCHOs.

NACCHO was also part of the Million Minds Research: Generating Indigenous Patient-centred, Clinically and Culturally Capable Models of Mental Health Care. The project, led by Professor Pat Dudgeon from the University of Western Australia, brings together Aboriginal and Torres Strait Islander researchers and organisations from around the country to research new approaches to Aboriginal and Torres Strait Islander mental-health service delivery that fosters and promotes cultural values and strengthens and empowers service users.

Our work on the Enhanced Syphilis Response continued throughout 2020–21, with 37 ACCHOs enrolled. NACCHO strongly advocated for extension of this program and helped to secure funding for a further three years (2021–24). The Australian Government also awarded NACCHO funds to increase the sector's capacity to respond to other sexually transmitted infections and blood borne viruses.

Throughout 2020–21 NACCHO continued to grow in its corporate capacity, strengthening its financial reporting, accountability, governance and human resource and related policies. In February 2021 there was a soft launch of the new NACCHO website. The content has continued to be updated and the site improved for the use of our members and the public.

One area I am keen to acknowledge is the substantial work undertaken over recent years on the Core Services and Outcomes Framework. Although this was presented to the Department of Health as a draft framework in July 2021 (outside our reporting period), the project has been demanding and intensive over the past few years and deserves to be acknowledged in this report. Beth Fiedler should be congratulated for an excellent job. One stakeholder remarked in feedback:

**This is an outstanding piece of work ... It is in my view, international best practice and of textbook quality. I know of nothing that is remotely comparable for mainstream health services in Australia.**

The 2020–21 year was in many ways unique. While some of our core work has been affected by the pandemic, the NACCHO Secretariat managed to keep delivering across all areas and I thank our hard-working and committed staff for their efforts. In particular, I would like to thank my deputy, Dawn Casey, who has been the driving force in so much of this work. Her contribution to NACCHO has always been of the highest calibre and I have, personally, appreciated her unwavering support.

To conclude, I would like to return to the subject of the pandemic. It is certain that our families and communities will mourn further losses during the course of the current financial year. The pandemic's reach and spread are inexorable. There will soon be no avoiding it. But I have every confidence that we will continue to serve Aboriginal and Torres Strait Islander people well and that the ACCHO model will be seen as a leading example internationally in combating COVID-19. To all ACCHOs across Australia, the Secretariat and I thank you all for your perseverance and outstanding results. We will go on doing our best to advocate for you and the people you serve—our people.

**Image:** Pat Turner receiving her COVID-19 shot at Winninga Nimmitjiah Aboriginal Health and Community Services.





# About NACCHO

NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Organisations (ACCHOs) across Australia.

Our primary health care network represents a national footprint of more than 550 sites. ACCHOs provide 3.1 million episodes of care per year for almost 410,000 people across Australia, including about one million episodes of care in remote regions.



**143**

Aboriginal Community  
Controlled Health Organisations  
(ACCHOs)



**550+**

Sites providing primary health  
care to Aboriginal and  
Torres Strait Islander people



**3.1 mil**

Episodes of care  
each year for about  
410,000 people

ACCHOs are not-for-profit organisations controlled by local Aboriginal and Torres Strait Islander communities. They specialise in providing comprehensive primary health care consistent with clients' needs, including home visits; chronic disease, medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; providing help with income support; and more.

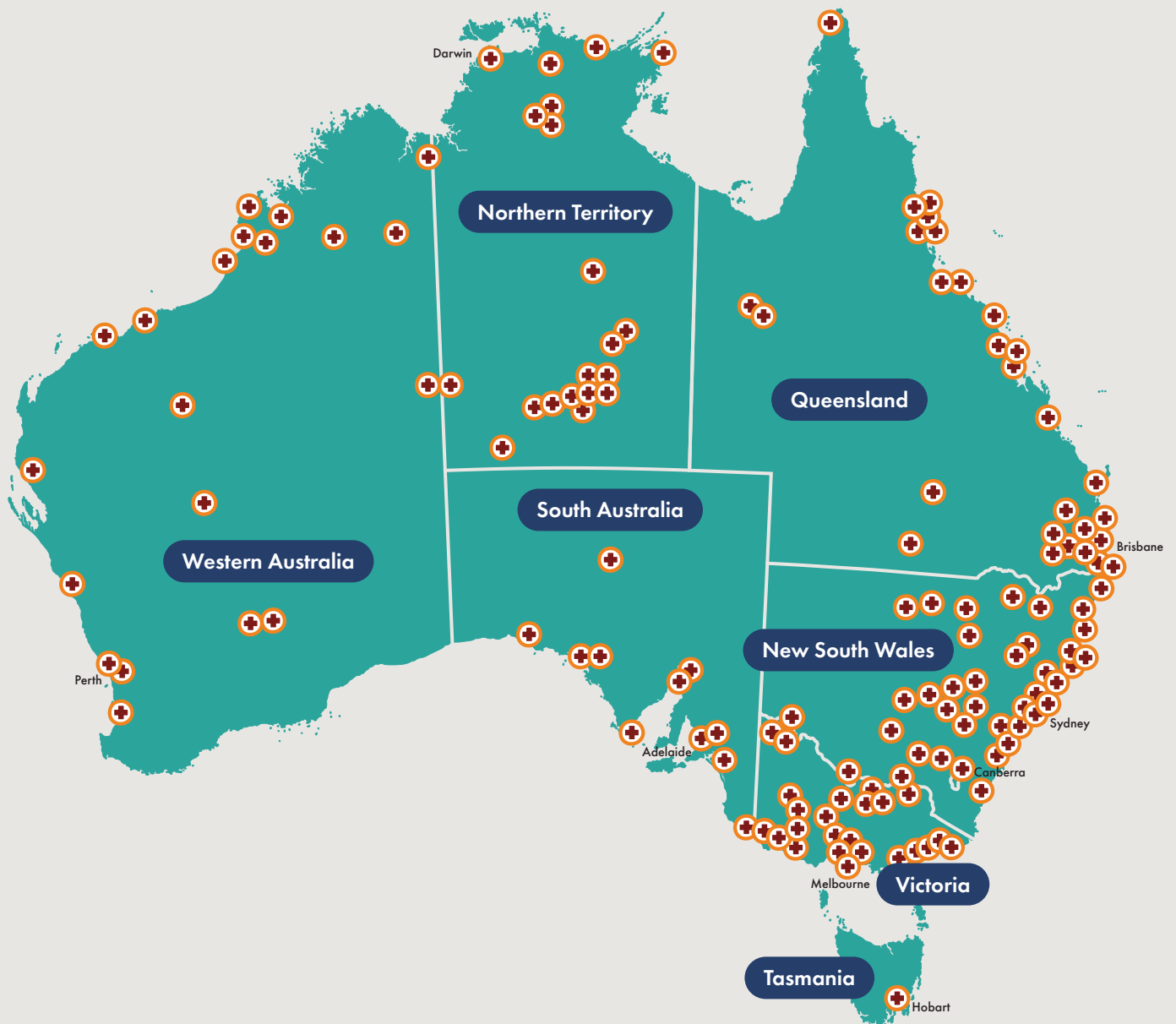
The ACCHO model is proven and value for money. The model was developed almost 50 years ago when the very first Aboriginal medical service was established at Redfern in 1971. ACCHOs are 23 per cent better at attracting and retaining Aboriginal clients than mainstream providers. Our cost benefit per dollar spent is \$1.19. In remote areas, cost benefit can be fourfold. The lifetime health impact of interventions delivered by ACCHOs is 50 per cent greater than with mainstream health services. ACCHOs are community organisations with all revenue re-invested into our clinics.

During the early days of the recent pandemic, NACCHO led the sector's response and engagement with governments to ensure that the impact was minimised amongst Australia's First Nations, in which levels of comorbidity and socio-economic factors (e.g. overcrowding and poverty) meant that much higher death rates were expected. This risk remains, but the existence of a national network of community-controlled health services has been critical to the success thus far. If the pandemic has shown anything in our sector, it is that ACCHOs are flexible and effective frontline services. Now, more than ever, the network needs to be developed and supported.

## About NACCHO state and territory affiliates

In 2016 the then NACCHO Board commenced a journey of reform to reflect the changing landscape in Aboriginal and Torres Strait Islander health. A strategic plan was developed and reviewed in 2018 of the relationship between NACCHO and the state and territory affiliates.

Aboriginal Community Controlled Health Organisations (ACCHOs). There are 143 ACCHOs throughout Australia.





The Board decided it was timely and appropriate to seek advice from the members and to review the NACCHO Constitution with the view to updating it to reflect contemporary governance practices. The other significant issue was the announcement by the Minister in December 2016 that he was proposing to introduce a single funding arrangement to fund NACCHO and the eight affiliates.

The national Network Funding Agreement (NFA) was negotiated over six months and commenced on 1 July 2017. It resulted in a major change to NACCHO's role and organisational structure, as well as a budget increase from some \$4 million to \$20 million.

The NFA streamlines the provision of health service support funding through NACCHO to the affiliates for the sector. The new arrangement allows for better, more targeted investment in efforts to Close the Gap in health outcomes. This collaborative network promotes the sharing of expertise, learning and a cohesive national approach to health policy and programs for Aboriginal and Torres Strait Islander people.

### About the ACCHO sector

The first ACCHOs were established in the early 1970s in response to Aboriginal and Torres Strait Islander people finding that mainstream services could not provide adequate and culturally appropriate healthcare services. Many of NACCHO's members have almost 50 years of experience in the delivery of comprehensive multidisciplinary primary health care.

ACCHOs form a network, but each is autonomous and independent of one another and the government. Services are delivered through fixed, outreach and mobile clinics operating in urban, rural and remote settings across Australia. They range from large multi-functional services employing several medical professionals and health workers who provide a wide range of comprehensive primary health care services with a preventative, health-education focus, to smaller rural and remote healthcare facilities.

<sup>1</sup> Modified from 'Characteristics of Indigenous primary health care service delivery models: a systematic scoping review.' NHMRC CREATE, S. Harfield, C. Davy, A. McArthur, Z. Munn, A. Brown and N. Brown, 2018.

# Strategic direction

NACCHO is guided by a Board of Directors, with the Chair and Deputy elected by its members to embody community control. The NACCHO Board has been pivotal in improving health outcomes for Aboriginal and Torres Strait Islander people. It has achieved this by working with its members and affiliates to agree upon and address a national agenda for Aboriginal and Torres Strait Islander health and wellbeing.

Strategy	Key performance indicators
<b>1</b> NACCHO will maintain and strengthen its position as the national peak body for Aboriginal and Torres Strait Islander health and wellbeing in Australia	<ul style="list-style-type: none"> <li>Achievement of a National Framework Agreement with the Australian Government</li> <li>NACCHO represented on key national advisory groups and committees</li> <li>NACCHO is recognised as the leader on Aboriginal and Torres Strait Islander health and wellbeing in government policy frameworks and key documents</li> </ul>
<b>2</b> NACCHO will enhance and demonstrate the value it offers to members by exhibiting strong leadership.	<ul style="list-style-type: none"> <li>Establishment of a functional Medical Advisory Group and a Policy Officer's Forum</li> <li>Undertake an annual Board performance review</li> </ul>
<b>3</b> NACCHO will continue to strengthen its governance structure and skills base processes to assist similar improvements in state and territory peaks and ACCHOs.	<ul style="list-style-type: none"> <li>Establishment of a NACCHO Board State and Territory Peaks CEOs' Committee</li> </ul>
<b>4</b> NACCHO will develop a research and Continuous Quality Improvement (CQI) framework	<ul style="list-style-type: none"> <li>Increased capacity of state and territory peaks to support members</li> <li>Engagement of NACCHO in national initiatives like My Health Record</li> </ul>

Closing the Gap requires the rate of improvement in Aboriginal health to be faster than the rate of improvement in non-Aboriginal health.

Life expectancy gap (years)

**8.6**

**7.8**

Aboriginal and Torres Strait Islander (years)

**71.6**

**75.6**

General population (years)

**80.2**

**83.4**

**Source:** Australian Institute of Health and Welfare (AIHW) 2019.

# Governance



NACCHO and affiliate CEOs and other team members meet throughout the year to share knowledge and expertise. These meetings include a collaborative summit with representatives from the Australian Government. NACCHO has coordinated many national projects involving affiliates, demonstrating a long-standing history of collaboration to achieve shared goals that result in benefits at a jurisdictional and national level.

The NACCHO Board met regularly throughout the year. Due to the travel restrictions arising from the pandemic, the Board has been meeting via videoconference since February 2020. Unfortunately, the pandemic meant that the 2020–21 national members' conference and youth conference both had to be cancelled. In March 2021 NACCHO convened its postponed Annual General Meeting (AGM) as a virtual event. Members were kept informed during the delay via open letters and the early dissemination of the Annual Report and Financial Statements. The March 2021 AGM saw the election of Chris Bin Kali as NACCHO's new Deputy Chair. The Board also continued to engage closely with members, affiliates, and the Secretariat staff in response to a number of policy and program initiatives and the preparation of a range of public submissions, including NACCHO's pre-Budget submission to Treasury.

NACCHO has three sub-committees reporting to its Board:

- Audit and Assurance sub-committee
- Finance sub-committee
- Remuneration sub-committee.

These committees all have independent chairs and meet on a regular basis throughout the year to meet the objectives set out in their respective charters.

NACCHO and affiliate staff provide advice and support to the community-elected boards of ACCHOs in relation to good governance practices, accreditation, and financial capabilities. This support is provided in partnership and in response to direct requests from the sector.

The Network Implementation Plan is a deliverable of the Network Funding Agreement (NFA) with the Department of Health, which ensures the alignment of NACCHO and the affiliates' approach to delivering the Outcomes Report\*. The plan is developed by NACCHO in consultation with the affiliates and specifies the actions they will take each year to work towards the outcomes set out in the NFA. NACCHO is responsible for consolidating and delivering reports twice a year on the activities of the Sector Support Network to the Department of Health.

The NACCHO Chair, CEO and the Secretariat extend thanks to outgoing Board members for their dedication, time, insights, passion and hard work.

\*Outcomes Report presented on pages 90–94 in this Annual Report

**Image above:** (L–R) CEO Pat Turner, Aunty Matilda delivering a Welcome to Country, Chair Donnella Mills, Deputy CEO Dr Dawn Casey and Deputy Chair Chris Bin Kali at a board meeting at the NACCHO head office in Canberra. **Inset:** NACCHO Chair Donnella Mills.



## Our CEO and Board

NACCHO's Board consists of one delegate each from Tasmania and the ACT and two delegates from each of the remaining six jurisdictions. They are nominated by their respective affiliates and endorsed by members at the AGM. There is also a Chair and Deputy Chair, who are directly elected by the 143 NACCHO members, every three years.



**Pat Turner**  
CEO and Lead Convenor of the  
Coalition of Peaks

Pat is the daughter of an Arrernte man and a Gurdanji woman and was raised in Alice Springs. As CEO of NACCHO, she is at the forefront of community efforts in Closing the Gap in health outcomes for Aboriginal and Torres Strait Islander people. Pat has over 40 years of experience in senior leadership positions in government, business and academia, including being the only Aboriginal person and longest-serving CEO of the Aboriginal and Torres Strait Islander Commission (ATSIC).



**Donnella Mills**  
NACCHO Chair

Donnella Mills is a proud Torres Strait Islander woman with ancestral and family links to Masig and Nagir. She is Chair of NACCHO, Deputy Chair of Wuchopperen Health Service, a member of James Cook University Council and was recently appointed to the Australian Government's Advisory Council on Family, Domestic and Sexual Violence. From 2014 to 2021, she worked as a Cairns-based lawyer with LawRight, a community legal centre which coordinates the provision of pro-bono services for vulnerable people. She was also the managing lawyer for the innovative Wuchopperen Health Justice Partnership, in which lawyers and health professionals partnered to achieve improved health, wellbeing and justice outcomes for Aboriginal and Torres Strait Islander people.



**Chris Bin Kali**  
NACCHO Deputy Chair

Christopher (Chips) Bin Kali was born in Derby WA and is a Gija/Bardi man from the Kimberley region. Chris started in the health field as Director/Chairperson of Kimberley Aboriginal Medical Services (KAMS) and the Broome Regional Aboriginal Medical Service (BRAMS) before being appointed as the CEO of BRAMS. Chris is currently on the boards of BRAMS (local), KAMS (regional) and AHCWA (state). Previously Chris worked in the education, alcohol rehabilitation and Community Development Employment Projects (CDEP) sectors.



**Donna Ah Chee**  
CEO Central Australian  
Aboriginal Congress Aboriginal  
Corporation (CAAC)

Donna is the CEO of the Central Australian Aboriginal Congress Aboriginal Corporation, in Alice Springs. She is a Bundgalung woman from the far north coast of NSW and has lived in Alice Springs for over 25 years. Donna has been actively involved in Aboriginal and Torres Strait Islander affairs for many years, especially in the area of adult education and health.



**Suzanne Andrews**  
CEO Gurriny Yealamucka Health  
Services Aboriginal Corporation

Suzanne Andrews is currently CEO of Gurriny Yealamucka Health Services in Yarrabah, Qld, and has extensive experience working in the community-controlled primary health sector. Suzanne has cultural ties to the Kimberley region, WA, and is a proud Jaru, Bunaba woman who grew up in Broome but now lives on beautiful Gunganghi country in north Queensland. She is a firm believer in our people having a greater say over and responsibility for the management of our health and a strong advocate of social change for her community. Suzanne serves on a number of boards: the North Queensland Primary Health Network, Northern Aboriginal Torres Strait Islander Health Alliance, and Lowitja Institute. She is Deputy Chair of QAIHC and a member of the Yarrabah Leaders Forum.



**LaVerne Belleair**  
CEO Aboriginal Medical Service  
Cooperative Limited, Redfern

LaVerne is from the Bundjalung Nation (North Coast NSW). She is currently the Aboriginal Medical Service Cooperative Limited, Redfern Chief of Staff. LaVerne was the former Director of Aboriginal Health, Northern Sydney Local Health District, where her role was to develop various Aboriginal health models of care and develop and implement strategic health plans for the local community.



**Matthew Cooke**  
CEO Gladstone Region Aboriginal  
and Islander Community  
Controlled Health Service t/a  
Nhulundu Health Service

Matthew is a proud Aboriginal man from the Byeljee people in Gladstone, Qld. He has a strong background in Aboriginal and Torres Strait Islander affairs having served as both company director and CEO for more than 15 years. His active involvement spans all jurisdictions: local, regional, state and national, including representation at the UN Permanent Forum on Indigenous Issues in New York. Matthew currently chairs NACCHO affiliate the Queensland Aboriginal and Islander Health Council (QAIHC). He is also Executive Chairman of the First Nations Bailai, Gurang, Gooreng Gooreng Taribelang Bunda peoples Prescribed Body Corporate and member of the Central Queensland Hospital and Health Service board, as well as being CEO of Nhulundu Health Service. During the construction of the LNG facility on Curtis Island he was appointed as the Indigenous Affairs Manager for Bechtel Oil Gas and Chemicals, a worldwide engineering, procurement, and construction company.



**Polly Sumner-Dodd**  
Chair Aboriginal Health Council  
of South Australia (AHCSA)

Now retired, Polly was CEO of Nunkuwarrin Yunti of South Australia for over 30 years. Polly advocates strongly for Aboriginal community control, self-management and self-determination. She has participated on a wide and varied range of committees and boards, including NACCHO, Aboriginal Sobriety Group, Aboriginal Legal Rights Movement, Women's Legal Service, Pharmacy Board SA and the Women's Art Movement, to name a few. Polly's involvement with NACCHO affiliate the AHCSA has spanned more than 38 years, beginning with the Aboriginal Health Organisation that underwent major transformations, giving birth to ACHSA and, more importantly, moving to Aboriginal community control. Polly believes that ongoing improvements to the health and wellbeing of all members of the Aboriginal and Torres Strait Islander community are crucial if our people are to reach and maintain a quality of life equal to that of the wider community.



**Wendy Edmondson**  
CEO Urupuntja Health Service

Wendy is from the Badimia Yamaji and Wattandi Amangu peoples of Western Australia. She has spent her whole career in the service of Aboriginal communities at local, state and national levels, specifically in health, management and education. She has been the CEO of Aboriginal community-controlled health organisations in three jurisdictions: inaugural CEO of AHCSA, CEO of Wirraka Maya Health Service in the Pilbara, WA, and current CEO of Urupuntja Health Service in the Utopia lands, NT. Wendy has established two RTOs to provide Aboriginal Health Worker (AHW) training and is currently offering AHW training at Urupuntja. She is a strong advocate for workforce development and succession planning.

**Image above:** NACCHO AGM held as a virtual event in March 2021.



**Kane Ellis**  
**CEO Illawarra Aboriginal Medical Service**

Graduating in 1998, Kane started as a health worker at Danila Dilba Health Service in Darwin, NT, then moved to a community health clinic (Bagot) for two years. Kane ran the men's health program in the NT at the Heart Foundation before moving into the Clinic Manager's role at Danila Dilba for seven years; during this time he acted as the CEO for a period of six months. Kane then moved to Wollongong, NSW, commuting to Sydney to work at the Aboriginal Legal Service as the Regional Manager of the South-Central Region and acting for a period as the legal service's CEO. Kane returned to his original passion when he took on the role of Comprehensive Care Practice Unit Manager at NACCHO affiliate, the AH&MRC. He is currently CEO of Illawarra Aboriginal Medical Service and a proud board member of both the AH&MRC and NACCHO.



**Raylene Foster**  
**COO Tasmanian Aboriginal Centre (TAC)**

Raylene represents Tasmania/Lutruwita on the NACCHO Board. She has a deep and historical understanding of the Aboriginal and Torres Strait Islander health sector, at national and local levels. For the past 25 years, Raylene has worked for the TAC in various leadership roles building the capacity of the organisation, staff and community to provide health services for Aboriginal and Torres Strait Islander people.



**Michael Graham**  
**Chairperson Victorian Aboriginal Community Controlled Health Organisation (VACCHO)**

Michael is a Dja Wurrung and Waywurru man, who has been part of various Aboriginal and Torres Strait Islander organisations since the age of 16. He was raised by a politically proud family who prompted him to empower and make positive changes for his community. Michael is the CEO of Victorian Aboriginal Health Service (VAHS) and was recently appointed Chairperson of the VACCHO Board.



**Vicki O'Donnell**  
**CEO Kimberley Aboriginal Medical Services Ltd**

Vicki is a Nyikina Mangala woman from Derby who has worked as a strategic leader in Aboriginal community-controlled health for 15 years. Currently CEO of the Kimberley Aboriginal Medical Service (KAMS) in Broome, Vicki was instrumental in the establishment of both the Derby Aboriginal Health Service dialysis unit and the Kimberley

Renal Service. Vicki has been a board member of AHCWA for over 15 years (eight years as chair) and chairs the WA Aboriginal Health Ethics Committee. She is an advisor on numerous state and federal ministerial committees involved in Aboriginal health including the WA Aboriginal Advisory Committee and the national Closing the Gap Coalition of Peaks. Vicki's passion for Aboriginal health is recognised at a regional, state, and national level. She has gained enormous respect for her knowledge, attention to detail, and communication skills at a grass-roots level.



**Suzanne Squires**  
**CEO Lake Tyers Health and Children's Services**

Suzie Squires is a Yuin woman, born and raised on Gunai Kurnai country. Suzie is currently CEO of Lake Tyers Health and Children's Services and has positions on several boards. She chairs the Gippsland Aboriginal Alliance and is vice-chair of Yoowinna Wurnalung Healing Service. For the past six years Suzie has been committed to advocating for change not only for the Lake Tyers Aboriginal Trust and the community living there but for Aboriginal people across Victoria.



**Craig Ritchie**  
**CEO Australian Institute of Aboriginal and Torres Strait Islander Studies**

Craig Ritchie is a Dhunghutti man who is currently CEO of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) in Canberra, ACT. Craig's career spans senior roles that include work heading Aboriginal and Torres Strait Islander higher education, university access and participation for people from low-SES backgrounds and international student mobility. He was founding Director, Aboriginal and Torres Strait Islander Health in the ACT Government. Craig's community-sector work includes serving as NACCHO CEO and chair of Canberra's Winnunga Nimmityjah Aboriginal Health and Community Services.



**Preston Thomas**  
**Deputy Chair Ngaanyatjarra Group**

Preston Thomas, known as 'Mr T', is a former Deputy Chairperson of the Aboriginal Land Trust of Western Australia. He is currently Deputy Chair of the Ngaanyatjarra Group, which includes the Ngaanyatjarra Council Aboriginal Corporation, Ngaanyatjarra Services and Ngaanyatjarra Health Service. Mr T also chairs the Kanpa Community Council. He is an active member of the Aboriginal Legal Service of WA and has been on the board of NACCHO affiliate the Aboriginal Health Council of Western Australia (AHCWA) since 2015. He is committed to the development of Aboriginal people in Western Australia.



# Political leadership



Coalition  
of Peaks

## Continuing to change the way governments work with our Aboriginal and Torres Strait Islander organisations and communities

The Coalition of Aboriginal and Torres Strait Islander Community-Controlled Peak Organisations (Coalition of Peaks) has continued to work with all Australian governments to change the way they work with community-controlled and other organisations and communities across the country.

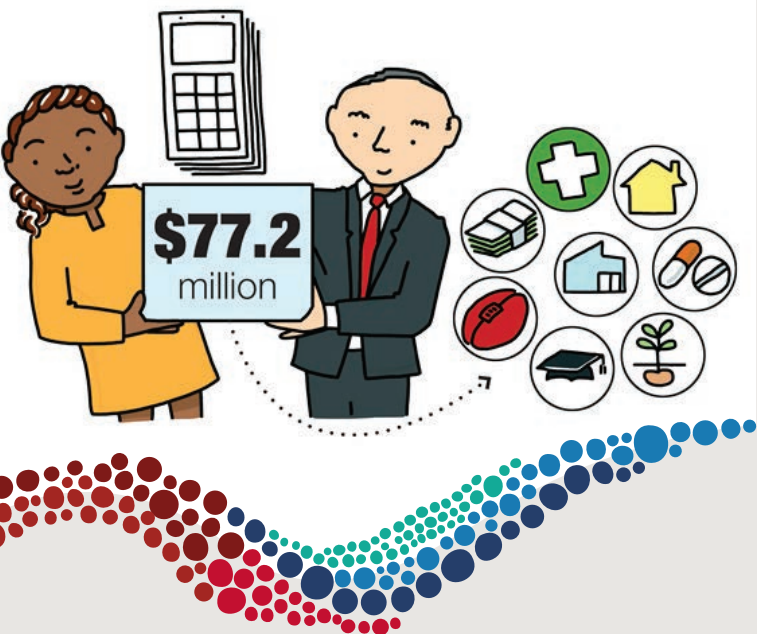
The National Agreement on Closing the Gap (National Agreement) came into effect on 27 July 2020, a refresh of arrangements originally instituted in 2008–09. It was

negotiated and agreed between governments and the Coalition of Peaks as part of the Partnership Agreement on Closing the Gap (Partnership Agreement). The Agreements will remain in place for ten years; together they mark a turning point in the relationship between Australian governments and Aboriginal and Torres Strait Islander peoples, organisations, and communities. The relationship is now based on shared decision making about policies and programs that impact Aboriginal and Torres Strait Islander people.

The National Agreement sets out how they approach efforts to close the gap in life outcomes between Aboriginal and Torres Strait Islander people and other Australians. These are built around four Priority Reforms.

**Image:** (L–R) CEO of NACCHO and Lead Convenor of the Coalition of Peaks, Pat Turner AM, Governor-General of the Commonwealth of Australia, His Excellency General the Hon David Hurley AC DSC, and Chairperson for the ACT Aboriginal and Torres Strait Islander Elected Body (ATSIEB) and Coalition of Peaks Joint Council representative for the ACT, Katrina Fanning PSM meet at Government House in Canberra to discuss the National Agreement on Closing the Gap (Photo credit: The Office of the Official Secretary to the Governor-General).





## Closing the Gap Priority Reforms

**1** Developing and strengthening structures so that Aboriginal and Torres Strait Islander people share in decision making with governments on Closing the Gap.

**2** Building formal Aboriginal and Torres Strait Islander community-controlled service sectors to deliver Closing the Gap services.

**3** Ensuring mainstream government agencies and institutions that deliver services and programs to Aboriginal and Torres Strait Islander people undertake systemic and structural transformation to contribute to Closing the Gap.

**4** Sharing access to locally-relevant data and information to inform shared decision making between governments and our communities and organisations.

Coalition of Peaks members and other Aboriginal and Torres Strait Islander organisations have been working with each government to turn the National Agreement's commitments into practical, measured, funded actions through jurisdictional Implementation Plans. This is the first time each government has been required to develop and publish a Closing the Gap plan where they will be held publicly accountable for the commitments they have made. Each government has published its first Implementation Plan and will report on progress to their respective parliaments from next year.

The Coalition of Peaks has also developed an Implementation Plan for its commitments in the National Agreement. This plan will help ensure the group remains accountable to constituent organisations, communities and the Aboriginal and Torres Strait Islander people in how it engages and the positions it takes in negotiations with governments.

Truly changing the way governments work with Aboriginal and Torres Strait Islander people is no easy task and will take years. As the National Agreement moves into its second year, the Coalition of Peaks is expecting an increased focus on translating the agreement's commitments into tangible, recognisable changes and benefits for Aboriginal and Torres Strait Islander communities and organisations across the country.

## Partnerships for change

Priority Reform One commits to policy partnerships in five areas: housing, justice (adult and youth incarceration), social and emotional wellbeing (mental health), early childhood care and development, and Aboriginal and Torres Strait Islander languages. These policy partnerships will bring together Aboriginal and Torres Strait Islander organisations, experts and government in a concerted national effort to improve outcomes in these critical areas.

The Coalition of Peaks sought the acceleration of the Justice Policy Partnership so as to bring forward national and coordinated action to address the over-incarceration and criminalisation of Aboriginal and Torres Strait Islander people, and end deaths in custody. This was agreed by all parties at the meeting of the Joint Council on Closing the Gap (Joint Council) on 16 April 2021.

The Coalition of Peaks looks forward to progressing the remaining policy partnerships and ensuring that the expertise and experiences of Aboriginal and Torres Strait Islander people and organisations across the country are brought to bear in discussions with government.

**Image:** Coalition of Peaks community engagement resource for Priority Reform Two of the National Agreement. Released 2 April 2021.





**Image:** (L–R) Minister for Indigenous Australians, the Hon. Ken Wyatt AM, MP; AHCWA Chair and WA Joint Council representative for the Coalition of Peaks, Vicki O'Donnell; WA Minister for Aboriginal Affairs, the Hon. Stephen Dawson MLC; NACCHO CEO and Lead Convenor of the Coalition of Peaks, Pat Turner AM; and CEO of the National Native Title Council and Economic Development Joint Council representative for the Coalition of Peaks, Jamie Lowe, at the fifth meeting of the Joint Council on Closing the Gap, Perth, 16 April 2021.

### Building the community-controlled sector

Under Priority Reform Two, all governments contributed to a \$77.2 million virtual joint funding pool for strengthening the community-controlled sector. The funding will be delivered over four years in line with a Strategic Plan agreed by the Joint Council on 17 November 2020.

Under this plan, governments have agreed to investment priorities to build the community-controlled sectors of early childhood care and development, housing, health, and disability. These investment priorities include capacity building for community-controlled housing providers; a dedicated Aboriginal and Torres Strait Islander early-childhood workforce; and building the capacity of community-controlled organisations to deliver a full range of culturally responsive disability-support services. A key outcome of these investments will be more jobs for Aboriginal and Torres Strait Islander people where they live, and in services that benefit their communities.

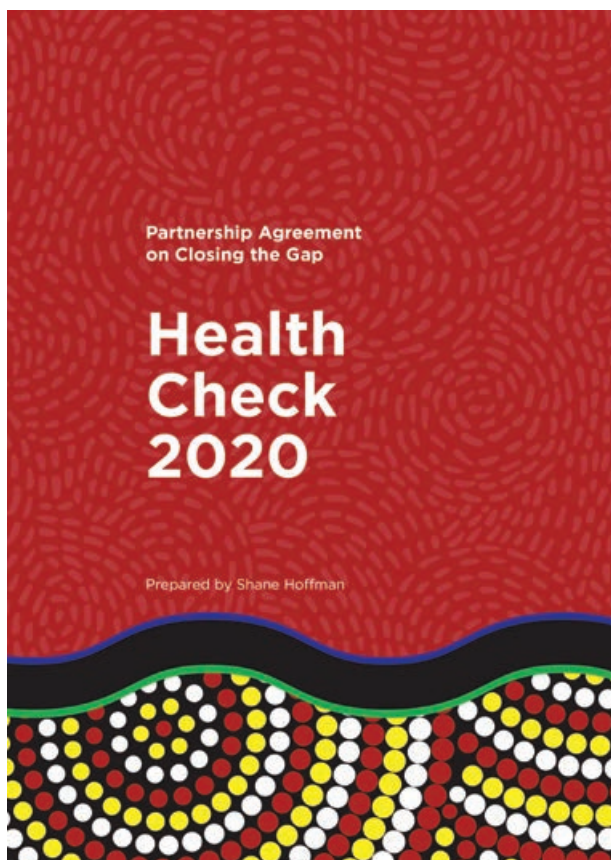
The national peak for the disability sector, the First Peoples Disability Network, has for the first time been in direct discussion with all governments about what is needed to build a community-controlled sector to respond to the social and cultural needs of First Nations people with disability—an area that has been left out of the conversation for far too long.

### Increasing government accountability

The Productivity Commission is committed to developing and maintaining a publicly accessible dashboard comprising data and associated supporting materials to track progress against the National Agreement's Priority Reforms and socio-economic targets. On 23 June 2021 the first public dashboard was released. The Productivity Commission will also produce an annual data-compilation report on progress against the targets. This is the first time that there has been independent monitoring of Closing the Gap outcomes and targets.

On 17 November 2020 the Joint Council agreed to a range of indicators to support the reporting and monitoring of progress against the Priority Reforms, and these were updated in the National Agreement. The next annual data-compilation report from the Productivity Commission will establish a baseline for the Priority Reforms and enable public monitoring of implementation.

Governments and the Coalitions of Peaks also agreed a revised Family Violence target and a new Access to Information target, and are working towards two additional targets: in land and water and in community infrastructure. These new targets will bring greater national attention to two areas that are critical to Aboriginal and Torres Strait Islander people's wellbeing and overlooked in previous Closing the Gap frameworks.



**Image:** Partnership Agreement on Closing the Gap: Health Check 2020. Released 16 April 2020 (Credit – Shane Hoffman).

## Partnership Health Check 2020

The Partnership Agreement requires an annual partnership health check to review how governments and the Coalition of Peaks are working together on Closing the Gap. The first such independent check was conducted in late 2020, assessing the challenges and successes of the historic arrangements. The Health Check found that the partnership had been successful in its first major task of coming together to negotiate a new National Agreement. With the Coalition of Peaks being at the table with government, Closing the Gap policy priorities had significantly changed; Priority Reforms developed through community engagement had been accepted. Both sides believe the partnership is making a difference; however, it was noted that further work needs to be done in ensuring a strong and equal partnership. Differing cultural perspectives on governance add a complexity not found in partnerships between governments and non-Indigenous parties, where formal partnerships, as a way of working together, reflects the dominant Western form of governance. The Coalition of Peaks also carries an additional emotional burden as direct representatives of their membership and communities; this was especially felt when the group made compromises to secure an agreement.

A report on the Health Check was made public on 16 April 2021 to help inform Aboriginal and Torres Strait Islander organisations and communities on how they approach their own new partnerships with governments under Priority Reform One.

The Coalition of Peaks will continue to push governments over the next twelve months and beyond to deliver improved outcomes for Aboriginal and Torres Strait Islander peoples.

**Image:** NACCHO CEO and Lead Convenor of the Coalition of Peaks, Pat Turner AM, with Prime Minister, the Hon. Scott Morrison MP, and Minister for Indigenous Australians, the Hon. Ken Wyatt AM, MP, at the announcement of the new National Agreement on Closing the Gap at Parliament House, Canberra, 30 July 2020. (Photo credit: AAP).





## Events

### NACCHO NDIS Ready Yarning Circle

In May 2021, the NDIS Ready Yarning Circle for metro and inner regional ACCHOs was held in Brisbane and attended by 37 representatives from 21 services. The event was designed to support ACCHOs to understand and navigate the NDIS and increase their capacity to deliver NDIS services by sharing and building on knowledge within the sector, offering practical support and strategies, and connecting ACCHOs with government and sector stakeholders.

Attendees gathered for a welcome event the night before, with a Welcome to Country performed by Steven Coghill, a Jagerah Traditional Owner.

At the Yarning Circle, attendees heard from ACCHOs that are successfully delivering NDIS services to their communities; these services shared their lessons learned, tips and tricks. The First People's Disability Network and Aboriginal and Torres Strait Islander people with disability and their carers were invited to share critical perspectives from their lived experience. ACCHOs new to the NDIS worked through activities to plan their next steps, supported by 17 stakeholder and government representatives from seven organisations who were on hand to answer questions and provide practical support.

It was a very successful event that highlighted the ACCHO sector's critical role, and early success, in delivering culturally appropriate support to Aboriginal and Torres Strait Islander people with disability through the NDIS.



**'It's about how a person's life can be expanded. Yes, needs can be met, but lives can be better. And that's the benefit.'**

**Renee, Carbal Medical Services (Toowoomba)**

Pictured above with NACCHO Director Programs Jess Styles.

Renee Day from **Carbal Aboriginal and Torres Strait Islander Health Services** and Matt Moore from the **Institute of Urban Indigenous Health** shared their journey to becoming a registered NDIS service provider and how they have continued to deliver services sustainably to their communities.

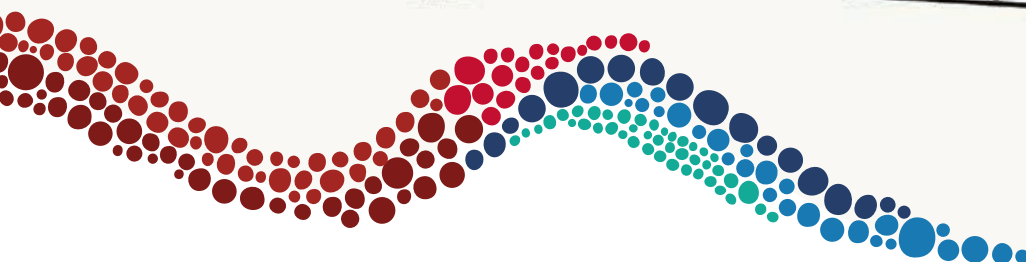


**Images:** ACCHO representatives at NDIS Ready Yarning Circle, Brisbane, May 2021.

The UQ Poche Centre and NACCHO present

# ABORIGINAL & TORRES STRAIT ISLANDER HIV AWARENESS WEEK VIRTUAL TRIVIA

December 1, 2020 | 3 PM AEST,  
Via ZOOM Meetings



## Communicable diseases events

Fourteen teams (82 people in total) from NACCHO members, affiliates and partners across Australia participated in the first-ever sexual health virtual trivia contest to celebrate

Aboriginal and Torres Strait Islander HIV Awareness Week (ATSIHAW) 2020. The event was co-hosted by the University of Queensland and the Poche Centre for Indigenous Health. Sexual health-themed costumes were encouraged and the NACCHO sexual health team led by example.

NACCHO brought Condoman to cheer on the Indigenous #NRLAllstars team in Townsville and to remind everyone 'Don't Be Shame Be Game' and spread awareness around sexual health.





For National Condom Day 2021 NACCHO hosted a fun contest on social media to drive awareness around safe sex and condoms. ACCHOs had to get creative and take a photo/video showing their best condom hack and/or mail their best slogan on using condoms to protect against sexually transmitted infections.

**Images:** (Left) Captain Condom at Yadu Health Corporation, Ceduna, SA. (Right) NACCHO Team promotes National Condom Day 2021.



At the 12th Australasian Viral Hepatitis Conference organised by Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine, NACCHO Deputy CEO, Dr Dawn Casey, called for co-design with the ACCHO sector to eliminate Hepatitis C. In her opening statement she said, 'Closing the gap on viral hepatitis can be achieved when you address the social determinants of health including overcrowding, education, access to health services, racism.'



NACCHO's Communicable Diseases Team hosted the second Blood Borne Viruses and Sexually Transmissible Infections Standing Committee strategy implementation workshop at the Hyatt Hotel in Canberra and via Zoom for those who could not come due to lockdown. Participants from across members and peak organisations attended with the aim of identifying critical actions for the sector over the next 18 months to accelerate implementation of the Australian Government's Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018–22.

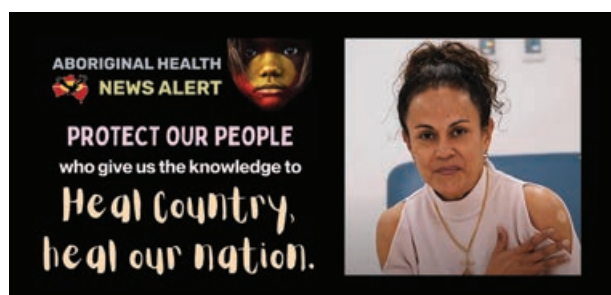


## Cultural immersion experience

The NACCHO team were invited to participate in a cultural immersion experience with Mulungu Aboriginal Corporation Primary Health Care Service staff, led by local Elders. It was an incredible experience listening to their stories and histories and sharing in the traditional food they had prepared. The NACCHO team also visited the Mulungu clinic, meeting and talking to the staff there, including the CEO, Gail Wason, who took them across the workings of the ACCHO.



# Media and communications activities



## Subscribers

2020–21 **6,105**

2019–20 **5,876**

## Views

2020–21 **1,352,438**

2019–20 **1,149,298**

## Twitter followers

2020–21 **37,275**

2019–20 **34,352**

## Facebook followers

2020–21 **20,587**

2019–20 **19,940**

## Instagram followers

2020–21 **3,858**

2019–20 **2,615**

## YouTube views

2020–21 **41,060**

2019–20 **34,337**

In 2020–21, NACCHO's strategic media and communications activities continued to support NACCHO's goals and ensured Aboriginal and Torres Strait Islander health issues were elevated in the national arena.

These goals were achieved by:

- disseminating media releases, media statements and member alerts across key dates and events
- facilitating and organising national media interviews and placement across news platforms
- publishing a daily blog, the NACCHO Aboriginal Health News Alerts, delivering a steady stream of information on national, regional, and remote Aboriginal and Torres Strait Islander issues
- drafting newspaper editorials and op-ed articles
- extensive social-media engagement across platforms especially around COVID-19 and COVID-19 vaccine info: Facebook, Twitter, Instagram, LinkedIn, YouTube channel – NACCHO TV
- commemoration of Aboriginal and Torres Strait Islander key dates: National Close the Gap Day, National Sorry Day, NAIDOC Week, Men's Health Week, and occasions around crucial political announcements of the Coalition of Peaks, auspiced by NACCHO and a signatory to the National Agreement on Closing the Gap
- promoting the work carried out by the Aboriginal and Torres Strait Islander health sector through developing and publishing the Annual Report.

## NACCHO website, blog and social media

NACCHO's communication emphasis across owned and earned media channels is on sharing positive stories and information from members and affiliates on the Aboriginal and Torres Strait Islander health sector and being seen as a trusted source of information on the COVID-19 pandemic.

### NACCHO Website

[www.naccho.org.au](http://www.naccho.org.au)

In 2020–21, NACCHO continually updated COVID-19 resources for health workers, researchers, member services and communities on its dedicated COVID-19 webpage; the traffic across the website was at 633,708 pageviews for the financial year.

### NACCHO Aboriginal and Torres Strait Islander Health News Blog

[www.nacchocommunique.com](http://www.nacchocommunique.com)

NACCHO continues to be a major online publisher of Aboriginal and Torres Strait Islander health news in Australia. There have been over 3100 informative news alert blogs posted till June 2021, and 230 new subscribers added last financial year for an overall total of 6105 subscribers. The daily blog updates were shared with 60,000+ social-media followers. Over 200+ posts last year covered COVID-19 updates, addressing how people can stay safe during the pandemic and celebrating vaccine milestones.

### Facebook

By far the most successful platform for COVID-19-related communications was the NACCHO Facebook page where all affiliates and most member organisations were tagged, and their posts shared. With almost 2000 posts in the last financial year, NACCHO acquired an additional following of over 1500 people and organisations.

In 2020–21 NACCHO shared:

**2,500+**  
posts that had approximately

**6,044,447**  
impressions, and

**69,972**  
engagements



Facebook



## Twitter

**1,436+** Posts  
**↑2,561** Followers

NACCHO has continued with a prestigious Blue Tick from Twitter for its health-sector contributions and engagement. Followers grew by an additional 2561 in 2020–21, and Twitter remains NACCHO's most followed platform, with more than 1436 Twitter posts in the reporting period.

## Instagram

Since the launch of its Instagram account in 2017, NACCHO has gained almost 4000 followers. Instagram is important in NACCHO's mix of social-media platforms as it reaches out to younger generations.

## LinkedIn

**300+** Posts  
**↑1,732** Followers

NACCHO launched a LinkedIn account in February 2021, the main purpose being to highlight professional opportunities, conferences, and webinars. Since February, NACCHO has shared more than 300 posts and gained 1732 followers.

## YouTube

NACCHO TV has proven to be a great asset in housing NACCHO's television and radio interviews, panel discussions, speeches, COVID-19 vaccination promotions, and campaigns targeting Aboriginal and Torres Strait Islander health issues.



Twitter

Instagram

LinkedIn

## Print, online and broadcast media

### Statistics



# 15

Total media releases



# 2,818

Total media hits

(756 online articles and  
2062 broadcast mentions,  
including syndications)

# 1,563,534,234

Total reach

# \$14,462,693.34

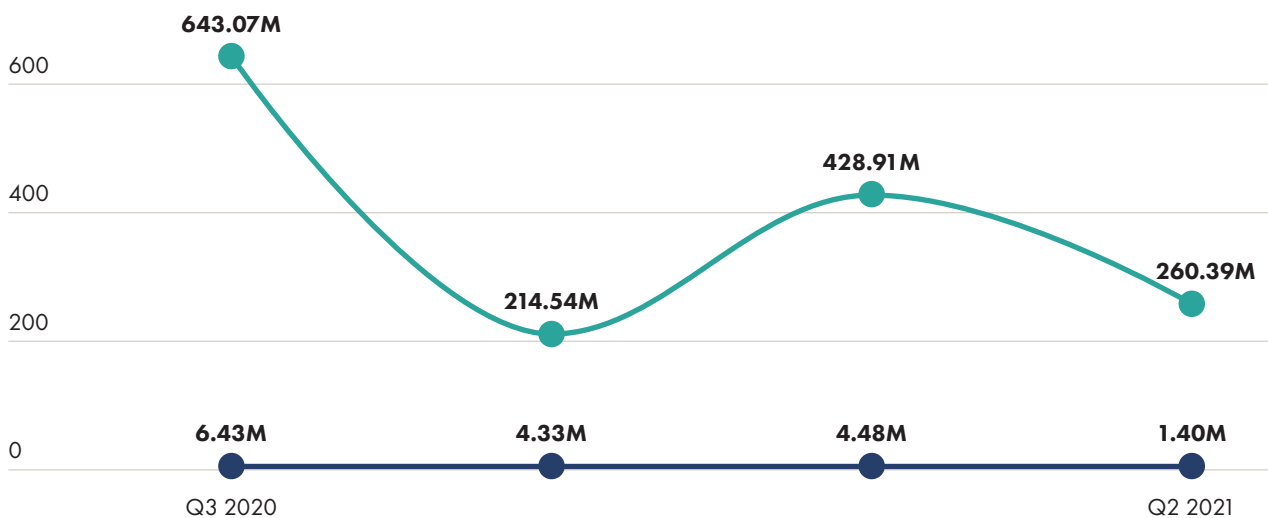
Advertising Value Equivalent (AVE)

### Potential reach

Reach (millions)  
800

● NACCHO Broadcast (1 Jul 2020 – 30 Jun 2021)

● NACCHO Online (1 Jul 2020 – 30 Jun 2021)



NACCHO has been prominently featured and frequently sought after for comments across national, regional, and international media including radio stations, television, online and print outlets, illustrating the organisation's profile, expertise and impact on the national stage.

NACCHO undertook regular media appearances— on ABC Radio National Breakfast, ABC News Breakfast (television), NITV, ABC *The Drum*, *Guardian Australia*, *The Australian* and the *Sydney Morning Herald*—capturing and spreading vital messages for the sector. The international media appearances included CNN, Forbes, *The Washington Post* and the *Daily Mail*.

CEO Pat Turner, Deputy CEO Dr Dawn Casey, Chair Donnella Mills, Medical Advisor Dr Jason Agostino and other NACCHO spokespersons and experts made several media appearances commenting on the national and regional COVID-19 situation. The spokespersons encouraged vaccinations and praised the sector for its work in safeguarding, testing, and vaccinating Aboriginal and Torres Strait Islander communities.





**Image:** Dr Dawn Casey, Deputy CEO NACCHO and Co-Chair Aboriginal and Torres Strait Islander Advisory Group on COVID-19 spoke on NITV-The Point on Tuesday 8 June 2021 about the latest rollout of the COVID-19 vaccine, its take up and hesitancy, and the Victorian lockdown.

Most of this media coverage was related to COVID-19, and NACCHO's leadership role in managing and protecting Aboriginal and Torres Strait Islander communities from the pandemic as well as supporting the sector in managing the vaccination rollout. Positive perceptions have been created around the sector's handling of COVID-19, with ACCHOs utilising a multi-agency approach, working to dispel myths and hesitancy on the vaccines, and protecting remote

communities in particular. NACCHO's Medical Advisor has been a key point of reference in providing the media with up-to-date statistics and developments during the COVID-19 pandemic.

The National Agreement on Closing the Gap was also a significant media topic, consolidating NACCHO's central role in advocating for better health and wellbeing of Aboriginal and Torres Strait Islander people and communities.



**Images:** (Clockwise from top-left) NACCHO CEO, Pat Turner interview with Lynda Kinkade CNN – NACCHO's response to COVID-19. NACCHO Medical Advisor Dr Jason Agostino in conversation with presenter Dan Bouchier on ABC TV. NACCHO Chair Donnelle Mills radio interview on National Indigenous Radio Service. Pat Turner on ABC The Drum.

Part 2  
**COVID-19**

2









**COVID-19 has highlighted the unique capacity of the ACCHO sector to respond rapidly and effectively in a national health crisis. Fears of the catastrophic effect of the virus in Aboriginal and Torres Strait Islander communities led to a response that has since been recognised internationally. Well before the pandemic was declared by the World Health Organization (WHO), the sector had mobilised.**

It commenced planning locally and advocated nationally for border and community closures, access to testing, personal protection equipment (PPE), contact-tracing capacity and lockdown measures. The partnership between NACCHO and the Australian Government Department of Health was critical in supporting Aboriginal communities across Australia to develop local plans, building on a pre-existing relationship that had effectively responded to syphilis outbreaks.

A National Aboriginal and Torres Strait Islander COVID-19 Advisory Group was established in March 2020. The group included NACCHO and its members and affiliates, lead experts and the Australian Government. Its role was to provide advice on Aboriginal and Torres Strait Islander health aspects related to COVID-19 based on the principles of shared decision making and co-design. The Advisory Group quickly developed the Emergency Response Management Plan that addressed mobility issues, high visitation rates, and the need for responses that addressed continuity of care, housing conditions, literacy and other social determinants.

The sector worked through their local communities to develop and implement local plans. Government agencies supported comprehensive biosecurity measures and the establishment

of more than 140 GP Respiratory Clinics (21 operated by ACCHOs) to undertake testing and local preparedness to prevent and respond to COVID-19. NACCHO also worked with the Australian Government to develop a funding model to support the sector. To date, more than \$29 million has been committed, \$15.8 million of which has already been distributed to ACCHOs. Affiliates coordinated regular updates on clinical-care requirements and resources to member services about safe COVID-19 practices.

By November 2020, fewer than 150 Aboriginal and Torres Strait Islander people had been infected with COVID-19 and there had been no deaths. The rate of infection was six-times lower than other Australians, a truly world-leading result.

In early 2021, more than 100 ACCHOs signed up to be part of the Australian Government Vaccination Program as Aboriginal and Torres Strait Islander people were identified as a priority population. However, a rise in vaccine hesitancy came with changing advice around use of the AstraZeneca vaccine. Yet again, ACCHOs rallied and mobilised the power of locally-developed communication campaigns.

Unfortunately, in mid-2021, an outbreak in western New South Wales demonstrated the real risks associated with poverty, overcrowded housing and the high levels of comorbidities in the Aboriginal and Torres Strait Islander population. Case numbers escalated and by 30 June 2021 there were 158 cases of COVID-19 among Aboriginal and Torres Strait Islander people; fortunately, at this stage, there had been no deaths. The Advisory Group and ACCHOs redoubled their efforts, accelerating the vaccine rollout across communities, addressing misinformation and vaccine hesitancy, aiming to have all eligible Aboriginal and Torres Strait Islander people fully vaccinated by the end of November 2021. The response to the COVID-19 pandemic demonstrates the strength of the community-controlled primary health care model.



**Image:** NACCHO team wearing the 'COVID-19 Vaccine Team' polos which were designed by NACCHO and distributed across ACCHOs.





**Image:** COVID-19 Yarn Up answering COVID-19 vaccination questions from Aboriginal people with NITV host Shahni Wellington, Dr JanFizzell (NSW Health) and Dr Jason Agostino (NACCHO).

## COVID-19 vaccine rollout as outlined by NACCHO's Medical Advisor Dr Jason Agostino

In late January 2021, the first COVID-19 vaccine was approved for use in Australia. By February 2021, NACCHO in partnership with affiliates and the Australian Government, commenced onboarding ACCHOs into the vaccination program. When the AstraZeneca vaccine rollout commenced in March 2021, NACCHO advocated that all Aboriginal and Torres Strait Islander people aged over 55 years be prioritised as part of category 1b, along with people with chronic conditions. The remainder of the Aboriginal and Torres Strait Islander adult population was in the priority 2a group.

By March 2021, 107 ACCHOs and more than 170 clinics had joined the program. Within the first month more than 17,000 Aboriginal and Torres Strait Islander people had received their first dose of a COVID-19 vaccine. ACCHOs had ordered almost 65,000 vaccines and were ready to vaccinate their communities. In early April 2021, just three weeks after the ACCHO rollout commenced, the Australian Technical Advisory Group on Immunisation (ATAGI)

recommended that Pfizer be the preferred vaccine for people under the age of 50 years after reports of a rare blood clotting disorder in those receiving AstraZeneca. NACCHO in partnership with the Australian Government and affiliates worked quickly to develop a recalibration plan to ensure Aboriginal and Torres Strait Islander people were not left behind. By late May 2021 ACCHOs were being trained to deliver the Pfizer vaccine and the Therapeutic Goods Administration (TGA) had changed its advice on Pfizer storage requirements, making it easier to be stored in our sector clinics.

ACCHOs were among the first General Practice clinics to deliver Pfizer in Australia. At 30 June 2021, there were 107 ACCHOs participating in the Australian Government Vaccination Program and delivering the Pfizer vaccine.

At 30 June 2021, a total of 91,300 Aboriginal and Torres Strait Islander people had received at least one dose of a COVID-19 vaccine.



**KEEP OUR COMMUNITY STRONG!**

**CUZ CONGRESS SAYS GET VACCINATED**

**LET'S BEAT COVID-19!**

**ABOUT VACCINES:**

COVID-19 vaccines train your body to recognise and fight the virus that causes COVID-19.

The vaccine doesn't contain anything toxic or dangerous.

Pfizer works very well against all types of COVID and will stop you getting very sick when the virus comes.

It will also help stop the sickness from spreading when the virus comes. It will protect us, our old people, people with other sickness and our young ones.

**\$25 VOUCHER**

For people who get vaccinated. Limited time only. Terms and conditions apply.

**CALL NOW: 1800 570 688**

**OR VISIT YOUR LOCAL CLINIC**

ccoc.org.au | /CANCongress | @congressmob

**CENTRAL AUSTRALIAN ABORIGINAL CONGRESS**

**EMERGENCY TELEHEALTH SERVICE IN BIDYADANGA**

**NACCHO Aboriginal Health Australia**  
Published by Naccho Comm - 18 May - 18

Great picture with beautiful happy faces of the Gidgee Healing team as they don on the NACCHO COVID-19 Vaccine Team polos. #GetVaccinated 🙌❤️

Gidgee Healing  
13 May - 13

Check out our team wearing their deadly NACCHO Aboriginal Health Australia COVID-19 Vaccine Team shirts.

20

**JOIN US FOR A BARBECUE**

**COME AND HAVE A CHAT ABOUT THE COVID-19 VACCINATION**

**CONNECTING FOR MENS HEALTH**

**YARN UP WITH #TEAM GALAMBILA**

**NO FOOTY**  
No big AFL games like the Melbourne game that went to Sydney. No local footy when there's lockdowns.

**NO FESTIVALS**  
Garma Festival cancelled, Alice Springs Show cancelled and NAIDOC Week cancelled

**NO FUN**  
Lockdowns, gathering limits, travel restrictions and other disruptions to our way of life

**...that's life without COVID-19 vaccines.**

Want things back to normal? Get vaccinated. Call 1800 570 688 to book.

**NACCHO Aboriginal Health Australia**  
Published by Naccho Comm - 17 May - 17

Great to see communities across Australia getting their vaccines, protecting themselves and their families! 🙌

#OurJobToProtectOurMob #GetVaccinated

**COVID-19 VACCINATIONS WURRUMIYANGA**

**COVID-19 VACCINATIONS WURRUMIYANGA**

**COVID-19 VACCINATIONS WURRUMIYANGA**

**COVID-19 VACCINATIONS WURRUMIYANGA**

NT Health  
7 May - 10

Thumbs up to the Wurrumiyanga mob for rolling up their sleeves to get the COVID-19 vaccine!

**MAKE the CHOICE GET the JAB**

**TAIHS Garbutt Clinic**

Pfizer vaccinations for 12+

**Monday to Friday**  
**9am - 4pm**  
**57-59 Gordon Street, Garbutt.**

Appointments and walk-ins available.  
Call 07 4759 4000 to make your appointment.

**Images:** Innovative ACCHO communication campaigns on social media.



## COVID-19 response and vaccine support grants

As part of the COVID-19 response, the Department of Health provided \$6.9 million to the sector to help it respond to the crisis. ACCHOs used this funding to contribute to their local responses to the pandemic. Activities were tailored to local needs and included developing culturally-appropriate health-promotion resources, increasing testing capacity within services, modifying clinics to ensure COVID-19 screening and assessment could take place safely, supporting clients to access mainstream services as required, and upgrading IT resources for improved telehealth and videoconferencing.

In early 2021, as the focus shifted to the vaccine rollout, an additional \$14.8 million was provided to help ensure Aboriginal and Torres Strait Islander people who wished to be vaccinated had access to a COVID-19 vaccine. Eligible ACCHOs were offered grants to contribute to the costs they were incurring to facilitate and support the rollout. The flexible nature of the funding meant that ACCHOs could use the funds to best suit their situations and the needs of their communities. This flexibility was essential as the recalibration of the rollout meant that services had to revise plans and adapt to a changing situation. Funds have been used for the purchase of fridges, back-up battery supplies, vaccine consumables and PPE, communications campaigns and transporting clients to access COVID-19 vaccinations. NACCHO also worked with DoH to link vaccinating ACCHOs experiencing staff shortages with appropriate supports and/or funding.

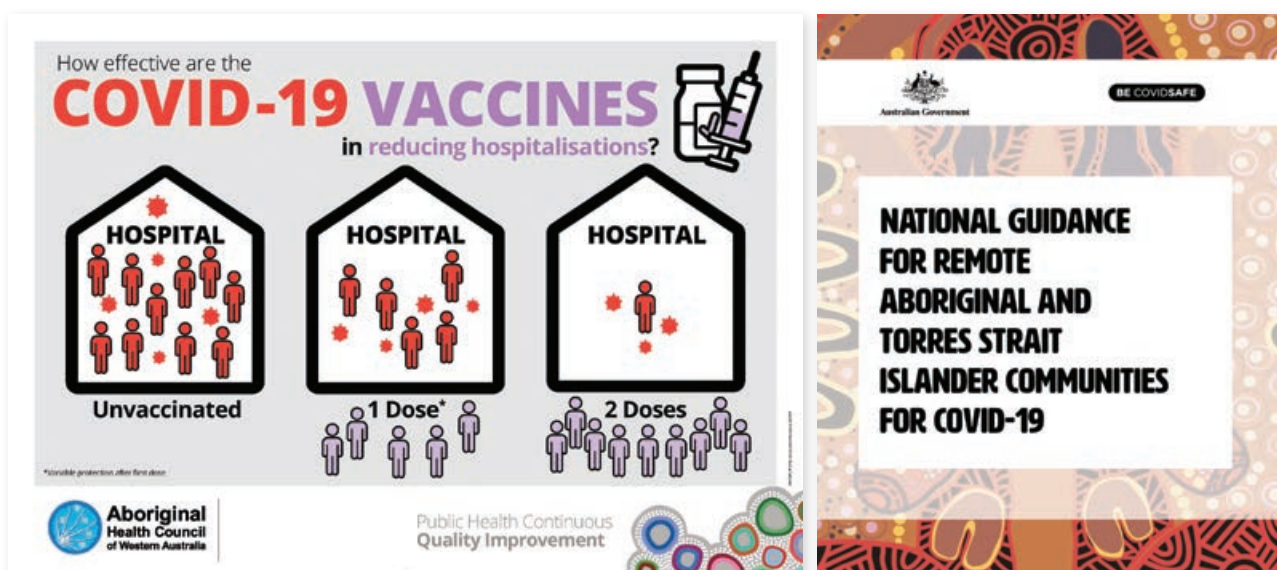
Despite the numerous changes to the COVID-19 vaccine rollout, the sector has demonstrated its responsiveness, resilience and commitment to ensuring that Aboriginal and Torres Strait Islander people have access to a safe and effective COVID-19 vaccine.

## Working in partnership

NACCHO and its affiliates are members of the Aboriginal and Torres Strait Islander COVID-19 Advisory Group, co-chaired by Deputy CEO, Dr Dawn Casey, and an Assistant Secretary in the Department of Health. The group meets once a week to prepare culturally-appropriate and consistent advice to Aboriginal and Torres Strait Islander health services and communities.

NACCHO continued to work closely with the Australian Government, affiliates and ACCHOs to support the vaccine rollout by:

- working with and supporting ACCHOs to increase vaccine dose allocations to ensure as many Aboriginal and Torres Strait Islander people are vaccinated as quickly as possible
- working with a number of external stakeholders to source additional workforce for ACCHOs
- co-hosting fortnightly webinars with DoH for affiliates and ACCHOs to provide information about the COVID-19 vaccine rollout and co-designing FAQs to be published online
- meeting bi-weekly with the Australian Government's COVID-19 Taskforce to identify and resolve emerging issues
- providing weekly updates to affiliates on the number of vaccinations ordered by ACCHOs and the status of vaccine delivery
- providing ACCHOs and affiliates with a dedicated direct contact and mailbox, both monitored after hours
- developing and reviewing COVID-19 vaccination communication materials that can be adapted to local regions.



**Images:** (Left) Infographic on the benefits of the COVID-19 Vaccines by Aboriginal Health Council of Western Australia. (Right) Communicable Diseases Network Australia (CDNA) document for Aboriginal and Torres Strait Islander communities on COVID-19.

# Maningrida mob show up in record numbers for COVID-19 vaccine

## Vaccination

**3**

COVID-19 vaccination drives were held from July to September

**2,843**

doses administered to the Maningrida community

**70%+**

of eligible community members aged 16+ receiving their first dose

**≈45%**

fully vaccinated

Maningrida, NT is home to more than 2300 people, with 77 per cent of those identifying as Aboriginal (source: 2016 ABS Census). The population has most likely increased during the COVID-19 pandemic with many Aboriginal and Torres Strait Islander people moving to the region in 2020–21; the current population is estimated to be close to 4000.

Maningrida's COVID-19 vaccine rollout made national news headlines recently after record numbers showed up to get their Pfizer vaccines. A total of three COVID-19 vaccination drives were held from July to September, administering a total of 2,843 doses to the Maningrida community, representing

well over 70 per cent of all eligible community members aged 16 and over receiving their first dose and almost 45 per cent fully vaccinated.

The successful rollout came after weeks of community-led campaigning by Mala'la Health Service, Aboriginal Health Workers (AHWs), Traditional Owners, community leaders and multiple agencies working together to build community confidence about the vaccine. Mala'la took to dispelling COVID-19 vaccination myths, using its social media platform, local presence, and Elders to spread the message, in both English and local Aboriginal languages.







# 467

NT record number of vaccines administered  
on a single day

Community leaders made clear that the most important thing was the need to 'talk straight' and 'our way' to the community; mainstream campaigns, they said, were confusing and would not work.

With the support of local businesses and organisations, Mala'la was able to set up COVID-19 vaccine info desks at the local supermarket and mobile community info sessions with Orange Sky Laundry van service. Community videos were broadcast in multiple languages online and on large screens; community workers went door-to-door to talk with families; and multiple information sessions were held to address community concerns.

When the vaccines arrived, community leaders were among the first to get the vaccines including the local mayor, Traditional Owners and AHWs.

Mala'la organised a number of COVID-19 vaccination drives, engaging NT Bush Bus, Bawinanga Aboriginal Corporation and the Northern Land Council to support pick up and drop off for those who would otherwise be unable to attend.

Chair of the Mala'la Health Service, Charlie Gunabarra, was the first in line to get the vaccine to huge cheers. 'This is a serious thing all over the world. We've got eight language groups here and we have culture and family to look after. It's important to get that vaccine to protect our Songlines,' said Gunabarra.

On the vaccination days, campaigning continued non-stop with Traditional Owners on megaphones encouraging the community to get the vaccine. In the second round, Maningrida broke its own previous NT record, administering 467 vaccines on a single day—the highest in any single vaccine hub in the Territory at that time.

To support this very strong uptake, it took a culturally-appropriate, community-led approach to engage with community members and get the right COVID-19 vaccine messaging across. It also took engagement with local Elders and community leaders; getting other local organisations on board to support Mala'la's messaging; and health departments allowing Mala'la to administer these vaccines.





**Image:** NACCHO Communicable Diseases Team Director, Emily Phillips with Senior Program Manager, Kate Alexander donning their 'COVID-19 Vaccine Team' polos and communicating the message of social distancing of 1.5 meters (roughly the length of an adult dingo).

## Communication of key messages

NACCHO continues to update the dedicated COVID-19 website and shares important public health messages and culturally appropriate COVID-19 posts across all social media platforms with a combined following of 63,242 people. All NACCHO communications platforms—daily blog, social media platforms and direct mail to members and affiliates—have been used to communicate COVID safe messages and information on the vaccine rollout, including videos in a number of First Nations languages. Content has been released to combat the anti-vaccination campaign targeting Aboriginal and Torres Strait Islander people and to tackle widespread vaccine hesitancy.

Messaging has been consistent and supportive, highlighting the benefits of Aboriginal health in Aboriginal hands and how the sector has helped to keep COVID-19 out of almost all Aboriginal and Torres Strait Islander communities (which despite incursions in western New South Wales and Sydney, remains the case). Positive stories on the sector's role in combating COVID-19 have been placed across mainstream, international (*Washington Post*, CNN) and First Nations media. Updates on COVID-19 (quotes, media statements, op-ed articles across online, print and broadcast media). NACCHO-designed COVID-19 vaccination polo shirts distributed to health services have helped to drive community engagement with vaccine information.



**Images:** Communication of key messages: the success of ACCHOs around managing the COVID-19 pandemic response and vital information sharing around COVID-19 vaccines across social media and mainline and international media channels.

Part 3  
**Partner Programs  
and Policies**





# Memorandums of Understanding (MoUs)

NACCHO has several Memorandums of Understanding (MoUs)

## Australian Healthcare & Hospitals Association (AHHA)

NACCHO's partnership with the AHHA harnesses the strengths of both organisations to reverse the differences in health status between Aboriginal and Torres Strait Islander people and other Australians. In December 2015 the NACCHO and AHHA Chairs signed an MoU to facilitate policy development, advocacy, communication, joint planning and collaboration on all aspects of Aboriginal and Torres Strait Islander health. The partnership continues to explore new opportunities for collaboration.



## Council of Presidents of Medical Colleges

The Council of Presidents of Medical Colleges is committed to working with NACCHO and the Australian Government to reduce the current gap in health outcomes and life expectancy between Aboriginal and Torres Strait Islander people and other Australians. NACCHO, the Federal Minister for Health and the 15 Medical Colleges signed a collaborative agreement in 2017.



## END Rheumatic Heart Disease (RHD) Coalition

The END RHD coalition aims to eliminate rheumatic heart disease in Australia. A national Endgame Strategy and a national Endgame Report was presented in 2020–21. Coalition members are the Australian Medical Association, the Heart Foundation, the Menzies School of Health Research and the Telethon Kids Institute as well as NACCHO and its affiliates in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory.



## James Cook University and Pharmaceutical Society of Australia

The collaboration between NACCHO, James Cook University and the Pharmaceutical Society of Australia aims to support the integration of pharmacists into ACCHOs through the Integrating Pharmacists within Aboriginal Community Controlled Health Services (IPAC) project based on Community Based Participatory Research that will improve Aboriginal and Torres Strait Islander people's access to medicines and related pharmacist services. This combined involvement from community members, organisational representatives and researchers will produce a framework to be implemented over the next few years.



---

### NPS MedicineWise

In January 2021 NACCHO and NPS MedicineWise signed an MoU committing both organisations to working collaboratively to improve Quality Use of Medicines and clinical decision-making to achieve better health outcomes for Aboriginal and Torres Strait Islander people. The MOU incorporates an annual activity schedule, with NACCHO and NPS MedicineWise working together to co-design and implement priority projects and activities that meet the needs of Aboriginal and Torres Strait Islander people.



---

### Pharmacy Guild of Australia (the Guild)

In 2017 NACCHO and the Guild signed an MoU pledging to work together to improve Aboriginal and Torres Strait Islander health. It is an agreement to work with the respective members, share information of mutual interest, and jointly develop public or media statements and policy.



The Pharmacy  
Guild of Australia

---

### Royal Australian Air Force (RAAF)

The purpose of the original MoU with the RAAF was to deliver ongoing affordable and accessible healthcare to Aboriginal and Torres Strait Islander people, in particular dental care delivered by RAAF personnel working alongside Aboriginal Health Workers in ACCHOs. The MoU has been extended for another five years from 2020 to 2025 and during this period the partnership will be extended to include non-health services for our NACCHO members.



---

### Royal Australian College of General Practitioners (RACGP)

NACCHO and the RACGP work collaboratively to advocate for the Australian healthcare system to be well resourced to enable all health professionals to provide clinically and culturally appropriate continuity of care for Aboriginal and Torres Strait Islander communities. Together the two organisation will develop standards, guidelines, funding models and resources to equip general practitioners, all health professionals and ACCHOs to maximise health outcomes for the community. NACCHO and the RACGP will develop initiatives that attract and retain a skilled workforce for the Aboriginal Community Controlled Health sector.



---

### Vision 2020 Australia

NACCHO's partnership with Vision 2020 Australia was to support the National Spectacle Subsidy Scheme (NSSS) project and the implementation of the Strong eyes, strong communities – a five year plan for Aboriginal and Torres Strait Islander eye health and vision, 2019–2024. The partnership included NACCHO participating in a steering group, participating in consultations with jurisdictions, and providing advice to Vision 2020 Australia on relevant issues for Aboriginal and Torres Strait Islander people in the provision of subsidised spectacles.



# Our Partners and Programs

NACCHO partners with organisations that have an interest in, and commitment to developing and maintaining culturally appropriate healthcare services for Aboriginal and Torres Strait Islander people.

## Department of Health



**Australian Government**  
**Department of Health**

The Australian Government Department of Health (DoH) is the major funding contributor to NACCHO. In 1997, the Australian Government funded NACCHO to establish a Secretariat in Canberra, which greatly increased the capacity for Aboriginal and Torres Strait Islander people in ACCHOs to participate in national health policy development.

## Royal Australian College of General Practitioners

The NACCHO–RACGP partnership project worked to improve the quality of Aboriginal and Torres Strait Islander Health Assessments. This resulted in the developing new templates to guide health assessments across the lifespan that are published at <https://www.racgp.org.au/the-racgp/faculties/atsi/guides/2019-mbs-item-715-health-check-templates>.

These templates have been tested with a range of clinicians and work is ongoing to better embed templates within medical software. The NACCHO–RACGP project also worked together on advocacy for appropriate Telehealth for Aboriginal and Torres Strait Islander people and developed guidance for ACCHOs and other health services during the pandemic, found at <https://www.naccho.org.au/covid19-primary-healthcare-guidance/>.

## NBN Co and connectivity



During the year NACCHO met regularly with NBN Co to determine the best way to support members. NBN Co worked with member services in Western Australia, South Australia and the Northern Territory to help address connectivity

issues and increase awareness of connectivity options. The Telehealth Connectivity Troubleshooting Guide, developed by NBN Co with input from NACCHO and Western Australian services, was distributed to all members and affiliates.

NACCHO Deputy CEO, Dr Dawn Casey, joined the Australian Broadband Advisory Council Health Expert Working Group. Established by the Australian Government in July 2020, the council's role is to advise on how the socio-economic benefits of broadband connectivity can be maximised in key sectors of the economy. The working group will advise the council on improving the health sector's use of digital infrastructure for improved models of care; its three priority initiatives are: connectivity and co-investment; innovation in health care delivery; and a digital-ready health workforce.

## Australian Digital Health Agency



NACCHO and the affiliates continued to work closely with the Australian Digital Health Agency (ADHA) to assist members to adopt and embed digital health. In May 2021, NACCHO's Executive met with the agency's new CEO to discuss the partnership with the ACCHO sector and digital-health priorities. It was agreed to hold biannual executive meetings. In June 2021 NACCHO's Deputy CEO, Dr Dawn Casey, presented at ADHA's virtual symposium *Progress and Possibilities of My Health Record*.

Other activities undertaken by NACCHO in this financial year included:

- reviewing the ADHA's priority group landscape mapping for Residential Aged Care (RAC)
- providing feedback on the agency's consultation survey on the refresh of the National Digital Health Strategy
- participating in the agency's consultation on the national assessment framework and operational arrangements for mobile health applications
- participating in the agency's Accessibility and Cultural Safety Workshop
- participating in consultations on the Digital Health Workforce Capability Action Plan
- working with the ADHA's Medicines Safety Team and representatives from AHCWA and AMSANT around the visibility of s100 Remote Area Aboriginal Health Services medicines information in My Health Record.



## Core Services and Outcomes Framework

In July 2021 NACCHO submitted phase one of the Core Services and Outcomes Framework (CSOF) to the Department of Health, part of an important project that had its genesis several years ago.

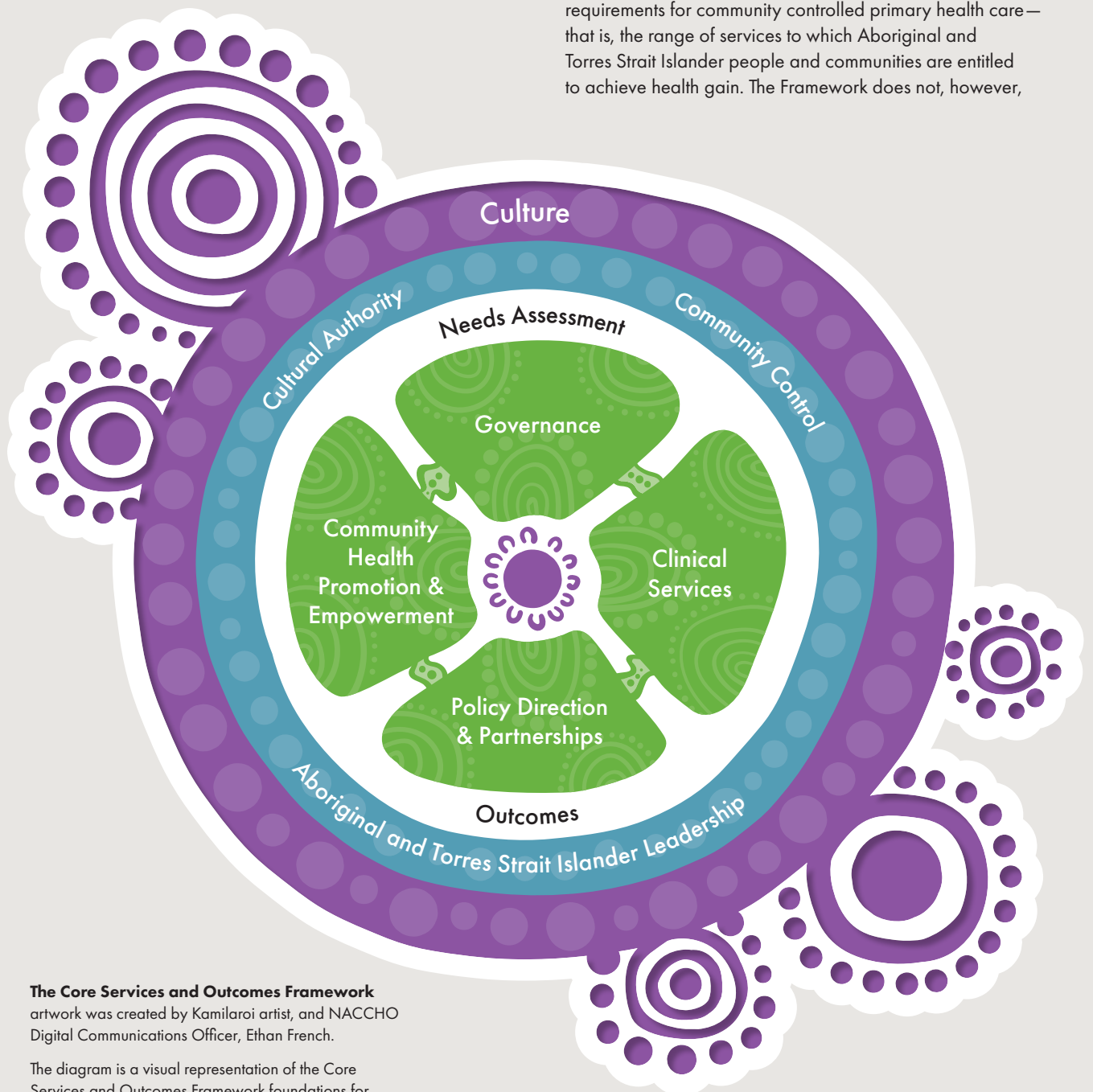
In 2018 the NACCHO Board requested that NACCHO work to develop a needs-based funding model for ACCHOs. In June 2019 the Department of Health commissioned NACCHO to develop a Core Services and Outcomes Framework for the sector, in collaboration with the Royal Australian College of General Practitioners (RACGP). NACCHO itself committed significant funds to ensure these projects aligned so that an agreed CSOF developed by the community controlled health sector with stakeholder organisations could inform future decisions about a funding model.

Early in the project, the NACCHO CEO, Pat Turner, issued communiques to member services informing them of the project, urging their involvement in the process, and promising regular updates.

**Producing a national Framework that earns consensus across the community-controlled sector will support our highest priority to achieve needs-based, sustainable and fully funded community controlled comprehensive primary health care.**

Pat Turner

The Framework document submitted to the department and developed largely over this reporting year sets out the requirements for community controlled primary health care—that is, the range of services to which Aboriginal and Torres Strait Islander people and communities are entitled to achieve health gain. The Framework does not, however,



**The Core Services and Outcomes Framework**  
artwork was created by Kamilaroi artist, and NACCHO  
Digital Communications Officer, Ethan French.

The diagram is a visual representation of the Core  
Services and Outcomes Framework foundations for  
community-controlled primary health care.

seek standardisation of service-delivery models, composition of multidisciplinary teams or workforce requirements. Specific models of care will remain the responsibility of individual ACCHOs, as determined by their community-elected boards and shaped by the great variety of local circumstances across Australia. Setting out service requirements provides the basis for further stages of the project to define expected benefits/outcomes and ultimately develop a needs-based funding model for consideration by governments.

From the outset NACCHO established a strong governance structure to ensure the integrity and substance of this project

- a Project Working Group was led by NACCHO Deputy CEO, Dr Dawn Casey
- a Steering Committee (comprising sector and government representatives and other health professionals) met four times since its inaugural teleconference in October 2019
- a wider Expert Advisory Group (comprising sector representatives as well as specialists in pharmacy, health policy, health systems and health economics) has provided technical advice.

In the initial meetings of these groups the project identified and extensively discussed issues which were summarised in two sets of Framework and Operating Principles. These principles guided the work, and emerged as key messages, reiterated in the document.

## Framework Principles

- 1 The model of community controlled comprehensive primary health care will support **consistently high standards of primary health care**.
- 2 Aboriginal and Torres Strait Islander **leadership and control** are not negotiable as a foundation for service design, integrated patient/family centres care and community empowerment that will achieve better health and wellbeing.
- 3 **Social, cultural, historical and economic determinants** of health matter.
- 4 Comprehensive **primary health care as an accessible and generalist frontline service** based on relationships is the cornerstone of a sustainable health care system.

## Operating Principles

- 1 Models of care will be the responsibility of **community controlled boards**.
- 2 **Governance** will require investment.
- 3 **Infrastructure** will require investment.
- 4 Models of care for service delivery should promote and safeguard **integrated, person-based care** and minimise risk of fragmentation.

- 5 Models of care for service delivery will be **evidence-based** and increasingly welcome knowledge and evidence produced by Aboriginal and Torres Strait Islander scholars in partnership with Aboriginal and Torres Strait Islander communities and services.

- 6 **Aboriginal and Torres Strait Islander staff will flourish** in ACCHOs as work environments placing high value on their skill sets, their connection within communities and their knowledge of culture.

- 7 **Social determinants of health** may not always be within the direct sphere of control of ACCHOs but will always continue to be within their sphere of interest and concern.

The Framework has been shaped, first and foremost, by strong feedback from across the sector, with participation from the wider health sphere. Member organisations readily provided their models of care and other resources relevant to the project. A sample of services (urban, regional, remote and very remote) were surveyed in late 2019 on the unmet needs of communities. A first draft document was shared with representatives from ACCHOs in south-eastern Australia in December 2020. Workshops were then held in Cairns, Darwin, Brisbane and Sydney, and a briefing provided to all Western Australian services at their annual conference in Perth in March 2021. In March and April 2021 the draft Framework was distributed to all NACCHO members and affiliates, as well as key stakeholder bodies including the Lowitja Institute, Royal Australian College of Physicians, RACGP, Indigenous Allied Health Australia, Australian College of Rural and Remote Medicine, National Rural Health Alliance, Australian Medical Association and national bodies representing Aboriginal Health Practitioners and Workers. Feedback from all these sources informed the Framework document.

Comments from stakeholders include:

**This is an outstanding piece of work, thoroughly comprehensive, and with reference to all the key elements, funding, workforce, training and importantly, CQI. It is in my view, international best practice and of textbook quality. I know of nothing that is remotely comparable for mainstream health services in Australia.**

The process NACCHO has undertaken and the resulting Framework are consistent with the Priority Reform Areas identified in the National Agreement on Closing the Gap (July 2020).

Finalisation of the wider project will proceed in the next reporting period.



## Communicable diseases

### Sexually Transmissible Infections and Blood Borne Viruses Programs

In recent years, one of the major public-health issues being addressed by ACCHOs has been the outbreak of infectious syphilis affecting Aboriginal and Torres Strait Islander people, predominately aged between 15 and 29 years, in northern, central, western, and southern Australia. This outbreak is a part of a broader picture of disproportionately high rates of Sexually Transmissible Infections (STIs), Blood Borne Viruses (BBVs) and other communicable diseases driven by a legacy of neglect, disjointed public policy, insufficient or poorly distributed resources that fail to reach people on the ground, and lack of genuine co-design or culturally appropriate holistic health services.

Over the last five years, the Australian Government's public health response has built on the strengths of the ACCHO sector. NACCHO, together with members and other partners, has delivered increased rates of testing and treatment for STIs and BBVs. Though this sector-led response has seen some success, more must be done.

### Enhanced Syphilis Response

An outbreak of infectious syphilis began in Queensland in January 2011; this extended to the NT in 2013; the Kimberley, WA in 2014; Eyre and the Western and Far North regions

of SA in 2016; the Pilbara, WA in 2018; and Adelaide, the Goldfields, WA and Central Queensland in 2019. Since the outbreak began, there have been 4068 syphilis cases, predominantly affecting young people aged 15 to 29 years. In addition, there have been 22 cases of congenital syphilis. In response, NACCHO and DoH co-lead the Enhanced Response to the Syphilis Outbreak in Australia, working with targeted ACCHOs within outbreak regions to co-design a response to meet the needs of their communities.

In May 2021, the Australian Government committed \$21.2 million over four years (2017–18 to 2020–21) to fund the initial Enhanced Syphilis Response (ESR). NACCHO partnered with DoH and Flinders University's International Centre for Point of Care Testing (PoCT) to coordinate the delivery of an augmented health workforce and PoCT.

The introduction of the syphilis PoCT has been an important engagement tool; there has been a notable increase in testing since the ESR commenced. The Multi-Jurisdictional Syphilis Outbreak (MJSO) group, convened in April 2015 in response to the outbreak, reports that the percentage of people tested annually has almost doubled since 2013. The MJSO notes, however, that continued efforts are required to maintain or increase this level of testing. A stabilisation of the outbreak requires at least 40 per cent of the population to be tested annually. While testing more than half of the population will see a reduction in numbers, it will take more than five years to reduce infectious syphilis to pre-outbreak levels.

**Image above:** Wuchopperen Health Service's Sexual Health Team and their 'pop up clinic' at a local shopping centre. Courtesy of Wuchopperen Health Service, Cairns, Qld. **Inset:** Flinders University–NACCHO syphilis Point of Care Testing training at the Port Lincoln Aboriginal Health Service Incorporated, South Australia.



In the Aboriginal and Torres Strait Islander community, testing rates had increased from 31 per cent at the time of the initial outbreak in 2011 to 56 per cent in 2018–19, indicating a likely reduction in infectious syphilis.

Since the ESR commenced more than 56,000 people have been tested for syphilis, including serology, PoCT or both.

Unfortunately, the COVID-19 pandemic has impacted sexual health and opportunistic testing rates in all jurisdictions, as communities have experienced lockdowns and staff diverted to the pandemic response. However, the dedicated NACCHO team continues to work closely with ACCHOs to support them to resume business as usual as soon as practicable.

In February 2020, NACCHO was successful in securing \$785,714 (2019–20 to 2020–21) in grant funding under the Strengthening the National Response to Blood Borne Viruses and Sexually Transmissible Infections to build ACCHOs' capacity to prevent and increase awareness of other STIs and BBVs. A component of this funding was used for an independent evaluation of NACCHO's role in the ESR, published in February 2021: *Blueprint For The Future: Evaluation of NACCHO's role under the Enhanced Syphilis Response*. The findings of the evaluation commended NACCHO's coordination role and made recommendations relating to future programs, including the data sets required for measuring success, and the applicability of the workforce supplementation model to address other communicable and chronic diseases.

After strong advocacy from NACCHO, in June 2021 the Australian Government committed a further \$21.7 million to continue the ESR program for three years (July 2021–June 2024). The continuation of the program will see NACCHO take on a larger coordination role,

including grants management and reporting, streamlining the process for many ACCHOs. All 37 ACCHOs enrolled in the original ESR program will be transitioned to the new program and funding will be equitably distributed by NACCHO.

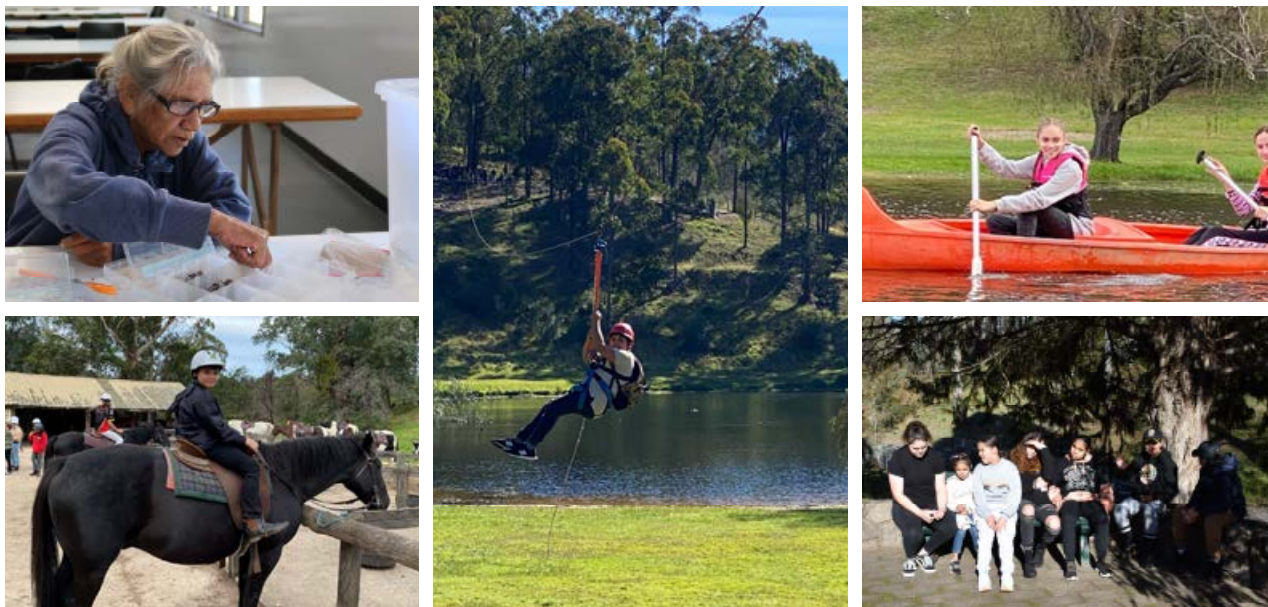
### **Blood Borne Viruses and Sexually Transmissible Infections Program**

The Department of Health has acknowledged NACCHO's successful role with the ESR and its strong position to develop and implement sustainable and evidence-based BBV and STI testing, treatment and prevention strategies. As a result, \$10 million was allocated over two years (2020–21 and 2021–22) to NACCHO to support member services. The program aims to improve health outcomes for Aboriginal and Torres Strait Islander people in regions where there is a high prevalence of BBVs and STIs and/or local outbreaks of BBVs and STIs. In consultation with jurisdictional affiliates and governments, NACCHO identified areas of highest need. The first cohort of 18 ACCHOs and six affiliates will commence from 1 July 2021, with the second cohort to commence by early January 2022.

NACCHO continues to advocate for: increased workforce funding to support STI and BBV prevention, testing and treatments; additional MBS item numbers to support ACCHOs embedding routine STI and BBV testing in annual health checks; retention of GeneXpert machines that were rolled out to support COVID-19 PoCT as they can also be used for STI testing; real-time access to data so that an outbreak does not need to occur to trigger a response; embedding sexual health in primary health care and as a priority in the 715 template.

**Image:** Flinders University–NACCHO Syphilis Point of Care Testing at the Nunyara Aboriginal Health Service (Whyalla, SA) with a guest AHP from the Townsville Aboriginal and Islander Health Service.





**Images:** Lakes Entrance Aboriginal Health Association Community Camp.

### Community of Practice

Over the past five years NACCHO has been building a flexible 'Community of Practice' around communicable diseases to support ACCHO staff. This provides a platform to share key documents and health-promotion resources, lessons learned, topics of interest, induction to the ACCHO sector and sexual-health programs, and to connect health workers involved in the ESR and broader sexual health programs across the country. The Community of Practice meets monthly via videoconference and involves all ACCHOs currently enrolled in NACCHO sexual health and BBV programs. In line with recommendations of the ESR evaluation, NACCHO is working to formalise the Community of Practice to provide an online platform readily accessible to all NACCHO members.

For further information regarding STI and BBV programs, the Community of Practice or ESR evaluation, please contact [bbvsti@naccho.org.au](mailto:bbvsti@naccho.org.au).

### Flu vaccination

The Fluvax has been rolled out since April 2021. At the start of October 2021, 195,661 doses had been administered to Aboriginal and Torres Strait Islander people. There is very little influenza circulating in Australia due to the closed international borders.



**Image:** Influenza vaccine poster by the Department of Health.

### Mental health support for bushfire-affected Aboriginal and Torres Strait Islander people

The summer bushfires of 2019–20 led to devastation of the land and loss of homes and infrastructure and continues to have an impact on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. The loss of sacred sites, and of culturally significant animals and their habitats, has intensified these effects.

With funding from the Supporting the Mental Health of Australians Affected by Bushfires package, affiliates and ACCHOs in bushfire-affected communities in New South Wales, Victoria and the ACT have stepped up to support individuals, families and communities.

Mental health services have been accessed via Aboriginal Health Workers, clinical psychologists, social workers, youth workers and mental health nurses—either directly through an ACCHO or via outreach clinics, telehealth, welfare checks (especially for elderly and vulnerable people), yarning circles, counselling sessions and an after-hours contact line.

Other activities have included a community clean up and hazard-reduction project, a community camp to allow people to connect to one another and Country, community lunches to reflect on experiences and share learnings, clean-up of a community burial site and refurbishing a playground with shade cloth to provide a safe space for children to play and families to come together.

Despite the challenges facing these communities, the sector has demonstrated its responsiveness, resilience and commitment to the social and emotional wellbeing of local Aboriginal and Torres Strait Islander people.





**Image:** (L–R) Dr Graham Gee, clinical psychologist and Senior Research Fellow, Murdoch Children’s Research Institute; Rob McPhee, CEO, Danila Dilba Health Service; Prof Pat Dudgeon, Director, Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention.

## Policy

### Aboriginal and Torres Strait Islander Health Plan 2021–2031

The NACCHO policy team worked closely with the Department of Health in the development of the Aboriginal and Torres Strait Islander Health Plan 2021–2031, due to be released in late 2021. NACCHO undertook several comprehensive online consultation processes with affiliates and ACCHOs, analysed and synthesised responses, and provided high-level strategic advice on development of the plan.

### Workforce strategies

The NACCHO policy team was involved in the development of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031, which will be considered by Health Ministers for endorsement in late 2021. NACCHO was a member of, and actively contributed to, the Project Reference Group and coordinated several rounds of online consultation with ACCHOs and affiliates as the plan evolved over 2020–21.

### Mental health

NACCHO continues to develop expertise and exercise influence in Social and Emotional Wellbeing (SEWB), suicide prevention and mental-health policy and programs. Over the past year NACCHO has worked closely with the National Mental Health Commission on the Vision 2030 Roadmap and Gayaa Dhuwi (the peak body for Indigenous mental health) on the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy. NACCHO continues to work in partnership with the Transforming Indigenous Mental Health and Wellbeing collaborative, based at the University of Western Australia. This dedicated Aboriginal-led collaborative ensures that research is designed, implemented and translated in line with cultural values ensuring integrity in responding to the needs of Aboriginal and Torres Strait Islander communities.

## Programs

### Hearing Assessment Program – Early Ears

NACCHO continued to work with Hearing Australia and the Department of Health on the Hearing Assessment Program – Early Years. This provides annual hearing assessments and follow-up treatments for Aboriginal and Torres Strait Islander children from birth to school age. The program began on 1 July 2019 and NACCHO has been involved from the early stages to ensure capacity building for ACCHOs, CQI practices are embedded, and existing services are strengthened. NACCHO continues to engage sector-wide to understand, influence and advocate for culturally safe ear-health services, policy and programs.

### Ear Health Coordinators

Throughout 2020–21 NACCHO has provided a support and coordination role to the national Ear Health Coordinator network. As COVID-19 restrictions impeded face-to-face meetings, regular communications were maintained through monthly virtual meetings. These activities support the sharing of information and help to strengthen the network.

### National Subsidised Spectacle Scheme

NACCHO also worked with Vision 2020 Australia to implement nationally consistent arrangements on the provision of subsidised spectacles and other optical appliances for Aboriginal and Torres Strait Islander people. NACCHO worked with three ACCHOs in Western Australia and two in the NT to develop and pilot ACCHO-led models for spectacle delivery tailored to community needs. Outside the pilot areas, community engagement funds were provided to affiliates (where ACCHO-pilots are not being developed) to promote existing state and territory subsidy schemes so more Aboriginal and Torres Strait Islander people can gain access to vision aids.

## PrioritEYES Survey

In partnership with Vision 2020 Australia NACCHO collaborated to develop a national PrioritEYES Survey for ACCHOs to conduct a gap analysis and determine services' priorities for eye health and vision care. Because of COVID-19 disruptions and impacts on services, the survey has been placed on hold until early 2022.

## Fetal Alcohol Spectrum Disorder (FASD) National Campaign

In early 2021 NACCHO received a three-year grant (2021 to 2024) to deliver a national health promotion and awareness raising campaign on Fetal Alcohol Spectrum Disorder (FASD) targeting Aboriginal and Torres Strait Islander people in rural and remote settings. NACCHO has partnered with the Foundation of Alcohol Research and Education (FARE) to deliver the campaign which will raise awareness of the harms and risks from consuming alcohol while pregnant or breastfeeding. NACCHO will consult broadly with the community to develop campaign materials and resources.

## NDIS Ready

NACCHO is funded by the Department of Social Services (DSS) to deliver the NDIS Ready: Aboriginal and Torres Strait Islander Market Capability (NDIS Ready) program. NDIS Ready is designed to increase and expand ACCHOs' capability to deliver NDIS services to their communities; increase the number of ACCHOs registered as NDIS service providers; and increase Aboriginal and Torres Strait Islander community awareness of, and participation in, the NDIS. The program is underpinned by four key activities: NDIS Ready Project Officers in each jurisdiction to build members' capacity; an Indigenous Business Support Funding grant round; a series of Yarning Circles; and delivery of the NDIS Aboriginal and Torres Strait Islander Communications Initiative. In May 2021, the NDIS Ready Yarning Circle for metro and inner regional ACCHOs was held in Brisbane, attended by 37 representatives from 21 ACCHOs.

## National Community Connector Program

NACCHO continues to work closely with its member services in delivering the National Community Connector Program (NCCP) funded by the National Disability Insurance Agency to link Aboriginal and Torres Islander people to the NDIS in a culturally safe and sensitive way. In the past 12 months the NCCP has been highly successful in providing culturally based linking services between Aboriginal and Torres Strait Islander clients with disabilities and the NDIS, increasing the number of Aboriginal and Torres Strait Islander people now engaging with the NDIS and with critical navigation service.



Image: NCCP community flyers.



Images: (Left) NDIS Ready Yarning Circle, Brisbane, May 2021. (Right) Social and Emotional Wellbeing gathering, Perth, 20 March 2021.



# List of submissions

July 2020–June 2021

Title	Executive summary	Date submitted
<b>Promoting Inclusion: Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability</b>	NACCHO made a submission to the Royal Commission to promote equitable access for Aboriginal and Torres Strait Islander people with disability and the availability of culturally-safe services.	25 June 2021
<b>Response to Hearing Services Program Draft Report</b>	NACCHO discussed the recommendations made within the Hearing Services Review and emphasised the need for policies to be co-developed with the community-controlled sector.	24 June 2021
<b>Submission to the Inquiry into Mental Health and Suicide Prevention</b>	NACCHO emphasised the need to implement mental-health reform in line with the National Agreement on Closing the Gap, provide long-term, sustainable support to ACCHOs, and grow and upskill the Aboriginal and Torres Strait Islander mental-health and social and emotional wellbeing workforce.	11 June 2021
<b>Evaluation of COAG Section 19(2) Exemption Initiative</b>	NACCHO sought feedback from affiliates to provide a submission into the evaluation of the COAG Section 19(2) exemption initiative: Improving Access to Primary Care Services in Rural and Remote Services.	4 June 2021
<b>Submission to Gayaa Dhuwi on the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy</b>	NACCHO focused on the need to improve system architecture and governance to ensure service availability is maximised and alignment with the forthcoming National Aboriginal and Torres Strait Islander Health Workforce Plan.	4 June 2021
<b>Submission to the National Strategy to Prevent Child Sexual Abuse Consultation Paper</b>	NACCHO supported the proposed vision and objective of the strategy and emphasised the need to recognise that child sexual abuse disproportionately affects Aboriginal and Torres Strait Islander people.	1 June 2021
<b>Guide for service provider safety and Quality Digital Mental Health Standards</b>	NACCHO submitted advice to the Australian Commission on Safety and Quality in Health Care in relation to the draft <i>Guide for service provider safety and Quality Digital Mental Health Standards</i> .	June 2021
<b>Letter to the Pharmaceutical Benefits Advisory Committee (PBAC) to improve access to ivermectin on the Pharmaceutical Benefits Scheme (PBS)</b>	NACCHO worked with stakeholders and the medicine's sponsor to ask that PBAC improve the PBS-listing criteria for ivermectin to increase access for Aboriginal and Torres Strait Islander people; this letter has been escalated to PBAC's mid-cycle meeting later in 2021.	June 2021

Title	Executive summary	Date submitted
<b>Indigenous Pharmacy Programs reforms, including the CTG script measure and Indigenous Dose Administration Aid (IDAA) and Indigenous Health Services Pharmacy Support (IHSPS) programs</b>	NACCHO made around ten submissions on reforms of the 7th Community Pharmacy Agreement (7CPA) in relation to Aboriginal and Torres Strait Islander pharmacy programs; NACCHO's submissions focused on ensuring ACCHOs' autonomy and self-determination were reflected in program rules and design, and that programs were appropriate and flexible for ACCHOs' needs.	September 2020–June 2021
<b>Submission to the Inquiry into Adult Literacy and its Importance</b>	NACCHO focused on the need to improve adult English literacy and ensure children develop strong English literacy skills; the NACCHO CEO gave evidence at the inquiry's public hearing, calling for sustained funding for community-led adult-literacy programs.	19 May 2021
<b>Submission to the Electrocardiogram (ECG) Review Committee on Medical Benefits Scheme (MBS) items relating to ECG</b>	NACCHO recommended the reinstatement of ECG MBS items for GPs, removal of which has the potential to delay critical diagnosis and compromise timely care, particularly for remote communities with limited access to specialist services.	13 May 2021
<b>Submission to SkillsIQ on the Aboriginal and Torres Strait Islander Health Worker training package review</b>	In line with extensive feedback from members and affiliates, NACCHO opposed the proposal to raise the registration qualification for Aboriginal Health Practitioners (AHPs) to a Diploma level; this change has the potential to severely reduce numbers of AHPs and impact community health outcomes.	7 May 2021
<b>Submission to the Australian National Diabetes Strategy 2021–2030</b>	NACCHO recommended the strategy align more strongly with the National Agreement on Closing the Gap and include more specific targets under each action for Aboriginal and Torres Strait Islander people.	30 April 2021
<b>Submission to the National Indigenous Australians Agency (NIAA)</b>	NACCHO commented on the interim report of the 'Indigenous Voice' co-design process.	28 April 2021
<b>Submission on the National Preventive Health Strategy</b>	NACCHO recommended three key changes to the strategy: expanding the immunisation focus area to include communicable diseases; adding environmental health as a focus area; adding a focus area on maternal health and early-childhood development.	23 April 2021
<b>Independent Assessments Submission to Joint Standing Committee on the National Disability Insurance Scheme (NDIS)</b>	NACCHO focused on the lack of cultural considerations for Aboriginal and Torres Strait Islander people, the complexities of delivering services in communities, and the systemic challenges faced in accessing the NDIS.	15 April 2021
<b>Submission on the Commonwealth Data Availability and Transparency Bill 2020</b>	NACCHO strongly encouraged the Data Commissioner to redraft the Bill to include specific references to the sharing of data with Aboriginal and Torres Strait Islander people to institutionalise shared decision making and the sharing of data, as outlined in the National Agreement on Closing the Gap.	12 March 2021



Title	Executive summary	Date submitted
<b>Submission to the Senate Community Affairs Legislation Committee into the Social Services Legislation Amendment (Strengthening Income Support) Bill 2021</b>	NACCHO noted that cessation of the coronavirus supplement will drive more people into poverty, be an additional barrier to obtaining employment, and unfairly and disproportionately impact Aboriginal and Torres Strait Islander people.	8 March 2021
<b>Submission to the House of Representatives Inquiry into approval processes for new drugs and novel medical technologies in Australia</b>	NACCHO identified several solutions to introduce structural reform to the PBS policy environment, to improve equity, medicines assessment and the scheme's overall impact for Aboriginal and Torres Strait Islander people; NACCHO was also asked to give evidence at Parliament House in June 2021.	5 March 2021
<b>NACCHO submissions to PBAC's Drug Utilisation Subcommittee: Post-market review of medicines for smoking cessation</b>	NACCHO provided three submissions to the <i>Post-market review of medicines for smoking cessation</i> over the life of the review, including two in 2020–21; the overarching theme of NACCHO's submissions is to improve access to subsidised smoking-cessation treatments through the PBS.	
<b>Aged care advice to the Pharmacy Branch of the Department of Health (DoH)</b>	NACCHO provided expert advice in relation to several medicines-related recommendations in the Aged Care Royal Commission response, and successfully sought access for ACCHOs' aged care facilities to funding for pharmacy services through the 7CPA aged care program.	February 2021
<b>Telehealth discussion paper for DoH Pharmacy Branch</b>	NACCHO provided expert advice in relation to medicines-related telehealth services, including support for the continuation of remotely delivered Home Medicines Reviews where required by ACCHOs.	February 2021
<b>NACCHO 2021–22 Pre-Budget Submission</b>	In consultation with affiliates and stakeholders NACCHO lodged a pre-Budget submission to the Australian Department of Treasury for the 2021 Federal Budget. Recommendations included: transitioning ten Aboriginal Medical Services to community control; greater funding for sector infrastructure; national workforce development; improved housing funding; early childhood, youth wellbeing and out-of-home care measures; health–justice partnerships to reduce negative legal and domestic outcomes; embedding pharmacists in ACCHOs; returning social and emotional wellbeing funding to ACCHOs; suicide-prevention measures in the Kimberley, WA, and NT; improving oral health; introducing an Indigenous identifier in pathology; providing GeneX machines and extending the Enhanced Syphilis Response; and expansion of the NDIS National Community Connector Program.	28 January 2021
<b>7th Community Pharmacy Agreement, advice on Key Performance Measures</b>	Through ongoing communication and participation in the Pharmacy Stakeholder Consultation Committee (PSCC), NACCHO provided detailed written and verbal advice to the DoH Pharmacy Branch in relation to the 7CPA key performance measures.	

Title	Executive summary	Date submitted
<b>Staged supply program brief for Senate Estimates</b>	NACCHO responded to Senator Rachel Siewert in relation to questions posed to DoH representatives regarding pharmaceutical staged supply of opioids, Senate Estimates, 26 October 2020.	December 2020
<b>Hearing Services Program Review</b>	NACCHO views the current review as an opportunity to expand the Hearing Services Program to include all Aboriginal and Torres Strait Islander people and further close the gap in ear and hearing health.	16 December 2020
<b>Senate Inquiry into Tobacco Harm Reduction</b>	NACCHO recommended that funding for ACCHOs be increased to expand tobacco and nicotine reduction programs, and for localised public-health awareness campaigns.	16 November 2020
<b>Submission on the Commonwealth Data Availability and Transparency Bill 2020</b>	NACCHO acknowledged the Australian Government's commitment to increase its data-sharing capabilities; however, NACCHO highlighted that the Bill contains no information on how Aboriginal and Torres Strait Islander data will be collected and handled, including if and how data governance structures will be applied to data sharing and release.	16 November 2020
<b>Continuation of Cashless Welfare Bill 2020</b>	NACCHO urged the Australian Government to improve consultation and negotiation with Aboriginal and Torres Strait Islander leaders and community representatives, to ensure the Bill does not further harm Aboriginal and Torres Strait Islander people in the targeted sites.	2 November 2020
<b>Support Coordination Submission to the National Disability Insurance Agency</b>	NACCHO recommended improving access to the NDIS for Aboriginal and Torres Strait Islander participants by ensuring provision of quality supports and services in a safe and competent environment, including culturally-competent planners and Local Area Coordinators.	16 October 2020
<b>Senate Select Committee on the Aboriginal Flag</b>	NACCHO condemned the opportunistic commercial exploitation of the Aboriginal flag and celebrated its long history and importance: from its use by the Aboriginal Tent Embassy, during the land rights movement, the 1988 Australian Bicentenary, and at the 2000 Sydney Olympics.	13 October 2020
<b>Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: The Experience of First Nations People with Disability in Australia</b>	NACCHO examined what can be done to prevent and respond more effectively to violence, abuse, neglect, and exploitation of Aboriginal and Torres Strait Islander people with disability.	12 October 2020
<b>Submission to the 2020 Review of the Disability Standards for Education</b>	NACCHO recommended that all initiatives aimed at improving educational, health and wellbeing outcomes for Aboriginal and Torres Strait Islander students with disability align with the National Agreement on Closing the Gap.	2 October 2020



Title	Executive summary	Date submitted
<b>Review of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act) – Phase 2 Consultation</b>	NACCHO recommended that CATSI Act legislation be reviewed in partnership with relevant Aboriginal and Torres Strait Islander leadership, as envisaged in the National Agreement on Closing the Gap.	2 October 2020
<b>Response to DoH Consultation Paper for the National Preventive Health Strategy</b>	NACCHO supported the design of a Preventive Health Strategy that can be responsive and adaptable to emerging health issues and recommended measures to address the disproportionate health deficits experienced by Aboriginal and Torres Strait Islander people.	28 September 2020
<b>Submission to the Office of Road Safety on the National Road Safety Strategy 2021–2030</b>	NACCHO highlighted the disproportionate number of Aboriginal and Torres Strait Islander people involved in road accidents and fatalities and recommended a priority on the specific needs of Aboriginal and Torres Strait Islander communities.	24 September 2020
<b>Rights and Attitudes: Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability</b>	NACCHO looked at the multi-layered experiences of people with disability across their lifespan.	12 September 2020
<b>Revised NACCHO 2020–21 Pre-Budget Submission (delayed budget)</b>	In consultation with affiliates and stakeholders NACCHO revised its pre-Budget submission to the Australian Government Department of Treasury, after the 2020 Federal Budget was delayed by the pandemic. Recommendations included: transitioning ten Aboriginal Medical Services to community control; greater funding for sector infrastructure; national workforce development; improved housing funding; early childhood, youth wellbeing and out-of-home care measures; embedding pharmacists in ACCHOs; returning social and emotional wellbeing funding to ACCHOs; improving oral health; introducing an Indigenous identifier in pathology; providing GeneX machines and extending the Enhanced Syphilis Response; broader application of the Western Australian NDIS model; and consideration of measures for improved aged care.	20 August 2020
<b>Submission to the Productivity Commission’s Draft Indigenous Evaluation Strategy</b>	NACCHO highlighted several issues with the strategy, including lack of alignment with the National Agreement on Closing the Gap.	19 August 2020
<b>Submission to Select Committee on Autism</b>	NACCHO looked at specific areas of the Select Committee’s terms of reference, including: <ul style="list-style-type: none"> <li>● current approaches and barriers to consistent, timely and best-practice autism diagnosis</li> <li>● international best practice with regards to diagnosis, support services and education</li> <li>● the adequacy and efficacy of the NDIS for autistic people.</li> </ul>	7 August 2020

Title	Executive summary	Date submitted
<b>Joint Standing Committee on Northern Australia: Inquiry into the destruction of 46,000-year-old caves at the Juukan Gorge in the Pilbara region of Western Australia</b>	NACCHO noted that destruction of the Juukan Gorge caves impacts negatively on the health and emotional wellbeing of all Aboriginal people; incidents such as this leave many Aboriginal people demoralised and angry at the devaluing of their heritage and culture.	3 August 2020
<b>Response to Consolidated Outreach Funding Guidelines</b>	NACCHO responded to the Consolidated Service Delivery Standards for Indigenous Outreach Programs, including the Medical Outreach Indigenous Chronic Disease Program, Healthy Ears Program, Eye and Ear Surgical Support and Visiting Optometrists Scheme.	24 July 2020
<b>DoH National Injury Prevention Strategy 2020–2030 Survey</b>	NACCHO responded to questions on the Injury Prevention Strategy, saying that a call to action was not adequately framed and that it needed to be consistent with the principles of the National Agreement on Closing the Gap.	6 July 2020
<b>Submission to the House of Representatives Inquiry into Homelessness</b>	NACCHO highlighted that Aboriginal and Torres Strait Islander people are disproportionately impacted by homelessness; future initiatives for increasing housing and reducing homelessness must be developed through formal partnership with Aboriginal and Torres Strait Islander representative peak bodies, in alignment with the National Agreement on Closing the Gap.	3 July 2020

**Image:** Kimberley Aboriginal Medical Service, WA.



# NACCHO external committee representation

During the past financial year, NACCHO representatives have participated in a wide range of meetings of Committees, Steering Groups, Working Groups and Reference Groups including:

Aboriginal and Torres Strait Islander Advisory Group on COVID-19

Aboriginal and Torres Strait Islander Health Industry Reference Committee (ATSIHIRC)

Aboriginal and Torres Strait Islander Health Committee

Aboriginal and Torres Strait Islander Advisory Group to the Project Reference Group on Health Genomics (PRFHG)

Aboriginal and Torres Strait Islander Ear and Hearing Health Advisory Panel

Aboriginal and Torres Strait Islander GP Training Advisory Group

Aboriginal and Torres Strait Islander Health Strategy Group

Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group

ACTMed Project Advisory Group

Advisory Board of the Aboriginal and Torres Strait Islander people 24/7 National Telephone Helpline

Advisory Committee for the National Safety and Quality Primary Health Care (NSQPHC) Standards

Advisory Network of the National Rural Health Commissioner

Aged Care Sector Committee Diversity Subgroup / Aged Care Leadership Group

AHP YARNES Health Sector Co-Design Group

Australian Association of Gerontology

Australian Broadband Advisory Council (ABAC) Health Expert Working Group

Australian Bureau of Statistics – IHMHS Health Surveys Reference Group

Australian Cancer Plan Development Group

Australian Commission on Safety and Quality in Health Care (ACSQHC) Aboriginal and Torres Strait Islander Committee

Australian Commission on Safety and Quality in Health Care (ACSQHC) Aboriginal and Torres Strait Islander Health Advisory Group

Australian Commission on Safety and Quality in Health Care (ACSQHC) Health and Medical Research Advisory Group

Australian Commission on Safety and Quality in Health Care (ACSQHC) National Sepsis Program Clinical Reference Group

Australian Council of Social Service (ACOSS)

Australian Digital Health Agency, My Health Record Expansion Program



Australian Health Protection Principal Committee (AHPPC) – Emergency Response Taskforce for BBV/STI in Indigenous Populations

Australian Health Protection Principal Committee (AHPPC) – Syphilis Enhanced Response Governance Group

Australian Healthcare and Hospitals Association (AHHA) Reconciliation Action Plan Working Group

Australian Indigenous HealthInfoNet Advisory Board

Australian Institute of Health and Welfare (AIHW) Indigenous Statistical and Information Advisory Group

Australian Medical Association (AMA) Taskforce on Indigenous Health

Australian Partnership for Preparedness Research on Infectious Disease Emergencies

Australian Research Alliance for Children and Youth (ARACY)

Australian Strep A Vaccine Initiative (ASAVI) Indigenous Advisory Board

Australian Trachoma Alliance National Trachoma Surveillance and Control Working Group

Australian Trachoma Alliance Principles

BBVSS Meeting

Blood Borne Viruses and Sexually Transmissible Infections Standing Committee

Cancer Australia's Leadership Group

Clinical Coding Technical Working Group

Close the Gap Campaign Steering Committee (Australian Human Rights Commission)

Coalition of Peaks

Co-Design Senior Advisory Group

Comprehensive Primary Health Care (Sustainability Advisory Committee)

Council of Presidents of Medical Colleges (CPMC) National Partnership Forum on Indigenous Health

CREATE Leadership Group (Centre for Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange)

CtG/COAG Review P&MC Information Sessions

END RHD Advisory Committee

END RHD Coalition Advisory Committee

END RHD Coalition Advisory Committee – Indigenous Engagement Working Group

END RHD Coalition Advisory Committee – National Advocacy Working Group

Expert Steering Committee for the National Preventative Health Strategy 2020–2030

Eye Health Advisory Group (AIHW)

First Nations Heritage Protection Alliance

Gayaa Dhuwi (Proud Spirit) Australia

Gayaa Dhuwi (Proud Spirit) Australia Declaration Governance Committee

General Practice Advisory Committee to the Professional Services Review

Good Medicine Better Health Advisory Group

GP Peak Body COVID-19 Response

Health Sector Co-Design Group

Health Sector Strengthening Plan Meeting

Health Service Data Advisory Group (HS DAG)

Homelessness and Accommodation Options for Rough Sleepers in Darwin/Palmerston and Katherine Project Advisory Group

Hot North Antimicrobial Stewardship Academy – Investigator/Project Oversight Group

IAHP Implementation Plan Advisory Group (IPAG)

Implementation Plan Advisory Group Meeting

Indigenous BBV STI Governance Group

Indigenous Data Sovereignty Network

Indigenous Medication Review Service (IMerSe) Advisory Committee (and project partner)

Indigenous Mental Health and Suicide Prevention Clearinghouse Steering Committee

Indigenous Program of Experience in the Palliative Approach (IPEPA) Advisory Group

Indigenous Statistical and Information Advisory Group (ISIAG)

Indigenous Vaccine Preventable Diseases (VPD) Advisory Group

International Advisory Council (IDC) (World Health Organization)

Joint Council on Closing the Gap

Kimberley Suicide Prevention Trial Steering Committee

Leadership Group on Aboriginal and Torres Strait Islander Cancer Control Meeting

Lifeline Advisory Board

Lighthouse Hospital Project – Phase 3 Steering Committee

Lung Learning Project Consortium

Ministerial Advisory Committee Blood Borne Viruses and Sexually Transmitted Infections (NACBBVSTI)

Mammographic Screening Participation for Aboriginal and Torres Strait Islander Women Project Steering Group

Mayi Kuwayu Study (national longitudinal study of culture, health and wellbeing for Aboriginal and Torres Strait Islander people)

Medical Research Future Fund (MRFF) Indigenous Health Research Fund (IHRF) Expert Advisory Panel (EAP)

Medicines Australia – NACCHO Joint Committee

MRFF Aboriginal and Torres Strait Islander Ear Health Research Project

Multi Jurisdiction Syphilis Outbreak Group (MJSO)

NACCHO RACGP Project Reference Group

NACCHO, NPS MedicineWise Quarterly Meetings

National Aboriginal and Torres Strait Islander Immunisation Network (NATSIIN) Indigenous Vaccine Preventable Diseases and Vaccination Coverage Working Group

National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH)

National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan – Project Reference Group

National Advisory Group Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID)

National Aged Care Alliance

National COVID-19 Guidelines Leadership Group

National Digital Health Strategy

National Disability Insurance Agency (NDIA) Advisory Committee

National Disability Insurance Scheme (NDIS)

National Disability Insurance Scheme Industry Reference Group (NDIS IRG)

National Health Leadership Forum (NHLF)

National Health Leadership Framework on Aboriginal and Torres Strait Islander Health Workforce

National Immunisation Committee

National Key Performance Indicator Working Group

National Mental Health Policy Renewal Project Steering Group

National Mental Health Vision 2030 Roadmap Advisory Committee

National Office for Child Safety Child Safe Sectors Leadership Group (CSSLG)

National Pancreatic Cancer Roadmap Steering Group

National Peak Bodies All Hazards Recovery Coordination Forum

National Plan Advisory Group

National Preventative Health Strategy Expert Steering Committee

National Registration and Accreditation Scheme to Improve Patient Safety for Aboriginal and Torres Strait Islander Australians

National Rural Health Alliance Council

National Scheme Aboriginal and Torres Strait Islander Health Strategy Group (AHPRA)

National Trachoma Surveillance and Control Reference Group

NDIS Quality and Safeguards Commission (NDIS Commission) Industry Consultative Committee

National Mental Health Commission (NMHC) Reducing Structural Stigma and Discrimination Technical Advisory Group

NPS Clinical Intervention Advisory Group

Nurse Practitioner 10 Year Plan Steering Committee

Opiate Dependence Treatment Program – Reference Group

Our Children's Vision Working Group

Palliative Care Australia – Yarning Circle



Partnership Working Group on Closing the Gap

Pharmaceutical Society of Australia (PSA) and NACCHO ACCHO Pharmacist Leadership Group

Pharmaceutical Society of Australia (PSA) guidelines' committees

Pharmaceutical Society of Australia (PSA) Digital Health Project Advisory Group

Pharmaceutical Society of Australia (PSA) with James Cook University – Project Team Steering Committee

Pharmacy Stakeholder Consultation Committee (PSCC)

Pharmacy/PBS Trials Advisory Group (Tranche 1)

Pharmacy/PBS Trials Advisory Group (Tranche 2)

Practice Incentive Program (PIP) Advisory Group

Primary Health Care Committee of Australia Commission for Health Care Safety and Quality

Primary Health Care Reform Steering Group

Primary Health Network Program Evaluation – Ernst & Young

Program of Experience in the Palliative Approach (PEPA)

Psychotropics in Young People Stakeholder Reference Group

Quality and Safeguards Industry Group

RACGP 5–10 Year Strategic Framework for Indigenous Health

RACGP ATSI Health Council

RACGP National Guide Project Reference Group

Redfern Statement Alliance (RSA) Working Group

Rheumatic Heart Disease Roundtable Working Group

Seventh Community Pharmacy Agreement (7CPA) Pharmacy Stakeholder Consultation Committee (PSCC) Meeting

Social and Emotional Wellbeing Clinical Working Group (SEWB CWG)

Tackling Indigenous Tobacco – Evaluation Advisory Group

TAFE NSW EarTrain

The Children's Commissioner Committee on the development of guidelines for child safe organisations

The National Best Practice Unit Tackling Indigenous Smoking Advisory Group

Therapeutic Goods Association – Medicines Shortages Champions

Vision 2020 Australia Aboriginal and Torres Strait Islander Committee

WA Aboriginal Environmental Health Program Review Steering Group

WATCH and INFLATE Steering Committee

Part 4

# **Medicines and Pharmacy**

# 4

# Medicines and Pharmacy



**‘For too long Aboriginal and Torres Strait Islander people have not had equitable access to medicines... We need a seat at the table and structural change to how things work for assessing and funding medicines.’**

Dr Dawn Casey, Deputy CEO, NACCHO

**Image:** Mike Stephens, NACCHO Director Medicines Policy and Programs with Kira McKenzie, Aboriginal health worker at TAC (Photo credit: Australian Pharmacist).

The NACCHO Medicines Team, led by Deputy CEO, Dr Dawn Casey, has continued its focus on several strategic medicines themes throughout the year. Overall, these strategies aim to improve Aboriginal and Torres Strait Islander health by improving access to medicines and associated medicines services; these aims align with NACCHO’s strategic directions. NACCHO continues to engage with the sector, including ACCHOs, affiliates, key medicines stakeholders, the Department of Health and wider Australian Government, advisory groups and medicines experts. Communication within this network was invaluable in informing the policy and submissions developed by NACCHO throughout the year.

NACCHO also continues to manage and oversee a range of Aboriginal and Torres Strait Islander medicines-related projects and programs; these allow NACCHO to understand ACCHOs’ operational and strategic medicines needs, as well as fulfilling the aim of improving medicines access and use for Aboriginal and Torres Strait Islander people.

NACCHO continues to liaise regularly with key stakeholders including:

- Australian Government Department of Health
- Pharmacy Guild of Australia (The Guild)
- Pharmaceutical Society of Australia (PSA)
- NPS MedicineWise, including signing a memorandum of understanding
- Royal Australian College of General Practitioners
- Society of Hospital Pharmacists Australia.





Some highlights for the NACCHO Medicines Team in 2020–21 include:

- involvement in the planning, communication and implementation of the Indigenous Pharmacy Programs reforms within the 7th Community Pharmacy Agreement (7CPA), including participation in the Pharmacy Stakeholder Consultation Committee (PSCC)
- completing the national ACCHO formulary project, whose output, the *ACCHO Medicines Management Guidelines*, supports ACCHOs managing medicines in their clinics.



- participation in the House of Representatives *Inquiry into approval processes for new drugs and novel medical technologies in Australia*, including providing evidence to the committee at Parliament House
- oversight of the NACCHO–PSA ACCHO Pharmacist Leadership Group
- collaboration with NPS MedicineWise on *Yarning about managing pain*, part of the *Asking Painful Questions* video series <https://www.nps.org.au/pain>, which explores experiences of people living with chronic non-cancer pain.

## 7th Community Pharmacy Agreement



After intensive negotiations between the Guild, PSA and the Australian Government, the 7th Community Pharmacy Agreement (7CPA) started on 1 July 2021. This agreement heralded significant reforms to Indigenous Pharmacy Programs, including:

- Closing the Gap (CTG) prescription reforms, including expansion of who is eligible and who can prescribe, and a new online registration system
- the merger of s100 Support Allowance and QUMAX to form Indigenous Health Service Pharmacy Support (IHSPS) Program.

Prior to the commencement of these reforms on 1 July 2021, NACCHO participated in regular communication and meetings with the Department of Health and participated in the formal 7CPA stakeholder forum in November 2020 and April 2021. NACCHO continues to work with the department and other stakeholders to disseminate information about program changes, including information published on the NACCHO website and outreach through jurisdictional member workshops and QUMAX workshops. More information about this is available at <https://www.naccho.org.au/7cpa>.

## Pharmaceutical Benefits Scheme

Member services have told NACCHO that many important medicines important for Aboriginal and Torres Strait Islander people are absent from the PBS. NACCHO continues to liaise with Pharmaceutical Benefits Advisory Committee representatives and its secretariat, as well as the Technology Assessment and Access Division of the Department of Health.

NACCHO also provided a submission and gave verbal evidence to the House of Representatives *Inquiry into approval processes for new drugs and novel medical technologies in Australia*. NACCHO's input set out the limitations of current assessment and approval processes for funding medicines on the PBS and highlighted the general lack of oversight and representation from Aboriginal and Torres Strait Islander people. The Inquiry is due to report in late 2021.

NACCHO also continues to liaise with the medicines industry at a policy level, through a joint Medicines Australia–NACCHO committee, and with individual pharmaceutical companies through a range of specific medicines projects, including the development of a smoking-cessation medication resource.



**Image:** Dr Penelope Wood, Practice Pharmacist, Wathaurong Aboriginal Co-operative Limited with Susie Lake, Pharmacist, Beyond Essential Systems.

## Support for managing medicines in ACCHOs

Complementary to Pharmaceutical Benefits Scheme (PBS) policy development, NACCHO continued the ACCHO Formulary Project. This culminated in the production of the ACCHO Medicines Management Guidelines and establishment of a webpage and network to support ACCHOs in medicines governance and developing formularies across Australia. The project aimed to support a sustainable and consistent approach to Quality Use of Medicines (QUM) and access to medicines in ACCHOs. It explored ACCHO priorities in ordering, stocking, prescribing and administering medicines from clinics, and involved ACCHO and subject-matter expert interviews,

site visits and a national survey with nearly 100 responses from urban, regional and remote areas across Australia's jurisdictions. The majority of survey respondents supported the development of national guidelines on medicines management, including formulary management.

The guidelines outline five principles of medicines management; they also provide tools to guide quality improvement and assess how ACCHOs are progressing against each principle. **The principles are:**

- 1** Establishment of a **medicines management group** within the ACCHO governance structure
- 2** **Documentation of processes** around medicines management
- 3** Developing a **standard list of medicines (formulary)** endorsed by the ACCHO; this may form a list of medicines to be stocked and/or a list of medicines to be prescribed from best-practice guidelines
- 4** **Sharing information** with other ACCHOs and health services in the region
- 5** Establishing **service arrangements with a pharmacist** to assist with medicines management



**Image:** Alice Nugent MPS AACPA, NACCHO Pharmacist Advisor with Tinu Abraham Pharmacist at the Victorian Aboriginal Health Service (VAHS) during her visit for the Formulary Project.

# Report from Chastina Heck

Chair of the NACCHO–PSA ACCHO Pharmacist Leadership Group

**Chastina Heck is a Nywaigi, Mamu, Bidjara woman, Chairperson of the ACCHO Pharmacist Leadership Group and practising pharmacist at Logan Hospital in Queensland.**

In 2020–21 the ACCHO Pharmacist Leadership Group continued to support the safe and effective provision of pharmacy services and medicines management to First Nations communities.

The challenge of the COVID-19 pandemic shifted our focus towards the vaccination effort to our community. The group maintained their strength of collective knowledge, sharing information around themes of vaccination documentation, processes for administration and tracking, and adverse-drug reaction reporting. All members played an essential role in the effort to roll out vaccinations in short timeframes.

This last year also saw significant national policy changes to Indigenous Pharmacy Programs including a more inclusive CTG PBS medication co-payment measure and the new Indigenous Dose Administration Aid Program.



Despite these welcome policy changes, the leadership group continued to discuss policy limitations and the continued existence of barriers, in particular patients' inability to access CTG-subsidised medications from hospital. This continues to disadvantage First Nations patients who may be accessing health care away from their local community, are in an unfamiliar environment, and also risk inadvertent suboptimal medication adherence due to poor access. Pharmacists at the hospital end are often tasked with time- and resource-intensive workaround solutions, provided this potential risk has been identified. Where pharmacists have not been involved, there have been instances where patients with insufficient access to medications are readmitted to hospital with acute deterioration. The group strongly advocates for subsidised medication supply from hospital where this is the patient's preferred option.

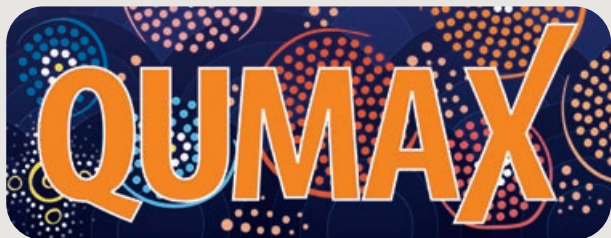
I would also like to acknowledge the considerable work of community pharmacy owners in navigating the changes in pharmacy programs; these impacted on business models and viability as the transition was made from QUMAX to the Indigenous Health Service Pharmacy Support Program.

The leadership group also advocated for the PBS qualification of medication brands that were endorsed by the Therapeutic Goods Administration during stock shortages under substitution arrangements. Currently many of these brands are not eligible for the PBS and therefore the CTG co-payment subsidy. Given the frequency of shortages, this is a real concern.

Group members have also been involved in identifying community members to participate in focus groups to inform culturally-appropriate educational videos for consumers around the topic of opioid use and stewardship.

**As chair, I sincerely wish to thank every group member for continuing to volunteer their time and for sharing their wealth of knowledge. The group has again this year demonstrated the collective's influence to create change through action.**





## Quality Use of Medicines Maximised (QUMAX) for Aboriginal and Torres Strait Islander people

QUMAX started out as a two-year pilot program in 2008 and has been running for more than 10 years. In 2020–21 QUMAX was funded by the Department of Health under the first year of the 7CPA. However, from 1 July 2021 the 7CPA Pharmacy Program changes are amalgamating QUMAX and the \$100 pharmacy-support allowance program into a single Quality Use of Medicines (QUM) Program for ACCHOs.

QUMAX aimed to improve QUM and contribute to positive health outcomes for Aboriginal and Torres Strait Islander people provided by participating ACCHOs and community pharmacies in urban and rural Australia.

The support categories are:

- Dose Administration Aids (DAAs) Arrangements
- QUM Pharmacy Support
- Home Medicines Reviews (HMR) Models of Support
- QUM Devices
- QUM Education
- Cultural Awareness
- Transport.

Funding was allocated to ACCHOs to reduce the logistical, financial and cultural barriers to clients' access to medicines and pharmacy services at a local level.

In 2020–21, around 60 per cent of NACCHO members participated in the QUMAX program, virtually all of whom were eligible according to their remoteness. This equated to 84 ACCHOs across each state and territory, reaching 241,518 Aboriginal and Torres Strait Islander clients.

Registrations for the 2020–21 QUMAX cycle opened for a month in April–May 2020; this resulted in the addition of two new ACCHOs. There was a delay in work plans and budgets being distributed to ACCHOs; this occurred in early August 2020. The coordinator, backed by the NACCHO Medicines Team, continued to support to services through all stages of the QUMAX cycle, including work-plan development and reporting, as well as program and contract queries. All QUMAX contract reporting deliverables have been met for this period. The coordinator made five service visits during the year to provide face-to-face support and additional program assistance as required.

The Australian Healthcare Associates (AHA), the program administrators, worked closely with NACCHO to provide overall support of the QUMAX program.

### QUMAX workshops

In April 2021, workshops were promoted via the QUMAX network contact list through an expression of interest to gauge numbers and assess preferred locations and content, particularly in the context of COVID-19 and travel restrictions. Based on responses, planning commenced for four face-to-face full-day workshops to take place in early to mid June 2021: in Sydney (10 June), Brisbane (15 June), Adelaide (17 June, with online option) and Melbourne (29 June, online).



Image: QUMAX Workshop Adelaide.



**Images:** (Top) QUMAX Workshop Sydney. (Bottom) QUMAX Workshop Brisbane.

The rationale for holding four workshops was to reduce interstate travel for ACCHOs. Two weeks prior to the Melbourne workshop, the city was locked down due to a COVID-19 outbreak and it was decided to tentatively reschedule the workshop to late June. However, a week prior to the rescheduled workshop, restrictions were still in place, so NACCHO was forced to conduct a three-hour online workshop.

The workshops remained focused on the QUMAX program and its deliverables; they also considered the program's imminent end and the implications for ACCHOs of the 7CPA Pharmacy Program changes coming into effect from 1 July 2021. They provided an opportunity to:

- reflect on QUMAX since the beginning
- update members on the 7CPA and Indigenous Pharmacy Programs including CTG reforms, new Indigenous Dose Administration Aid (IDAA) Program and new Indigenous Health Services Pharmacy Support (IHSPS) Program
- start thinking about Quality use of Medicines (QUM) planning in ACCHOs
- network with other ACCHOs about QUMAX and medicines
- share ideas, good news stories and hear the concerns of ACCHOs with the program changes.

A total of 77 participants from 46 ACCHOs across Australia participated in the workshops. Attendance was significantly higher than in the previous year, particularly in the number of ACCHOs participating (from 33 to 57). This highlights the value and interest in the workshops, particularly during a pandemic.

At the end of each workshop a brief evaluation with eight questions was provided to participants; 49 of the 77 participants (57 per cent) completed the evaluation. The completion rate was significantly lower for the online workshops (28 per cent compared to 89 per cent for the face-to-face workshops). In the online environment, the evaluation could not be handed out as a hard copy and completed before participants left the room.

Overall, both formal and informal evaluations confirmed the workshops were successful in achieving their objectives, as well as being well attended by participants from across the country. At the face-to-face workshops, several participants commented on the value of the workshops. Each workshop had a mix of ACCHO staff who were new to the program and those who had been a part of QUMAX from the beginning. This allowed for staff to share their experiences and learn from each other.





## Living with chronic pain

**Image:** NACCHO collaborated with NPS MedicineWise on the *Asking Painful Questions* video series.

### NACCHO and NPS MedicineWise

In January 2021 NACCHO and NPS MedicineWise signed an MoU committing both organisations to working collaboratively to improve Quality Use of Medicines and clinical decision-making to achieve better health outcomes for Aboriginal and Torres Strait Islander people. The MOU incorporates an annual activity schedule, with NACCHO and NPS MedicineWise working together to co-design and implement priority projects and activities that meet the needs of Aboriginal and Torres Strait Islander people.

### Yarning about managing pain

NACCHO collaborated with NPS MedicineWise on the *Asking Painful Questions* video series, which explores the experiences of people living with chronic non-cancer pain and of health-care professionals involved in pain management. The *Yarning about managing pain* video features clients and a pharmacist from Wathaurong Aboriginal Co-operative sharing their experiences to help others understand the impact that pain can have on life and the different pain-management options.

Managing pain is a complex and important issue for our clients. Chronic pain can be confronting and debilitating and sometimes unfairly stigmatised. The videos in this project have highlighted these issues and the way that ACCHOs and culture are central to managing pain for many Aboriginal people. Through accessing holistic services and support through ACCHOs such as Wathaurong, Aboriginal and Torres Strait Islander people have the best chance of managing their pain effectively.

Lisa Briggs, CEO of Wathaurong Aboriginal Co-operative



## Digital health and medicines

### Medicines Safety Communications Project – digital health innovations to make scripts safer

NACCHO worked with the Medicines Safety Team from the Australian Digital Health Agency and other stakeholders to develop fact sheets to help communicate important innovations for prescriptions. Designed for use within ACCHOs, the fact sheets provide key messages and updates on:

- 1 **Electronic prescriptions ('e-script')**
- 2 **Real time prescription monitoring (RTPM)**
- 3 **Active Ingredient prescribing.**

These innovations are designed to help patients, pharmacies, doctors and the ACCHO health team make sure everyone gets the right medicine when needed. They should make it easier for clients to keep track of medicines from a phone, tablet or computer if they choose.



**Image:** Electronic prescriptions or 'e-script'  
(Photo credit: digitalhealth.gov.au).



## Pharmacy Trial Program – IPAC and IMeRSe projects

NACCHO has continued to oversee the reporting, translation and evaluation of two large pharmacy projects which took place in around 25 ACCHOs across Australia. These projects are:

- Integrating Pharmacists with Aboriginal Community Controlled Health Services to Improve Chronic Disease Management (IPAC)
- Indigenous Medication Review Services (IMeRSe).

While the clinical activities of these projects were completed in 2020, they will both now be evaluated through the Medical Services Advisory Committee (MSAC) in 2022. Prior to MSAC review, some redacted information about the projects can be published and the projects will undergo some preliminary evaluation from consultants nominated by the Department of Health.

## NACCHO and the Antimicrobial Stewardship (AMS) Academy

In 2020 a consortium of bodies, including representation from Telethon Kids Institute, KAMS and NACCHO, received grant funding from the National Health and Medical Research Council for the inaugural Aboriginal and Torres Strait Islander Antimicrobial Stewardship (AMS) Academy, running for the duration of 2021. Eleven applicants, many from the ACCHO sector, were selected by the academy panel. NACCHO is providing leadership and support throughout the project to ensure that Aboriginal and Torres Strait Islander communities and ACCHOs' needs and priorities are met, and that AMS fellows are supported.



**Images:** (Clockwise from top-left) IPAC Pharmacists and ACCHO Pharmacist Leadership Group at 2019 NACCHO Members' Conference. QUMAX Program Coordinator, Prue Spence providing a QUMAX information session to ACCHO staff. NACCHO Communications Officer, Ethan French at the Galambila Aboriginal Health Service, Coffs Harbour attending a cultural knowledge tour 'Journey of Knowing for Wellbeing'.



# Part 5

## NACCHO Affiliates

# 5





# AH&MRC

Aboriginal Health and Medical Research Council of NSW



**The AH&MRC is the peak body for Aboriginal community-controlled health services in New South Wales (NSW) and advocates and supports high-quality, comprehensive primary health care. During the year AH&MRC continued to provide tailored training and workshops to upskill the ACCHO workforce. Continuous Quality Improvement (CQI) was a core focus, and AH&MRC worked hard to provide one-on-one consultation and training to support member services in achieving best practice.**

## Key outcomes 2020–21

### Responding to COVID-19

AH&MRC tailored public-health campaigns to address key challenges faced by the sector, including COVID-19 vaccine hesitancy and low testing rates. The COVID-19 Coordination Team collaborated with partners including NACCHO, NSW Health, Aboriginal Affairs NSW and the NSW Aboriginal Land Council to respond to the pandemic, providing information, updates and support to its members.

The AH&MRC:

- distributed Personal Protective Equipment (PPE) including 100 gowns to six services and 14,000 units of cloth masks and hand sanitiser to its 47 members
- held fortnightly meetings and engaged senior health officials, including the NSW Chief Health Officer, Dr Kerry Chant, in meetings to relay timely information and field questions from services around the COVID-19 vaccination rollout
- provided regular updates to member service CEOs through a weekly email and more timely updates through SMS, communicating all relevant information around COVID-19 grants, new AH&MRC resources, COVID-19 training opportunities, and important meetings.

### Addressing vaccine hesitancy

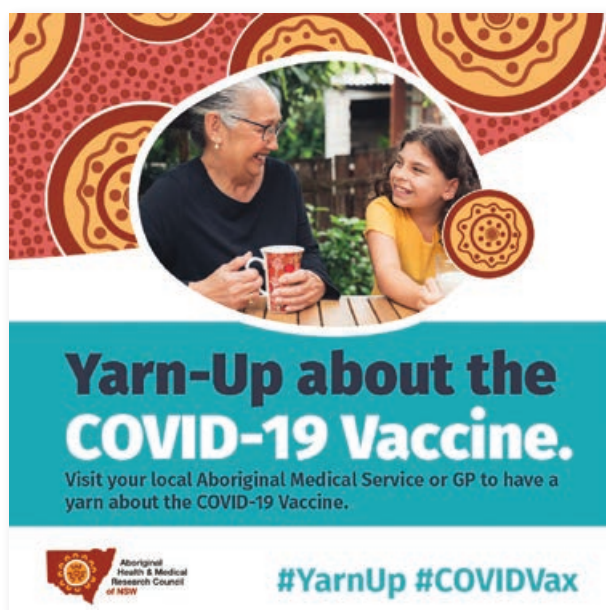
The AH&MRC created the Yarn Up campaign to address vaccine hesitancy in Aboriginal communities. The campaign's key message encouraged Aboriginal people to discuss vaccines with someone they trust, such as an Aboriginal Health Worker, GP or their local Aboriginal Community Controlled Health Service (ACCHS). The AH&MRC commissioned the design of T-shirts, social media tiles, web banners, email banners, and posters using Yulul-gi Munan: a COVID-19 themed artwork designed by Madison Connors.

The AH&MRC engaged Laundry Lane to create a Yarn Up video featuring staff from Awabakal Aboriginal Medical Service. The video was shared online and broadcast on the Tonic Health Network in 52 NSW ACCHSs, reaching around 290,000 people.

### Promoting COVID-19 testing

In response to low COVID-19 testing rates in the state's Aboriginal communities, the AH&MRC created the #Swab4Mob campaign which ran across AH&MRC social media channels, using local champions to encourage Aboriginal people to get tested. The campaign was based on the premise that, if community members saw someone they trusted and respected getting tested for COVID-19, then they would do so too.

Five videos featuring AH&MRC and ACCHS staff and CEOs were commissioned from Laundry Lane. The #Swab4Mob videos delivered 1580 views across YouTube and Instagram.



## Sector Support and Public Health and Intelligence Teams

The Sector Support and Public Health and Intelligence Teams worked with member services to identify skills and training gaps and tailored programs and resources accordingly. Key programs delivered this year include:

- **Smoking cessation:** The Public Health and Intelligence Team provided Nicotine Replacement Therapy in 37 member services and delivered other Quit and smoking cessation training. To assist with World No Tobacco Day community events, \$5000 scholarships were provided to two member services.
- **Mental health:** The Sector Support Team upskilled members in providing mental-health care through training, including Loss and Grief and Red Dust Healing Workshops; a symposium to discuss and share knowledge around suicide intervention, prevention and postvention strategies; and the distribution of 200 Social and Emotional Wellbeing (SEWB) packs to all 47 member services.
- **Ear and eye health:** The Sector Support Team, in partnership with the Rural Doctors Network, delivered ear-health workshops on the prevention, screening and treatment of ear disease. The team also provided Ear Health Project Officer funding to two members and ear-health grants to the value of \$10,000 to three services. In collaboration with the Brien Holden Foundation, the AH&MRC held three eye-health training workshops and supported the successful trial of publicly funded spectacles for all Aboriginal people.

## Continuous Quality Improvement

The newly created Service Performance and Quality (SPQ) Team provided training, consultation and resources to assist ACCHOs in embedding CQI into their model of care. The team held a two-day CQI forum to educate member services on CQI processes and strategies to optimise service delivery. The team also facilitated CQI and Medicare training for services and offered follow-up consultation and site visits to reinforce the training; 220 participants from 16 member services attended.

## Student engagement and retention

The Registered Training Organisation (RTO) provides culturally competent and comprehensive training to the state's ACCHO workforce in NSW. This year the RTO delivered seven courses in primary health care, counselling, alcohol and other drugs, and trauma-informed care to 156 students from 18 member services. To keep students safe during COVID-19, the RTO adjusted its delivery to online environments, using Moodle, Zoom and virtual classrooms.

## Sustainable business solutions

The Business Development Team works closely with member services to identify untapped income streams and tailor Business Sustainability Plans accordingly. This year the team provided Business Sustainability Plans to 18 ACCHOs. On behalf of the AH&MRC, the team successfully applied for a grant for the Indigenous Health Workforce Traineeship program; \$3.6 million in funding was secured to employ approximately 20 trainees over the next three years. The Business Development Team also facilitated 22 venue-hire bookings, helping to grow AH&MRC's business sustainability.

## Ethics, policy and research

The Human Research Ethics Committee grew its ranks from 9 to 17 this financial year, and recruited 30 external reviewers. Through increased capacity and streamlined processes, the HREC was able to review a record number of applications this year.

The newly created AH&MRC Policy Team worked to advance progress of Closing the Gap (CtG) through its involvement in, and advocacy work on behalf of, the Coalition of Aboriginal Peak Organisations (NSW). This year, the team pursued robust community consultation and engagement in designing and developing the jurisdictional CtG Implementation Plan. The first iteration of this plan has been approved. The Policy Team will continue to advocate for ACCHO sector involvement in addressing the CtG priority reforms.

**Image:** AH&MRC staff wearing Tharawal's 'Strong Spirits, Strong Minds' shirt.



# AHCSA

Aboriginal Health Council of South Australia



**Aboriginal Health Council**  
of South Australia Ltd.

*our health, our choice, our way*

**As the peak body for Aboriginal health in South Australia (SA), AHCSA participates in a wide range of meetings, activities and projects to provide input, advice and advocate on behalf of its member services and Aboriginal communities. AHCSA continues to have strong working relationships with member services, funders and partners as it works to respond to the health needs and to improve health outcomes for the state's Aboriginal people.**

AHCSA's strong relationships with its stakeholders continues to be crucial during this pandemic, as the organisation adapts the delivery of program outcomes in new and innovative ways and in challenging circumstances.

## Key outcomes 2020–21

### Public Health Medical Officers (PHMOs)

AHCSA PHMOs, along with the COVID-19 Team, continued to take a lead role in coordinating the public health response to the pandemic across the sector. The team comprises AHCSA's CEO, PHMOs, Pandemic Coordinator, Media and Communications Coordinator, COVID-19 Immunisation Coordinator and GP Registrar. A number of AHCSA's managers and staff also support the COVID-19 response within the state.

The PHMO position was shared by Dr Annapurna Nori and Dr Julia Vnuk. The position provided support to the CEO and all public health/primary care related programs in areas such as advocacy, public health guidance, clinical advice, research and education, and stakeholder engagement. A considerable commitment was involved in supporting AHCSA's COVID-19 response, including advocacy at a state and national level, and advice and support to member services with point-of-care testing, first-case response planning and vaccine rollout.

The PHMOs also facilitated establishment of a state-wide Eye Health Working Group, and re-established an Ear Health Reference Group. Support for the sexual health program included advice around data collection and translation, contribution to syphilis-outbreak-response planning and supporting prevention and management strategies in member services for sexually transmitted infections (STIs) and blood-borne viruses (BBVs).

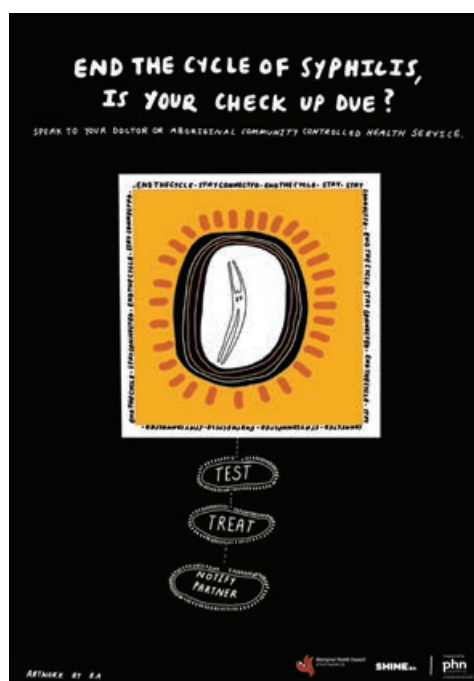
### Public health and primary health care

The Public Health and Primary Health Care Team supports the provision of comprehensive primary health care in ACCHSs across South Australia. The team's focus is on strengthening systems for the delivery of culturally appropriate, best-practice care through provision of evidence-based public health advice, supporting CQI, and advocacy across the broader health sector. The day-to-day work of the team is heavily guided by specific needs identified by AHCSA members. Team programs include:

- Diabetes
- Alcohol and Other Drugs
- Ear Health – Deadly Sounds
- Eye Health
- Trachoma Elimination
- Digital Health
- Clinical Systems
- Health Informatics
- Patient Information Management Systems
- Health Policy and Grants.

### Diabetes

The AHCSA Diabetes-related Foot Complications Project is a new state-wide project coordinated through the South Australian Health and Medical Research Institute (SAHMRI). The aim is to reduce diabetes-related foot complications in Aboriginal people through embedding best-practice care into existing ACCHS systems.



**Image:** End the cycle of Syphilis poster.





**Image:** Port Lincoln Aboriginal Health Service (PLAHS) retinal photo imaging.

## Eye health

The Eye Health Program continues its work toward having equitable, optimal and sustainable eye health and vision outcomes for Aboriginal people in South Australia. The Eye Health Project Officer (EHPO) provides broad-range support to AHCSA members in providing primary and secondary eye-health and vision care, and enhancing pathways to tertiary-level care.

The EHPO continues to:

- work closely with ACCHSs to enhance workforce and clinic/systems capacity to facilitate the eye health needs of their clients
- provide on-ground support for visiting eye-health-practitioner services as needed
- support the specialised eye-health equipment needs of hosting ACCHSs and visiting providers
- strengthen linkages and work collaboratively on projects with other stakeholders and the broader eye-health sector
- provide representation and advocacy for the SA ACCHS sector through membership/participation on state and national Aboriginal eye-health committees and working groups.

## Sexual health and blood borne viruses

The AHCSA Sexual Health and Blood Borne Virus Program works with Aboriginal health services and the broader health sector across South Australia, supporting the prevention and treatment of STIs and BBVs (hepatitis B and C). The program supports ACCHSs and other services working with young Aboriginal people to promote and improve access to testing for opportunistic STIs in those aged 16–35 years.

The Sexual Health Team continues to support the COVID-19 response by:

- supporting ACCHSs with monthly COVID-19 point-of-care testing (PocT) operator meetings
- creation of COVID-19 PocT rapid testing information resources for ACCHSs
- continuing to support Flinders University and Kirby institute with community connection, resource updates, messaging and training for COVID-19, when needed.

The team advocated for the importance of sexual health/BBV health check-ups and more specifically syphilis checks given rising rates of syphilis (including congenital syphilis) in rural, remote and metropolitan areas. In response to these rising cases, the Sexual Health Team in collaboration with SHINE SA and a Whyalla-based artist created new resources with simple but clear and concise messaging for syphilis awareness. The messages read ‘end the cycle’ and ‘stay connected’—that is, stay connected to your local health service and get regular sexual health check-ups, so that one day syphilis may be a thing of the past.

## Aboriginal Health Research Ethics Committee

AHCSA’s Aboriginal Health Research Ethics Committee (AHREC) promotes, supports and monitors quality research that will benefit Aboriginal people in South Australia. AHREC also provides advice on request to communities and ACCHSs on the ethics, benefits and appropriateness of research initiatives. As one of only four Aboriginal-specific Human Research Ethics Committees in Australia, AHREC continues to demonstrate compliance with the National Statement and Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research, and maintains its registered human research ethics committee status. A total of 52 new research proposals were reviewed in 2020–21, with 46 being granted ethical approval.

# AHCWA

Aboriginal Health Council of Western Australia



**AHCWA**  
Aboriginal Health Council  
of Western Australia

**AHCWA supports and acts on behalf of 23 ACCHSs throughout Western Australia (WA). The last 12 months have been both rewarding and challenging for the Aboriginal and Torres Strait Islander health sector.**

## Key outcomes 2020–21

### Closing the Gap

As the only Western Australian peak body in the Coalition of Peaks (CoP), AHCWA has been at the forefront of negotiations to begin implementing the National Agreement on CtG. In addition to raising the profile of the National Agreement within the ACCHS sector, AHCWA has worked closely with NACCHO and other CoP members to determine investment priorities for the health and disability Aboriginal community-controlled sectors. AHCWA also worked to influence the WA jurisdictional Implementation Plan.

### COVID-19

2020–21 has continued to be dominated by COVID-19 and the need to protect Aboriginal communities from the virus's potentially devastating effects. The response to the pandemic—by AHCWA, the wider ACCHS sector and the state government—has maintained Western Australia's enviable position in relation to the virus, without leading to complacency. AHCWA continues to provide member services with updates, support and, where possible, funding to assist in the COVID-19 response and vaccine activities.

### Constitution and Annual General Meeting

A Special General Meeting was held 26 November 2020 where AHCWA's members unanimously accepted the new and improved Constitution that had been workshopped previously. AHCWA held the Annual General Meeting on 27 November 2020 with the full Board of Directors standing down and the WA Electoral Commission assisting the voting in of a new Board.

### Mappa online platform

The new online platform, Mappa, designed and developed by AHCWA with its member services to assist and improve the patient/client journey, was launched in November 2020. Mappa works to help Aboriginal and non-Aboriginal people and their communities to better access health services as close as possible to family, home and country. The development of Mappa was driven by cultural considerations and made possible through collaboration with the whole WA health sector. The platform helps to ensure people get the right care, in the right place, at the right time while at home, on country or with family.



**Images:** (Left) AHCWA's Sector Engagement Officer Tricia Pearce and her son Mitchell receive their vaccination. (Right) AHCWA staff receive their COVID-19 vaccinations.





**Image:** AHCWA staff at this year's Aboriginal Health Council of Western Australia State Sector Conference.

### **WA Aboriginal Community Controlled Health Sector Conference**

Following cancellation of the 2020 conference due to COVID-19, member services were able to come together and attend the State Sector Conference and Youth Conference in March 2021 in Fremantle. The Members Planning Day, held prior to the conference, saw the successful launch of AHCWA's 2021–25 Strategic Plan.

The theme for the conference, 'Healthy Country, Healthy Communities', was chosen by member services, reflecting the sector's role in providing culturally appropriate health care and wellbeing services for Aboriginal people through a model of care based on community engagement, within a culturally safe, multi-disciplinary team approach led by an Aboriginal workforce.

The conference shares information, opportunities and development across the sector and highlights successful initiatives being delivered in metropolitan, regional and remote communities.

It also highlights innovative programs, and provides professional development, networking and capacity-building opportunities for delegates while giving prominence to Aboriginal ways of working. An Awards Dinner celebrated the successes and outstanding achievements of those working

in the Aboriginal health community. The 2020 and 2021 Awards (60 in total) were amalgamated; award recipients were selected by each of the 23 member services across the categories of Elder in the Community, Young Achiever, and Contribution by an ACCHS Employee.

Held concurrently with the Members Planning Day was the Youth Conference, an event exclusively for Aboriginal and/or Torres Strait Islander young people aged between 16 and 29 years. Established to offer support, networking and information services for delegates and the wider youth community, the Youth Conference also provides an opportunity for personal and professional development and connection with like-minded young people. The 2021 Youth Conference attracted more than 70 delegates—the largest delegation yet of young people for the conference.

### **Member support**

AHCWA continues to support its 23 member services with considerable resources. The organisation would like to thank the Board of Directors for their continued support during the last 12 months, and the AHCWA staff who continue to work hard to implement the strategic intent of the Board, whilst meeting the needs and expectations of all stakeholders. AHCWA would also like to thank all funders, key stakeholders and partners for their continued support.



# AMSANT

Aboriginal Medical Services Alliance Northern Territory



**AMSANT has continued to dig deep over the past year responding to protect the Northern Territory Aboriginal and Torres Strait Islander community from the COVID-19 pandemic, now well into its second year. It has been a whole-of-sector effort with strong leadership from the board, member services and the CEO directing the efforts of dedicated staff. Weekly meetings have been held with member services to share information and learnings and undertake pandemic planning.**

## Key outcomes 2020–21

### Closing the Gap

The pandemic has highlighted the importance of an Aboriginal workforce and the challenges of recruiting and retaining health professionals in regional and remote areas. It has brought the sector and government closer together—encapsulated in the slogan ‘We are all in this together’—and demanded a deeper level of collaboration. This coincided with work this year to implement the National Agreement on Closing the Gap (CtG). The National Agreement required co-design of an NT jurisdictional Implementation Plan, now well advanced.

### Children and Families Tripartite Forum and NT Aboriginal Health Forum

Enhanced partnership also occurred through AMSANT’s participation in the Children and Families Tripartite Forum which is overseeing development of a Ten-Year Generational Strategy incorporating the reforms agreed in response to the Royal Commission into the Protection and Detention of Children in the NT. This is in addition to AMSANT’s leadership of the NT Aboriginal Health Forum.

### Community control and expansion of health services

Beyond these high level-collaborations, AMSANT’s day-to-day work has continued. AMSANT’s Indigenous Health Project Officers support the ACCHO-based chronic disease care coordinators. They held a two-day workshop attracting 45 participants. AMSANT also supported rollout of the NDIS Ready Program, funded by the Department of Social Services and implemented through NACCHO, and established an NDIS Member Service Support Network.

Workforce research and policy development has continued. The Lowitja Career Pathways Project, led by AMSANT and the University of New South Wales, was finalised and the project report launched in August 2020. Meanwhile, AMSANT led a project to scope and assess the development and sustainability of an Aboriginal environmental health workforce. In May 2021, AMSANT partnered with Anyinginyi Health and the Australian Indigenous Leadership Centre to deliver its 15th Aboriginal Leadership Workshop in Tennant Creek.

The Digital Health Team supported members and provided advocacy and expert advice. The team worked in implementing upgrades such as ‘offline’ software for synching with My Health Record and an improved medications



**Images:** (Left) Participants in AMSANT’s 15th Aboriginal Leadership Workshop in Tennant Creek. (Right) The Purple House Panuku team was awarded the 2020 Chief Administrator’s Medal in Primary Health Care.



**Image:** Wurli Wurlinjang's COVID Project Officer, Antony King, coordinates Wurli's vaccination drive in Katherine.

module, with NACCHO and AHCWA as valuable collaborators. Members were also supported to access other online platforms. AMSANT collaborated with NT Health and the NT Primary Health Network to develop the *Northern Territory Digital Health – Strengthening Our Health System Strategy 2020–2025*. This aims to strengthen and integrate the NT health system to support the better health outcomes enabled by digital health and innovative approaches. The East Arnhem Communities of Excellence is an early project under this strategy.

AMSANT has continued to build its Social and Emotional Wellbeing (SEWB) team. Growing investment in SEWB services and activities reflects a wider recognition of post-colonial trauma for Aboriginal people, from one generation to the next. AMSANT's Dumulgurra project responds to the inter-generational trauma experienced by health workers and patients at member services. The Dumulgurra support team provides Culturally Responsive Trauma Informed Care (CRITIC) training for health-centre staff, developed with community consultation and focusing on Aboriginal knowledge of trauma and healing. This year *Suicide Story*—a program developed in 2007 to respond to the deepening suicide crisis in remote communities—was transitioned to Aboriginal community control at AMSANT.

Public health and clinical support have continued to expand. AMSANT began delivering a program to address high rates of foot problems/amputations experienced by Aboriginal people with diabetes; partners include members Danila Dilba and Katherine West; NT Health; and a South Australian Indigenous Health Unit. AMSANT held members' workshop on primary health care (PHC) perspectives and prevention for trachoma, emphasising that trachoma be incorporated into an over-arching PHC model that addresses all common infectious diseases. The syphilis outbreak continues across northern Australia, prompting a workshop to push for an overarching 'NT syphilis plan', endorsed by stakeholders. AMSANT leads a major project developing non-clinical indicators across the four domains of Aboriginal PHC—health promotion; corporate services (including workforce); knowledge research and planning; and community engagement, control and cultural safety. The project is currently selecting a group of indicators to pilot in health services.

AMSANT's two Ear Health Coordinators brought key providers for ear and hearing health services together with PHC for a two-day workshop in Darwin with more than 40 ear-health-sector workers discussing key challenges, solutions and pathways for collaboration.

In Central Australia, AMSANT hosted its second Food Summit in late June 2021 in Alice Springs to address the food security and supply issues that disproportionately impact Aboriginal people in the Territory, especially in regional and remote areas.

In March 2021, the Manayingkarirra Primary Health Centre in Maningrida was transitioned to community control under Mala'la Health Service, ending a long transition process. Celebrations were echoed by neighbouring Red Lily Health Board with the successful transfer of Minjilang Health Centre on 1 July 2021.

## COVID-19

On COVID-19, AMSANT kept its senior clinicians informed about 'hotspots' and the vaccination rollout, as well as getting feedback from member services to guide advocacy to the Australian and NT Governments. From February 2021 vaccinations became available; however, the roll out was hampered by limited access to vaccines, changes to AstraZeneca eligibility and Pfizer shortages, particularly felt in remote communities. AMSANT assisted services to access vaccines via alternative pathways, such as through the Royal Flying Doctor Service and dose-sharing from NT Health stocks.

AMSANT employed a social media and communications specialist to launch the Vaccination Information Project developed in 14 Aboriginal languages to promote the necessity of vaccinations. The headline messaging is: **Vaccinate! ... To protect our Elders! To protect our Kids! To protect our Communities!**

The NT has so far been lucky in avoiding community transmission, with systems put to the test in June 2021 when the Tanami Mine outbreak saw lockdowns imposed across the Greater Darwin and Alice Springs regions. AMSANT remains vigilant and focused on the priority of overcoming vaccine hesitancy and misinformation to ensure the whole community is vaccinated.

# QAIHC

Queensland Aboriginal and Islander Health Council



**Despite COVID-19 rewriting everyday normality, Queensland's community-controlled health sector has faced its challenges head on. In an awe-inspiring show of resilience and dedication, member services and their communities heeded the public-health advice and moved swiftly to protect the state's Aboriginal and Torres Strait Islander people.**

QAIHC experienced a transformative and history-making 2020–21, welcoming a new Board and CEO. The new Board comprises highly accomplished leaders who welcome the challenge of achieving health equity and are providing unwavering direction for QAIHC and its members. With revitalised leadership, the organisation worked tirelessly to implement changes to its overall strategy, as well as address the challenges of a global pandemic. QAIHC is now in a strong position to drive major health reforms and to continue delivering tangible outcomes for Aboriginal and Torres Strait Islander Queenslanders into the foreseeable future. This progress has been underpinned by members' expertise,

collaboration, and participation. Each member has played an enormous role in both responding to COVID-19 and protecting communities across urban, rural, regional, and remote communities throughout Queensland.

## Key outcomes 2020–21

### Members Conference and strategic plan

In the first face-to-face event for members since the beginning of the global pandemic, QAIHC used its Members Conference to collaborate and discuss topics such as national agreements, state-wide performance and the COVID-19 response. Members were invited to contribute their voices, outlining key issues and key strengths which have informed the Board's work on a new strategic plan.

### COVID-19 response

QAIHC continued its work representing the Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO) sector on local, state-wide and national advisory committees to advocate for and disseminate comprehensible and detailed COVID-19 information and resources to all members and stakeholders. QAIHC assisted Aboriginal and Torres Strait Islander communities in bridging gaps in their COVID-19 responses, supporting 26 locally developed solutions while prioritising each community's social and emotional wellbeing. This agile response allowed ATSICCHOs to use their knowledge of 'on the ground' impacts to design practical local solutions.

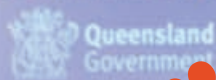


**Images:** (Left) Jalias Campbell getting his first COVID-19 vaccination at ATSICHS Mackay from Registered Nurse, Tekee Malcolm. (Right) QAIHC COVID-19 social media campaign.



# Aboriginal and Torres Strait Islander community-controlled health sector experience

Sheryl Lawnton, CEO, Charleville and Western Aboriginal and Torres Strait Islander Community Health Ltd



Hilton  
BRISBANE



**Image:** QAIHC CEO Cleveland Fagan introducing CEO of Charleville and Western Aboriginal and Torres Strait Islander Community Health, Sheryl Lawnton at the Health Equity launch in March 2021 in Brisbane. **Inset:** Health Equity Roundtable in March 2021 in Brisbane.

## Health equity

In its fight against institutionalised racism, QAIHC continued its promotion of cultural safety audits of health services. This was achieved through the development of 'the Matrix', a tool to tackle barriers in the delivery of holistic health care to Aboriginal and Torres Strait Islander people. The Matrix has highlighted the health inequity suffered by Aboriginal and Torres Strait Islander Queenslanders and been an impetus to historic reform across the state.

With Queensland Health, QAIHC co-organised a joint ministerial roundtable and co-launched the Discussion Paper, *Making Tracks towards health equity with Aboriginal and Torres Strait Islander peoples—working together to achieve life expectancy parity by 2031*. In a state-first, QAIHC led reform discussions and hosted state-wide consultation sessions between March and June 2021. The sessions provided a forum for members services and the community to have their say on health reform across the state. Representatives from the Queensland Department of Health; the Human Rights Commission; Queensland peak bodies; First Nations health leaders, including CEOs and key personnel from member services, Hospital and Health Services and Primary Health Networks, universities, academics, and professional associations also had input to these discussions.

These discussions are aimed at developing the Health Equity Strategy Framework and Toolkits, designed to enable culturally responsive, adaptive, equitable and appropriate care, regardless of where Aboriginal and Torres Strait Islander

Queenslanders seek health care. QAIHC's work on health equity is reinforcing and improving the relationship between government and Aboriginal and Torres Strait Islander people, providing opportunities to achieve real change.

## Reinforcing workforce

QAIHC contributed to and evaluated outcomes from the National Aboriginal and Torres Strait Islander Health Workforce Plan. This involved consulting with members, and advocacy and lobbying the Queensland Government to set Aboriginal and Torres Strait Islander health workforce targets. QAIHC continues to involve itself heavily in this space to support meeting the current, emerging and future medical workforce needs of ATSICCHOs across Queensland.

## Supporting business quality

Through the QAIHC Business Quality Centre (BQC), QAIHC has been able to deliver diverse service offerings to members. These services have included establishment of the Palm Island Community Company (PICC) transition working group, which provided a full audit and readiness assessment to support PICC's transition to community control. In another first, QAIHC's Information Technology Team developed, implemented and operationalised a fully cloud based AMS system.

QAIHC's service-delivery capacity continues to evolve to meet the current and ongoing needs of members and their communities.

## TAC

Tasmanian Aboriginal Centre



**The Tasmanian Aboriginal Centre (TAC) continues to embody the core value of Aboriginal community control as Tasmania's peak body for Aboriginal health. The affiliate has remained an active member of the NACCHO network during the pandemic, though the state has not suffered the lockdowns endured by other jurisdictions.**

The TAC has begun work to embed place-based principles across the state through the procurement of collective-impact support as part of the broader *kutalyna* Collective initiative in Jordan River (see below). This work will augment the ACCHO journey in delivering comprehensive primary health care across Lutruwita/Tasmania.

### Key outcomes 2020–21

#### Closing the Gap roundtable and community meetings

2021 began with a meeting of Aboriginal community members, organisations, leaders and policy and decision makers to get a first insight into the state government's views and data for Closing the Gap (CtG). The community had not had time to develop its own CtG vision, so the meeting provided a valuable insight into how those in the room perceived the task. It was concluded a much clearer vision was needed to achieve the CtG goals and in particular to get Aboriginal community control in place. Further meetings were held in each region leading up to a draft state Implementation Plan; however, much work remains in translating the plan into actions that the community believes can result in real improvements.

#### COVID-19 vaccination and adaptation

Vaccinations commenced at clinics around the state from the end of March 2021, following the Australian Government's designating Aboriginal people as a priority group. Online training and triage were an essential element in the rollout. TAC social media actively encouraged the community to get vaccinated and provided links to other vaccination clinics and state government resources. Social media was also used to ensure organisations and community members were

aware of developments to ensure maximum vaccination uptake, including extended opening hours and face-to-face appointments for those worried about the vaccine's effects.

The affiliate has continued to liaise with the Tasmanian Government public health and emergency coordination centre and staff about outbreak planning and response and vaccination rollout, and continued to share resources with, and respond to queries from, other Aboriginal organisations.

The TAC was represented on the National Aboriginal and Torres Strait COVID-19 Advisory Group through its Public Health Medical Officer (PHMO). This involved weekly meetings and input into the Aboriginal and Torres Strait Islander COVID-19-management plan, vaccination implementation and communications materials.



#### Digital health

The TAC was an active member of the national digital health network and provided on-the-ground support with matters such as My Health Record and Provider Digital Access (PRODA). Data analysis undertaken was instrumental in encouraging healthy competition among clinics in reaching vaccination and key performance indicator targets.

#### Connected Beginnings

The TAC has continued to support the valuable, community-led Connected Beginnings Program work in *kutalyna* (Jordan River). This program supports the Australian Government's commitment to breaking down silos and achieving meaningful social change through unified service delivery, aligned with community need. The aim is to facilitate young Aboriginal children's transition to school.

This year the project was taken to a new level. Through the provision of policy advice, networking opportunities and data synthesis, a successful application was made to the Department of Education, Skills and Employment for funds to deliver backbone functions as the education lead in the Collective. The Connected Beginnings project in *kutalayna* is now wholly community controlled, with both education and health leads aligned and collaborative. There is an appetite for and commitment to replicate this model across Tasmania.

### Cultural safety

Ensuring mainstream health providers have the principles of equality and integrity embedded in their practice is fundamental to the TAC's ethos. The affiliate is currently piloting ways to digitise cultural safety and awareness training, given the need for distancing measures to suppress COVID-19. The TAC continues to work on cultural training of registrars, medical and administration staff within General Practice Training Tasmania, Health Tasmania, not-for-profits and private general practices, to promote a culturally-safe environment for delivery of all the state's health services.

Cultural awareness training was organised for members of the Leadership Table of the Connected Beginnings Program, advisory groups and other stakeholders. To build the momentum of truth-telling and to ensure tangible actions are identified, members of the Collective will undertake cultural safety training in 2022.

The TAC hosted a gathering of the Tasmanian Suicide Prevention Network, exposing a range of service providers and professionals to cultural training. The network was encouraged to use a cultural lens when addressing mental health in the Aboriginal community. This culturally-sensitive model of practice was reflected in the TAC's contribution to the Mental Health Action Team that reported to the *kutalayna* Collective in the Connected Beginnings Program.

Cultural safety for LGBTQ+ Aboriginal people was also addressed. An on-country experience was provided at the TasPride Festival, allowing a mutually reinforcing learning and agency-strengthening environment for the Aboriginal and LGBTQ+ communities.

### Aged care and disability

The TAC continued to guide the navigation of the new systems for funding of aged care and disability. The switch from budget-based funding in child care and aged care has imposed additional burdens on community providers, with the increased complexity of an industrial relations system that does not support casualisation of the workforce.

### Children and families

The TAC continues to advocate for adoption of the Aboriginal Child Placement Principles in Tasmanian legislation, for the compulsory use of cultural plans for Aboriginal children in care, for the funding of local solutions to the over-representation of Aboriginal children in out-of-home care and for earlier preventive and diversion programs to replace the detention of Aboriginal young people in state facilities. The TAC is looking for ways to reduce the administrative burdens that have accompanied increased funding in the state's Intensive Family Engagement Service.

### Social and cultural determinants of Aboriginal and Torres Strait Islander health

The TAC prides itself on being a leader in ensuring the Aboriginal community can tackle the social and cultural determinants of health, as well as its physical and psychological aspects. The affiliate continues to advocate for the return of land, the ownership and protection of Aboriginal language and heritage, the negotiation of political representation and Treaty, elements that are as critical to the community's wellbeing as improvements in housing, education and employment. The TAC continues to advocate on these issues as part of the Coalition of Peaks.



**Images:** (Left) Minister for Aboriginal Affairs, Roger Jaensch, with TAC Aged Care Coordinator, Trudy Maluga, at the Closing the Gap Forum Tasmania. (Right) 12-year-old Amaya Maynard wanted to have her vaccine to keep everyone safe at the TAC Aboriginal Health Service.



# VACCHO

Victorian Aboriginal Community Controlled Health Organisation



**This has been a milestone year for the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) as it celebrates 25 years as a leading Aboriginal community-controlled organisation. Throughout the COVID-19 pandemic, VACCHO has grown, adapted, and innovated according to the evolving needs of its members, stakeholders and the community to provide culturally safe services. It has had to be flexible, while continuing to support the health and wellbeing of the Aboriginal and Torres Strait Islander community in Victoria.**

The success of Aboriginal-led strategies during the COVID-19 pandemic should provide a powerful incentive for all levels of government to improve their commitment to self-determination in Aboriginal health.

## Key outcomes 2020–21

### Decriminalising public drunkenness in Victoria

VACCHO welcomed the Victorian Parliament's passing of legislation to decriminalise public drunkenness on 19 February 2021. The Aboriginal and Torres Strait Islander community in Victoria had been calling for this important reform for decades, with VACCHO advocating that public drunkenness be viewed legally as a health issue not a criminal issue. VACCHO commends the Victorian Government for bringing the state in line with Western Australia, South Australia, Tasmania and the Northern Territory in repealing these harmful laws.

### Towards establishment of a Social and Emotional Wellbeing Centre of Excellence

The release of VACCHO's historic Balit Durn Durn report to the Royal Commission into Victoria's Mental Health System marks the first time Aboriginal and Torres Strait Islander voices have been heard in Victoria's mental health system. This is a long overdue piece of work to support healing in our communities. The report is based on traditional learnings and explores the power of Aboriginal culture to provide five solutions that will transform Victoria's mental health system.

### On Solid Ground

VACCHO have been working towards the development of a five-year strategic plan *On Solid Ground*. The 2021–26 plan will outline a strategic journey towards an outcomes-based approach, focusing on the foundations of a self-determining future.



**Image:** (Left) Social and Emotional Wellbeing Member Forum. (Right) Community – Unity – Immunity (L–R): Vanessa Morris (VACCHO), Lionel Austin (VAHS), Tony Armstrong, Jill Gallagher (VACCHO), Matthew Lloyd (Department of Health).



**Image:** Smoking ceremony, VACCHO's 25th anniversary celebrations May 2021.

### **Aboriginal and Torres Strait Islander Health and Wellbeing Partnership Forum**

VACCHO's 32 member organisations have called for meaningful, formalised partnerships with government, a clearly defined role in legislation and a long-term investment strategy to transform Aboriginal health outcomes. In April 2021, the Minister for Health, the Hon. Martin Foley, met with more than 50 Aboriginal health delegates and mainstream health organisations across Victoria as part of the inaugural Aboriginal Health and Wellbeing Partnership Forum held at the Melbourne Cricket Ground. Co-chaired by VACCHO and the Minister for Health, the forum was the first meeting in the state to see Aboriginal Community-Controlled Organisations (ACCOs), mainstream health services and government under the same roof.

### **National Agreement on Closing the Gap**

VACCHO is member of the Coalition of Peaks and strong supporter of the National Agreement on Closing the Gap signed this year. The National Agreement commits all Australian governments to change the way they work with Aboriginal and Torres Strait Islander people through four priority reforms that will reduce structural racism and give our people more control over the way services are delivered. VACCHO is pleased the agreement includes a commitment to support the community-controlled health sector and promotes shared decision-making in the priority policy areas of social and emotional wellbeing, and early childhood care and development.

### **Registered Training Organisation restructure**

The VACCHO RTO has undertaken a restructure to facilitate more effective access and engagement.

Learning programs are being gradually re-designed to suit the needs of Aboriginal and Torres Strait Islander people who are employed or are seeking employment with partner ACCHSs in regional Victoria. Workforce education is a critical role of the VACCHO RTO.

### **In conclusion**

VACCHO would like to take this opportunity to sincerely thank its members who have been a trailblazing force in the community controlled health sector, and who give their heart and soul for community each and every day.

VACCHO's strategic priorities will continue, in collaboration with members. VACCHO will go on providing leadership in enhancing the health and wellbeing of Victoria's Aboriginal and Torres Strait Islander community.



# Winnunga AHCS

Winnunga Nimmityjah Aboriginal Health and Community Services



**Winnunga Nimmityjah Aboriginal Health and Community Services has continued to share with and learn from other services and affiliates through the Public Health Medical Officer (PHMO) Network, Policy Group, CQI Group and one-to-one interactions on specific issues.**

The service is represented on the National Aboriginal and Torres Strait Islander Advisory Group on COVID-19, the ACT Primary Care Emergency Planning Working Group and the ACT COVID-19 Planning for Custodial Settings Working Group. National responses and local innovations are developed and shared in these groups.

Winnunga AHCS has maintained clinical and organisational accreditation against both AGPAL and QIC standards. The Winnunga PHMO is providing support to prepare for Winnunga's upcoming re-accreditation in 2022, as well as working closely with clinical staff and managers to support and improve clinical governance.

## Key outcomes 2020–21

The service worked with the Capital Health Network on mental health services and data collection and participated in the ACT Audit Office's investigation into detainee mental-health services. Winnunga AHCS continued to use service- and jurisdictional-level data, research, evaluations and community feedback to assess unmet demand and to develop strategies to address these. Examples include the Winnunga AHCS prison health and wellbeing service and advocacy for an Aboriginal-specific residential drug and alcohol rehabilitation service for young people in the ACT. The service advocated strongly with a range of agencies and individuals in relation to the treatment of Aboriginal and Torres Strait Islander people in the ACT's prison, the Alexander Maconochie Centre, and the wider ACT justice system.

Winnunga AHCS provided policy advice on: the ACT Health Digital Health Record, the Indigenous Australians' Health Program evaluation, the KPMG Data Quality Assessment and Support Project, and the ABS Aboriginal and Torres Strait Islander health survey. The Winnunga AHCS PHMO is an affiliate member of the Health Services Data Advisory Group (HSDAG) and on the HSDAG Working Group, reviewing and updating the National Key Performance Indicators.

The service continued to provide training placements for Australian National University medical students, psychiatry registrars and public health medicine registrars.

**Image:** (L–R) Professor Tom Calma; Winnunga CEO, Julie Tongs OAM; Minister for Indigenous Australians, the Hon Ken Wyatt AM, MP; Shadow Minister for Indigenous Australians, the Hon Linda Burney MP, and two Ngunnawal Elders. The Minister, Shadow Minister and Professor Calma visited Winnunga to receive their first dose of a COVID-19 vaccine.







**Images:** New Winnunga AHCS building premises.

This experience in a culturally safe, community-controlled setting gives students understanding and skills that can translate to mainstream health-service settings.

### Response to the COVID-19 pandemic

Winnunga AHCS maintained active COVID-19 prevention and response actions for the full year, including:

- external temperature checking, symptom and risk screening of clients and visitors
- a separate Respiratory Assessment Clinic and COVID-19 testing
- client communications via signage, social media, the Winnunga Newsletter, website and face-to-face interactions, including groups
- social distancing, hand hygiene and use of PPE within the service
- use of telemedicine where appropriate.

Over 2020–21 the Winnunga Respiratory Assessment Clinic conducted 1968 assessments and 1331 COVID-19 tests for our clients. Winnunga commenced vaccinating against COVID-19 with the AstraZeneca vaccine on 22 March 2021 and was subsequently one of the first non-government health services to administer Pfizer Comirnaty vaccines, from 24 May 2021. From 22 March to 30 June 2021, Winnunga had administered 1220 vaccine doses, of which 647

(53 per cent) were given to Aboriginal and/or Torres Strait Islander clients. This included 681 doses of AstraZeneca and 539 doses of Pfizer Comirnaty. By the end of June, 298 clients had been fully vaccinated with two doses, including 183 (61 per cent) Aboriginal and/or Torres Strait Islander clients.

### New building

A new purpose-built health and community facility was completed during the year, currently home to Winnunga's dental services. The new building is significant for the service and the local Aboriginal community. It will expand Winnunga's capacity to meet the needs of its clients and the range of services it can offer.

The building itself is outstanding, and a tribute to the BUILT Team and all the sub-contractors who worked on it. Despite restrictions around COVID-19, it was finished on time and on budget. Unfailing respect was shown in the design and construction of a building to the highest standard that so effectively reflects Indigenous culture and community. Funding for this project was supported by all three parties in the ACT Legislative Assembly. A significant contribution came from the Australian Government, in addition to Winnunga's own direct contribution.

Winnunga looks forward to welcoming, in the near future, all members of the Aboriginal community of Canberra to the official opening of the new building.

# Network Funding Agreement

In June 2017, the Australian Government and NACCHO entered into a contract, the Network Funding Agreement (NFA). This agreement is the Department of Health's financial commitment to the Aboriginal Community Controlled Health sector and enables NACCHO to effectively support ACCHOs to deliver primary health care services to Australia's Aboriginal and Torres Strait Islander people. In June 2019 a two-year extension of this contract was signed.

The agreement outlines the relationship between NACCHO and its affiliates in each state and territory, who are collectively known as the Sector Support Network (SSN). The agreement provides a framework within which the SSN and the Commonwealth work together to achieve a shared

vision of optimised health outcomes for Aboriginal and Torres Strait Islander people. The agreement identifies three outcomes:

- **Outcome 1:** A strengthened Aboriginal Community Controlled Health sector to maintain and further develop a strong infrastructure of ACCHOs
- **Outcome 2:** A strengthened broader health system to provide accessible, responsive and culturally safe care to Aboriginal and Torres Strait Islander people
- **Outcome 3:** National positions from the ACCHO sector that deliver high quality expertise and advice to government.

## Outcome 1

**A strengthened Aboriginal Community Controlled Health sector to maintain and further develop a strong infrastructure of ACCHOs**

Affiliate	Strategies/ Activities
<b>AH&amp;MRC</b>	<ul style="list-style-type: none"> <li>● Delivered the GP Advisory Group to share experience/challenges in the NSW sector</li> <li>● Convened symposiums, forums, conferences on Indigenous health issues</li> <li>● Delivered a state-wide Continuous Quality Improvement (CQI) forum; established state CQI Collaborative to embed CQI</li> <li>● Delivered clinical and Medicare training to 16 services; assisted services with IT, data management, compliance with standards/accreditation</li> <li>● Convened three NSW sector COVID-19 virtual meetings and provided associated education/support</li> <li>● Provided significant assistance to one service when an administrator was appointed</li> </ul>
<b>AHCSA</b>	<ul style="list-style-type: none"> <li>● Facilitates forums including the ACHSA Public Health Network to identify best practice and share learnings</li> <li>● Supported member services with Communicare needs</li> <li>● Participated weekly in COVID-19 forums, both national and state, and provided feedback to services</li> <li>● Supported development of a Scope of Practice and Clinical Governance Framework for Aboriginal Health Practitioners</li> <li>● Supported members across a range of CQI processes</li> <li>● Co-hosted the 2021 National Aboriginal and Torres Strait Islander Eye Health Conference</li> </ul>
<b>AHCWA</b>	<ul style="list-style-type: none"> <li>● Supported remote members to scope the upgrades/equipment required to access the telecommunications network; promoted the benefits of digital health (with the Australian Digital Health Agency – ADHA)</li> <li>● Assisted members with MBS billing, patient/CIS updates, workforce capacity, grant-application writing and administration; supported services on accreditation, governance and professional training</li> <li>● Assisted the COVID-19 response (training, point-of-care testing, reducing vaccine hesitancy)</li> <li>● Hosted Clinical Leadership Group monthly meetings addressing CQI</li> <li>● Hosted 2021 members conference 'Healthy Country Healthy Communities'</li> </ul>

Affiliate	Strategies/ Activities
<b>AMSANT</b>	<ul style="list-style-type: none"> <li>● Pooled NT Aboriginal Health Forum (NTAHF) data providing benchmarks for ACCHOs; undertook major data improvement processes including in relation to the NT Aboriginal Health KPIs</li> <li>● Facilitated multi-stakeholder engagement meetings to provide services with advice on all aspects of data collection and digital health</li> <li>● Developed the NT ACCHO Clinical Workforce Issues Brief to inform advocacy; launched the Career Pathways Project funded by the Lowitja Institute; generally advocated on workforce issues</li> <li>● Supported services on COVID-19 including workforce matters and participated in regular meetings with services and other stakeholders</li> <li>● Supported members on accreditation including two new services; supported one service entering administration, and another as it exited administration</li> <li>● Held two workshops (on sexual health and trachoma) and seven educational teleconferences</li> <li>● Continued training in CQI tools and processes, establishing three regional CQI collaboratives (Katherine, Tennant Creek and Alice Springs)</li> <li>● Supported members in relation to the NDIS</li> </ul>
<b>QAIHC</b>	<ul style="list-style-type: none"> <li>● Assisted services in relation to data systems and reporting; delivered information and skills-development sessions for services on MBS, PBS, business admin, etc.; supported services to participate in NDIS Ready</li> <li>● Actively communicated on COVID-19; accessed flexible funding for 26 services to develop local COVID-19 solutions</li> <li>● Completed the North Queensland Sexual Health Evaluation Report</li> <li>● Assisted services with CQI, accreditation, governance, finance, HR and professional development matters; co-designed nKPI manuals with members</li> <li>● Consults with members through various forums: CEO, Policy Network, Clinical Leaders, Youth Network</li> <li>● Co-developed Queensland Aboriginal and Torres Strait Islander Youth Health Strategy 2020–23</li> <li>● Hosted the QAIHC members conference, November 2020</li> </ul>
<b>TAC</b>	<ul style="list-style-type: none"> <li>● Supported services in relation to MBS, COVID-19, medication reform, aged-care accreditation, etc.</li> <li>● Overhauled IT systems to modernise communications, information management, data policy and logistical and technical support; supported services to upgrade hardware/software for digital health</li> <li>● Participated in NDIS Ready</li> <li>● Implemented an Indigenous Health Workforce Traineeship program</li> <li>● Audited its Communicare system to implement a CQI approach</li> <li>● Held CtG workshops with community and government to inform the jurisdictional Implementation Plan</li> </ul>
<b>VACCHO</b>	<ul style="list-style-type: none"> <li>● Established a Practice Managers Network</li> <li>● Provided the Aboriginal Health Sector Forum on COVID-19 and supported members in relation to COVID-19 (safety, planning, vaccination)</li> <li>● Convened a GP Workforce Working Group with community, government, academic and NGO members</li> <li>● Assisted services to navigate MBS matters, including new COVID-19 items</li> <li>● Undertook development of a whole-of-workforce strategy for the Aboriginal health and wellbeing sector, due to be completed late 2021</li> <li>● Supported a sector review to identify gaps in CQI, governance and business systems</li> </ul>
<b>WNAHCS</b>	<ul style="list-style-type: none"> <li>● Held discussions with ACT Health's Aboriginal Health Partnerships Team on workforce matters, increased demand for services arising from COVID-19, and staffing needs for a proposed residential alcohol and other drugs (AOD) service</li> <li>● Is represented on numerous COVID-19 groups, and was among the first NGOs to provide Pfizer vaccines</li> <li>● Has maintained accreditation and preparing for re-accreditation in 2022</li> </ul>



## Outcome 2

A strengthened broader health system to provide accessible, responsive and culturally safe care to Aboriginal and Torres Strait Islander people

Affiliate	Strategies/ Activities
<b>AH&amp;MRC</b>	<ul style="list-style-type: none"><li>Facilitated ACCHO–Primary Health Network (PHN) partnership; met regularly with the NSW Ministry of Health; participated in the NSW Rural Doctors Network</li><li>Provided a NSW sector response to numerous parliamentary inquiries; made submissions; provided input to NACCHO</li><li>Provided grant-application support to services</li><li>Member of NSW Closing the Gap (CtG) grouping, the Coalition of Peak Organisations (CAPO); contributed to the jurisdictional Implementation Plan</li><li>Contributed to development of the NSW Cancer Strategy</li><li>Provided advice to mainstream institutions on addressing access barriers and cultural safety</li></ul>
<b>AHCSA</b>	<ul style="list-style-type: none"><li>Continued/established linkages with key mainstream organisations including SA Health, Adelaide and country PHNs, SA Network of Drug and Alcohol Services, Office of the Chief Psychiatrist, SA Health and Medical Research Institute</li><li>Commenced mapping of ACCHO funding/service gaps and identification of possible funding sources</li><li>Contributed to NACCHO submissions on health-related issues</li><li>Is represented on numerous advisory committees relating to the social determinants of health</li><li>Actively participates in the SA Aboriginal Community Controlled Organisations Network</li><li>Provides frequent advice on cultural safety in mainstream health contexts; has worked to ensure cultural safety in the state's pandemic response</li></ul>
<b>AHCWA</b>	<ul style="list-style-type: none"><li>Engages with mainstream institutions, notably in this period in relation to cancer, diabetes and eye health</li><li>Engaged with WA Primary Health Alliance on a new partnership agreement; provided feedback on the alliance's data portal</li><li>Worked with Royal Perth Hospital to establish a telehealth 'pre-anaesthetic' service and a smoother patient journey through outpatient clinics</li><li>Provided formal feedback to Health WA on the outcomes of the first five years of the WA Aboriginal Health and Wellbeing Framework 2015–30</li><li>Engaged with the WA disability-services sector in an advisory capacity</li><li>Made a number of submissions to inquiries</li><li>Participated in the WA Aboriginal Health Partnerships Forum, encompassing state and federal governments</li><li>Actively engaged in CtG work, advancing priorities, including development of a new WA peak body with a social services focus; secured a Priority Reform 4 data site for the Kimberley focusing on mental health and suicide</li><li>Worked with Mental Health Commission on Aboriginal Suicide Prevention Action Plans</li><li>Advised on cultural safety including in relation to genomics, cancer, palliative care and COVID-19</li><li>Developed a Social and Emotional Wellbeing (SEWB) Service Model via consultation with ACCHOs</li></ul>
<b>AMSANT</b>	<ul style="list-style-type: none"><li>Collaborated with NT Health and PHN to deliver 'Strengthening Our Health System Strategy', offering a partnership approach to digital health</li><li>Worked with ADHA (digital health pilot in East Arnhem, analysis of Remote Area Aboriginal Health Service prescribing)</li><li>Continued representation on NT PHN Rural Workforce Agency Committees and related committees; has a number of formal workforce partnerships</li><li>Supports services to apply for PHN funding; advocates for members to be preferred providers with the PHN and other funders</li><li>Participates in a forum overseeing reforms arising from the Royal Commission into Juvenile Justice and Child Protection</li></ul>

Affiliate	Strategies/ Activities
<b>AMSANT</b> (cont.)	<ul style="list-style-type: none"> <li>● Auspices the Aboriginal Peak Organisations NT (APO NT) and provided numerous submissions throughout the year; with APO NT, contributed to the NT CtG Implementation Plan</li> <li>● Held a food-security workshop in Alice Springs and led APO NT's response to the House of Representatives inquiry into food pricing and security in remote Indigenous communities</li> <li>● Worked with NT GP Education and others on issues of cultural safety; commenced development of an ACCHO Cultural Safety Framework</li> <li>● Partnered in the Hospital–PHC working group of the Top End Health Service; actively participated in NT Government-led committees on chronic disease, rheumatic heart disease and diabetes</li> </ul>
<b>QAIHC</b>	<ul style="list-style-type: none"> <li>● Jointly with Queensland Health, facilitated 17 state-wide Health Equity consultation sessions (part of a government reform agenda) with members, the community and wider stakeholders; is working to incorporate the state's Health Equity Strategy Framework into approaches to improve coordination and care pathways</li> <li>● Participates in the Better Health North Queensland collaborative and the Cairns-based 'Stronger Mob Living Longer' forum</li> <li>● Engaged with state-wide Hospital and Health Services (HHSs) to promote cultural safety and maternal-services integration; has established numerous collaborations with mainstream health institutions and universities</li> <li>● Has partnership agreements with all PHNs; led expansion of the Queensland Aboriginal and Torres Strait Islander Health Partnership</li> <li>● Responded/submitted to numerous health and related inquiries</li> <li>● Worked with Queensland Health to ensure its Health Equity reform aligns with and embeds CtG priorities and targets and cultural safety principles</li> <li>● Delivers training and consistently advocates on cultural safety</li> </ul>
<b>TAC</b>	<ul style="list-style-type: none"> <li>● Worked with Health Tasmania to ensure Aboriginal needs are prioritised including in relation to COVID-19 and tobacco control</li> <li>● Assisted GP Training Tasmania with training placements in ACCHOs for GP registrars</li> <li>● Partners with or advises multiple researchers and health-related projects</li> <li>● Advised DoH on pharmacy/medicines review and reform</li> <li>● Engaged in CtG consultations and contributed to the jurisdictional Implementation Plan</li> <li>● Actively participated with Health Tasmania to progress the Cultural Respect Implementation Plan</li> </ul>
<b>VACCHO</b>	<ul style="list-style-type: none"> <li>● Engaged ACCHOs on project opportunities supporting equity and access for the workforce and community</li> <li>● Collaborated on a range of issues: disability, STIs, ear health, mental health, sexual health, maternal health; participated in the EC Partnership (eliminating hepatitis)</li> <li>● Inputted to national and state health plans; engaged in CtG work, especially in relation to Priority Reforms 1 and 2</li> <li>● Is NACCHO's delegate at the National Aged Care Alliance</li> <li>● Investigated and advocated the need for additional sobering-up sites in Victoria</li> <li>● Delivered sessions on cultural safety to 40 mainstream organisations; worked with the Victorian Minister for Health on development of a Cultural Safety Accreditation and Certification Tick</li> </ul>
<b>WNAHCS</b>	<ul style="list-style-type: none"> <li>● Provided mental health services and undertook data collection with the Capital Health Network</li> <li>● Improved its access to ACT Government Services meetings; has good access to the Canberra Health Network</li> <li>● Continued to assess unmet need and develop strategies to address service gaps</li> <li>● Advocated consistently with a range of agencies and individuals about the treatment of Aboriginal people in the ACT justice system</li> <li>● Provided training placements for ANU medical students, GP registrars and other health professionals</li> </ul>

### Outcome 3

National positions from the ACCHO sector that deliver high quality expertise and advice to government

Affiliate	Strategies/ Activities
<b>AH&amp;MRC</b>	<ul style="list-style-type: none"><li>● Coordinated Policy Advisory Group with ACCHO CEO representatives; coordinated GP Advisory Group</li><li>● Represented at numerous forums, roundtables</li><li>● Active member of CAPO and associated CtG state-based working groups</li></ul>
<b>AHCSA</b>	<ul style="list-style-type: none"><li>● Kept abreast of policy changes, participated in policy working groups and made policy submissions</li><li>● Contributed to the jurisdictional CtG Implementation Plan</li><li>● Is represented on numerous forums and committees</li></ul>
<b>AHCWA</b>	<ul style="list-style-type: none"><li>● Contributed policy advice across a range of areas</li><li>● Provided detailed sector advice on the CtG jurisdictional Implementation Plan</li><li>● Engaged with the Coalition of Peaks (CoP) and several of its sub-committees</li><li>● Is a member of numerous forums and committees</li><li>● Continued engagement with WA Regional Health Planning Forums</li></ul>
<b>AMSANT</b>	<ul style="list-style-type: none"><li>● Provided or contributed input to numerous submissions</li><li>● Participates on regular CoP meetings and in Partnership Working Groups</li><li>● Is represented on numerous forums and committees</li></ul>
<b>QAIHC</b>	<ul style="list-style-type: none"><li>● Participates in the CtG Partnership Working Group</li><li>● Communicates actively on CtG through its various media outlets</li><li>● Is a member of multiple health-related working groups/forums, both national and state-based</li></ul>
<b>TAC</b>	<ul style="list-style-type: none"><li>● Represented NACCHO on two national health groupings (on health safety and quality and the Practice Incentives Program)</li><li>● Inputted to CoP work</li><li>● Is represented on numerous forums and committees</li></ul>
<b>VACCHO</b>	<ul style="list-style-type: none"><li>● Developed the Aboriginal Health and Wellbeing Partnership Forum, bringing together members, government, PHNs and mainstream health services; member of Aboriginal Health Sector Forum on COVID-19</li><li>● Is a member of multiple additional health and wellbeing forums</li><li>● Actively participated in CtG planning and implementation</li></ul>
<b>WNAHCS</b>	<ul style="list-style-type: none"><li>● Contributed policy advice on issues including AOD rehabilitation and COVID-19 planning</li><li>● Is represented on numerous forums and committees</li></ul>



Part 6

# Financial statements



## Directors' report

Your directors present their report on the company for the financial year ended 30 June 2021.

### Directors

The name of the directors in office at any time during or since the end of the financial year are:

- Donnella Mills (Chair)
- Chris Bin Kali (Deputy Chair from March 2021)
- Donna Ah Chee
- Suzanne Andrews (appointed December 2020)
- LaVerne Belleair
- Leeroy Bilney (resigned December 2020)
- Matthew Cooke (appointed December 2020)
- Gary Crombie (appointed December 2020, but did not take up the position)
- Wendy Edmondson (appointed December 2020)
- Kane Ellis (appointed October 2020)
- Raylene Foster
- Michael Graham
- Olga Havnen (resigned October 2020)
- Wilhelmine Lieberwirth (resigned December 2020)
- Phil Naden (resigned October 2020)
- Lesley Nelson (resigned December 2020)
- Vicki O'Donnell (appointed December 2020)
- Craig Ritchie (appointed February 2021)
- Polly Sumner-Dodd (appointed December 2020)
- Suzanne Squires
- Preston Thomas (appointed May 2021)
- Julie Tongs (resigned February 2021)
- Gail Wason (resigned December 2020)
- Gary White (resigned December 2020)

Directors have been in office since the start of the financial year to the date of this report, unless otherwise stated.

### Operating Results

The operating loss of the company for the 2020–21 financial year after providing for income tax amounts to (\$52,243), (2019–20 profit of \$398,033).

### Review of Operations

A review of the operations of the company during the financial year, and the results of those operations, found

that during the year, the company continued to engage in its principal activity, the results of which are disclosed in the attached financial statements.

### Significant Changes in State of Affairs

NACCHO continues to receive funding from the Commonwealth Government to undertake a number of specific programs to improve health outcomes for Aboriginal and Torres Strait Islander people. There have been no significant changes in NACCHO's state of affairs in the 2020–21 financial year.

### Principal Activity

The principal activity of the company during the financial year was to act as the national umbrella organisation representing Aboriginal Community Controlled Health Services relating to the self-determined holistic approach to Aboriginal Health and Wellbeing. This comprises the running of the National Secretariat and the provision of secretariat services to the National Executive Committee and the full membership. No significant change in the nature of these activities occurred during the year.

### Objectives

The establishment or conduct of all or any of the following objectives are within the context of the Aboriginal understanding of health within the Aboriginal community: to alleviate poverty within the Aboriginal community; the advancement of Aboriginal religion; to provide constructive educational programs for members of the Aboriginal community; and to deliver holistic and culturally appropriate health and related services to the Aboriginal community.

### Strategy for Achieving the Objectives

NACCHO provides leadership and direction in policy development and aims to shape the national reform of Aboriginal health. This is so that our people can access the highest quality; culturally safe community-controlled health care in a way that builds our responsibility for our own health.

NACCHO builds the capacity of Aboriginal Community Controlled Health Services and promotes and supports high performance and best practice models of culturally appropriate and comprehensive primary health care.

NACCHO develops more efficient and effective services for its members and promotes research that will build evidence-informed best practice in Aboriginal health policy and service delivery.

## Meetings of Directors

Directors	Directors' meetings	
	No. attended	No. eligible to attend
Donnella Mills (Chair)	7	7
Chris Bin Kali (Deputy Chair from March 2021)	7	7
Donna Ah Chee	6	7
Suzanne Andrews (appointed December 2020)	4	5
LaVerne Belleair	6	7
Leeroy Bilney (resigned December 2020)	0	2
Matthew Cooke (appointed December 2020)	4	5
Gary Crombie (appointed December 2020)	0	5
Wendy Edmondson (appointed December 2020)	4	5
Kane Ellis (appointed October 2020)	4	6
Raylene Foster	5	7
Michael Graham	6	7
Olga Havnen (resigned October 2020)	0	1
Wilhelmine Lieberwirth (resigned December 2020)	1	2
Phil Naden (resigned October 2020)	1	1
Lesley Nelson (resigned December 2020)	2	2
Vicki O'Donnell (appointed December 2020)	2	5
Craig Ritchie (appointed February 2021)	3	4
Polly Sumner-Dodd (appointed December (2020)	5	5
Suzanne Squires	3	7
Preston Thomas (appointed May 2021)	1	2
Julie Tongs (resigned February 2021)	3	3
Gail Wason (resigned December 2020)	1	2
Gary White (resigned December 2020)	1	2

## Contributions on Wind Up

If the company is wound up, NACCHO's Constitution states that each member is required to make a maximum contribution of \$10 towards meeting any outstanding obligations. As at 30 June 2021, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$10 per member.



## Auditor's Independence Declaration

The lead auditors' independence declaration for the year ended 30 June 2021 has been received.

**Signed in accordance with a resolution of the Board of Directors:**



---

**Donnella Mills**  
Director



---

**Chris Bin Kali**  
Director

---

13 September 2021

Date

---

10 / 09 / 2021

Date

# Statement of profit and loss and other comprehensive income

For the year ended 30 June 2021

	Note	2021 (\$)	2020 (\$)
<b>Revenue</b>			
Revenue from Ordinary Activities	3	<b>20,251,015</b>	14,583,902
<b>Expenses</b>			
Employee benefits expenses	4	<b>5,608,002</b>	4,840,275
Depreciation and amortisation expense	4	<b>479,615</b>	651,932
Grant payments	4	<b>11,076,957</b>	5,565,000
Other expenses	4	<b>3,138,684</b>	3,128,663
		<b>20,303,258</b>	14,185,870
<b>Profit/(Loss) from ordinary activities</b>		<b>(52,243)</b>	398,033
Other Comprehensive Income/(Loss) for the year, net of tax		-	-
<b>Total Comprehensive Income/(Loss) for the year attributable to the members of National Aboriginal Community Controlled Health Organisation</b>		<b>(52,243)</b>	398,033

The above statement should be read in conjunction with the accompanying notes.

# Statement of financial position

As at 30 June 2021

	Note	2021 (\$)	2020 (\$)
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	5	22,729,847	3,413,064
Investments	7	329,564	263,000
Receivables and Other Current Assets	8	11,321,050	1,335,385
<b>Total current assets</b>		<b>34,380,461</b>	5,011,449
<b>Non-current assets</b>			
Property, plant and equipment	9	1,706,700	2,033,513
<b>Total non-current assets</b>		<b>1,706,700</b>	2,033,513
<b>Total assets</b>		<b>36,087,161</b>	7,044,962
<b>Liabilities</b>			
<b>Current liabilities</b>			
Payables	10	3,281,104	273,666
Employee Provisions and other liabilities	11	445,510	530,738
Contractual Obligations – Affiliates, ACCHOs and Others	12	23,207,303	–
Contractual Obligations – Operations	12	5,583,495	2,261,803
Lease Liability	12	409,242	372,656
<b>Total current liabilities</b>		<b>32,926,654</b>	3,438,863
<b>Non-current liabilities</b>			
Employee Provisions and other liabilities	11	36,716	22,002
Non-Current Lease Liability	12	1,066,108	1,475,351
Provision for Make Good	12	203,305	202,124
<b>Total non-current liabilities</b>		<b>1,306,129</b>	1,699,477
<b>Total liabilities</b>		<b>34,232,783</b>	5,138,340
<b>Net assets</b>		<b>1,854,378</b>	1,906,621
<b>Equity</b>			
Retained profits		1,854,378	1,906,621
<b>Total equity</b>		<b>1,854,378</b>	1,906,621

The above statement should be read in conjunction with the accompanying notes.



## Statement of changes in equity

For the year ended 30 June 2021

	Retained surpluses (\$)	Total equity (\$)
<b>Balance at 1 July 2019</b>	1,508,588	1,508,588
Net profit/(loss) for the year	398,033	398,033
<b>Balance at 30 June 2020</b>	<b>1,906,621</b>	<b>1,906,621</b>
<b>Balance at 1 July 2020</b>	1,906,621	1,906,621
Net profit/(loss) for the year	(52,243)	(52,243)
<b>Balance at 30 June 2021</b>	<b>1,854,378</b>	<b>1,854,378</b>

The above statement should be read in conjunction with the accompanying notes.

# Cash flow statement

For the year ended 30 June 2021

	2021 (\$)	2020 (\$)
<b>Cash flows from operating activities</b>		
Receipts from customers	1,160,358	504,952
Operating grant receipts	18,005,522	8,971,507
Receipt of grant funds for disbursement	24,377,382	5,002,000
Payments to suppliers and employees	(12,604,016)	(8,630,826)
Payment of grant funds	(11,076,957)	(5,565,000)
Interest received	11,065	27,160
Donations	116,865	333,724
Interest paid on lease liability	(84,015)	(22,895)
<b>Net cash provided by operating activities</b>	<b>19,906,204</b>	<b>620,622</b>
<b>Cash flows from investing activities</b>		
Payments for property, plant and equipment	(151,100)	(50,883)
Proceeds from sale of property, plant and equipment	900	–
Investment in Term Deposits	(66,564)	–
<b>Net cash used in investing activities</b>	<b>(216,764)</b>	<b>(50,883)</b>
<b>Cash flows from financing activities</b>		
Repayment of Lease Liabilities	(372,657)	(417,270)
<b>Net cash used in financing activities</b>	<b>(372,657)</b>	<b>(417,270)</b>
Net increase/(decrease) in cash held	19,316,783	152,470
Cash at beginning of financial year	3,413,064	3,260,594
<b>Cash at end of financial year</b>	<b>22,729,847</b>	<b>3,413,064</b>

The above statement should be read in conjunction with the accompanying notes.

# Notes to the financial statements

For the year ended 30 June 2021

## Note 1

### Statement of significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

#### Basis of preparation

These general-purpose financial statements have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the Australian Charities and Not-for-Profits Commission Act, as appropriate for not-for-profit oriented entities.

#### Historical cost convention

The financial statements have been prepared under the historical cost convention.

#### Comparative Figures

Where necessary, comparative figures have been adjusted to conform to changes in presentation in the financial statements. For 2020 this included adjustments to the Statement of Profit and Loss and Other Comprehensive Income (Revenue from Ordinary Activities and Grant payment expenses); and Cashflow Statement (Receipt of grant funds for disbursement and Payment of grant funds) to reflect improved disclosure adopted in 2021 for the receipt of funding under contractual agreements and payment of subsequent grants.

These amounts were previously not separately shown within the financial statements.

#### Critical accounting estimates

The preparation of the financial statements required the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 2.

#### New or amended Accounting Standards and Interpretations adopted

NACCHO has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

#### Revenue Recognition:

##### Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which NACCHO is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer NACCHO: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Variable consideration within the transaction price, if any, reflects concessions provided to the customer such as discounts, rebates and refunds, any potential bonuses receivable from the customer and any other contingent events. Such estimates are determined using either the 'expected value' or 'most likely amount' method. The measurement of variable consideration is subject to a constraining principle whereby revenue will only be recognised to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The measurement constraint continues until the uncertainty associated with the variable consideration is subsequently resolved. Amounts received that are subject to the constraining principle are recognised as a refund liability.



## Grants

Grant funding that contains specific conditions and enforceable obligations on the use of those funds are recognised as and when NACCHO satisfies its performance obligations stated within the grant agreements.

A contractual liability is recognised for both unspent grant funds for which a refund obligation exists in relation to the funding period and for performance obligations that have not yet been met.

General grants that do not impose specific performance obligations on NACCHO are recognised as income when NACCHO obtains control of those funds, which is usually on receipt.

## Fee for Service Income

NACCHO receives funding under contractual agreements to manage the procurement of services from member organisations, Affiliates and other health organisations to meet Government priorities. In addition to this, NACCHO is contracted directly to provide services relevant to Aboriginal health outcomes by Government and other external organisations.

Funding received under contractual agreements are recognised to the extent that NACCHO has satisfied its performance obligations and specified services have been procured from member organisations, Affiliates and other health organisations.

Payments for the procurement of services, by means of grant agreements, are recognised as expenses in the relevant financial year, to the extent these funds have been disbursed. Any remaining funds at year end, where the intent is to procure further services from member organisations, Affiliates and other health organisations in the next financial year are shown as a contractual liability.

General fee for service income agreements that do not impose specific performance obligations on NACCHO are recognised as income when NACCHO obtains control of those funds, which is usually on receipt.

## Sponsorships

Funding for special purpose projects via sponsorship is recognised as revenue to the extent that the monies have been applied in accordance with the conditions of the funding.

## Donations and bequests

Donations and bequests that contain specific conditions and enforceable obligations on the use of those funds are recognised as and when NACCHO satisfies its performance obligations stated within the donation agreements. Otherwise, revenue from donations and bequests is recognised when the income is received.

## Interest

Interest income from a financial asset is recognised when it is probable that the economic benefit will flow to NACCHO, and the amount of revenue can be reliably measured. Interest income is accrued on a time basis by reference to the principal and the effective interest rate applicable.

## Internal revenues

Internal revenues and expenses have been eliminated as part of preparing the consolidated figures for NACCHO.

## Income tax

As the company is a charitable institution in terms of subsection 50-5 of the *Income Tax Assessment Act 1997*, as amended, it is exempt from paying income tax.

## Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

*An asset is classified as current when:* it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

*A liability is classified as current when:* it is either expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period. All other liabilities are classified as non-current.

Deferred tax assets and liabilities are always classified as non-current.

### Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

### Trade and other receivables

Other receivables are recognised at the amortised cost, less any allowance for expected credit losses.

### Property, plant, and equipment

Plant and equipment are stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant, and equipment (excluding land) over their expected useful lives as follows:

Buildings	3 years
Leasehold improvements	3–4 years
Plant and equipment	3–8 years
Office equipment	3–5 years

### Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

### Trade and other payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

### Employee benefits

#### Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

#### Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, and experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

#### Defined contribution superannuation expense

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

### Fair value measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date: and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs, and minimising the use of unobservable inputs.

### Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses, and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense. Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

### Leases

At inception of a contract, NACCHO assesses whether a contract is, or contains, a lease. A contract is considered to contain a lease if it allows NACCHO the right to control the use of an identified asset over a period in return for consideration.

Where a contract or arrangement contains a lease, NACCHO recognises a right-of-use asset and a lease liability at the commencement date of the lease.

A right-of-use asset is initially measured at cost, which is the present value of the future lease payments adjusted for any lease payments made at or before the commencement date, plus any make-good obligations. Lease assets are depreciated using the straight-line method over the shorter of their useful life and the lease term. Periodic adjustments are made for any re-measurements of the lease liabilities and for impairment losses.

### Impact of COVID-19

Like most organisations NACCHO has not been immune from the impact of the COVID-19 pandemic on its operations with an overall significant increase in the workload for NACCHO.

NACCHO has continued to Co-Chair the Commonwealth Department of Health's Indigenous COVID-19 Advisory Committee in addition to negotiating on behalf of its member services, Affiliates and other Aboriginal and Torres Strait Islander organisations for funding, vaccines, Point of Care testing equipment and other resources to address the pandemic.

This work has resulted in NACCHO obtaining more than \$21 million over two years for disbursement to its member services, Affiliates and other health organisations, which has enabled these organisations to increase their workforce, develop communication campaigns for the response, and also for the vaccination roll out, and make improvement to facilities to enable the organisation to test, treat and vaccinate clients.

NACCHO's work has been done predominantly from within existing staffing resources, which has meant some funding for other programs has not been fully spent at year end.

NACCHO will be seeking approval to carry forward this funding to complete work on the respective programs in the 2021–22 financial year.



## Note 2

**Critical accounting judgements, estimates and assumptions**

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements estimate and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

**Estimation of useful lives of assets**

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets, including right-of-use assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold are written off or written down.

**Impairment of non-financial assets other than goodwill and other indefinite life intangible assets**

The company assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

**Employee benefits provision**

As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

**Recognition of Revenue from Contracts with Customers**

In determining the amount of revenue to be recognised from its contracts with customers, in accordance with AASB 15, NACCHO has assumed the performance obligations associated with these contracts are satisfied over time. Performance obligations under these contracts, and the associated transfer of benefits to Aboriginal and Torres Strait Islander people generally occur over a number of financial years, with performance obligations and associated budgeted expenditure to meet these obligations for the respective programs agreed each financial year. The pattern of benefits transfer and satisfaction of performance obligations is often uneven across a financial year. In determining the dollar value for the relevant percentage of performance obligation that has been met for the program, NACCHO uses the input method and has assessed that actual expenditure for the financial year is a fair measure of the transaction price for performance obligations completed.

## Note 3

## Revenue

	2021 (\$)	2020 (\$)
Grant Funding	14,685,477	13,596,979
Fee for Service Income	5,357,752	21,321
Other income	79,856	504,719
COVID-19 Cash Flow Boost	–	100,000
Interest income	11,065	27,160
Donations	116,865	333,724
	<b>20,251,015</b>	<b>14,583,902</b>
<b>Grant funding consists of:</b>		
Funding from Government	14,269,996	13,072,672
Funding from Non-Government	415,481	524,307
	<b>14,685,477</b>	<b>13,596,979</b>

Grant funding includes amounts paid to NACCHO for services to facilitate improved health outcomes for Aboriginal and Torres Strait Islander people and delivery of government priorities in identified areas. This funding includes amounts received for payment of grants to Affiliates, ACCHOs and other health organisations.

## Fee for Service income consists of:

Funding from Government	5,312,752	21,321
Funding from Non-Government	45,000	–
	<b>5,357,752</b>	<b>21,321</b>

Fee for service income includes amounts paid to NACCHO to deliver, and manage the procurement of, services to facilitate improved health outcomes for Aboriginal and Torres Strait Islander people and delivery of government priorities in identified areas. This funding includes amounts received to facilitate the procurement of these services.

Note 4

## Expenditure

	2021 (\$)	2020 (\$)
<b>Employee Benefits Expenses</b>		
Wages and Salaries	<b>4,755,497</b>	4,077,605
Superannuation	<b>695,087</b>	609,097
Leave Entitlements	<b>157,418</b>	153,573
	<b>5,608,002</b>	4,840,275
<b>Depreciation of non-current assets</b>		
Plant and Equipment	<b>10,395</b>	7,463
Office Equipment	<b>13,274</b>	13,871
Intangibles	<b>–</b>	–
Leasehold Improvements	<b>43,526</b>	280,735
Right-of-use assets – leased property	<b>412,420</b>	349,863
	<b>479,615</b>	651,932
<b>Grant Payments</b>		
Grants – Affiliates	<b>2,682,663</b>	1,100,000
Grants – Aboriginal Community Controlled Health Organisations (ACCHOs)	<b>7,729,344</b>	4,465,000
Grants – Other	<b>664,950</b>	–
	<b>11,076,957</b>	5,565,000



## Note 4

## Expenditure (continued)

	2021 (\$)	2020 (\$)
<b>Other expenses from ordinary activities</b>		
Advertising and Promotion	92,852	51,641
Auditor Remuneration	114,450	96,648
Board Remuneration	85,897	91,860
Computer Expenses	140,856	178,944
Contractors and Consultants	1,249,744	898,233
Interest	64,598	34,200
Meetings, Workshops and Seminar costs	104,798	672,510
Minor Equipment	61,454	40,363
Provision for Bad Debts	(5,208)	(3,917)
Postage, Printing and Stationary	34,134	36,821
Program Resources	311,161	65,792
Occupancy Costs	48,452	60,714
Repairs and Maintenance	3,763	1,969
Staff Costs	102,744	117,995
Telephone	39,990	41,054
Training and Development	7,363	8,981
Travel Expenses	481,577	598,728
Workers Compensation	55,798	26,675
Other Expenses	144,261	109,452
	<b>3,138,684</b>	<b>3,128,663</b>
<b>Auditor remuneration</b>		
External Audit Services	30,512	37,595
Internal Audit Services	83,938	59,053
	<b>114,450</b>	<b>96,648</b>

## Note 5

## Cash and cash equivalents

	2021 (\$)	2020 (\$)
Cash at Bank	<b>22,729,847</b>	3,413,064
	<b>22,729,847</b>	3,413,064

## Note 6

## Deposits held in trust

	2021 (\$)	2020 (\$)
Deposits Held in Trust	–	–

NACCHO receives funding under a confidential National Network Funding Agreement which it on-passes to affiliate organisations, (2021: \$21,750,124; 2020: \$16,558,150), as prescribed in this Agreement. Deposits Held In Trust represents money received by NACCHO for disbursement to affiliate organisations.

## Note 7

## Investments

	2021 (\$)	2020 (\$)
Term Deposits	<b>329,564</b>	263,000

Funds are held as a term deposit to match a bank guarantee issued by NACCHO's banker, which is required as part of NACCHO's lease arrangements for its premises at 2 Constitution Avenue, Canberra. Any movement in the amount of the term deposit will equate to changes in lease requirements and the associated bank guarantee.

## Note 8

## Receivables and other current assets

	2021 (\$)	2020 (\$)
Trade and Other Debtors (Refer Note 12)	<b>11,125,968</b>	601,026
Provision for Doubtful Debts	–	(5,208)
Grants Receivable	<b>43,020</b>	607,622
Prepayments	<b>152,062</b>	131,945
	<b>11,321,050</b>	1,335,385

## Note 9

**Property, plant and equipment**

Property, plant and equipment comprises both owned and leased assets which do not meet the definition of investment properties.

	2021 (\$)	2020 (\$)
<b>Plant and equipment</b>		
At cost	80,964	62,549
Less accumulated depreciation	(41,923)	(31,528)
	<b>39,041</b>	31,021
<b>Office equipment</b>		
At cost	92,493	135,399
Less accumulated depreciation	(72,931)	(105,335)
	<b>19,562</b>	30,064
<b>Intangibles</b>		
At cost	13,409	13,409
Less accumulated depreciation	(13,409)	(13,409)
	<b>-</b>	-
<b>Leasehold improvements</b>		
At cost	1,001,292	864,859
Less accumulated depreciation	(806,021)	(762,495)
	<b>195,271</b>	102,364
<b>Right-of-use Asset – Land and Buildings (Leases)</b>		
At cost	1,932,329	2,886,766
Less accumulated depreciation	(483,173)	(1,045,788)
	<b>1,449,156</b>	1,840,978
<b>Capital Works in Progress</b>	<b>3,670</b>	29,086
<b>Total Property, Plant and Equipment</b>	<b>1,706,700</b>	2,033,513



## Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year as follows:

	Right-of-use- assets-land and buildings (\$)	Leasehold Improvements (\$)	Plant & equipment (\$)	Office equipment (\$)	Work in Progress (\$)	Total (\$)
Balance at the beginning of the year	1,840,978	102,364	31,021	30,064	29,086	2,033,513
Adjustment to fair value	-	-	-	-	-	-
Additions	-	136,433	18,415	7,932	3,670	166,450
Less: Capitalisation of Work In Progress	-	-	-	-	(29,086)	(29,086)
Disposals	(954,438)	-	-	(50,838)	-	(1,005,276)
Write back depreciation on disposals	975,036	-	-	45,678	-	1,020,714
Depreciation expense	(412,420)	(43,526)	(10,395)	(13,274)	-	(479,615)
Carrying amount at end of year	1,449,156	195,271	39,041	19,562	3,670	1,706,700
<b>Total Property, Plant and Equipment</b>	<b>1,449,156</b>	<b>195,271</b>	<b>39,041</b>	<b>19,562</b>	<b>3,670</b>	<b>1,706,700</b>

As disclosed in Note 1 and Note 13, the Company early adopted AASB 16 at 30 June 2018.

Adopting AASB 16 resulted in the Company creating a right-of-use asset and a corresponding lease liability (refer Note 13).

This right-of-use-asset will be depreciated over the expected term of the lease. The right-of-use asset was revalued June 2020 to reflect the NACCHO Board decision to further extend the term of its lease on premises at Level 5, 2 Constitution Avenue, Canberra.

## Note 10

**Current liabilities – trade and other payables**

	2021 (\$)	2020 (\$)
Trade creditors and accruals	155,690	153,478
Sundry Creditors	89,392	1,888
Australian Tax Office (Inc GST)	3,036,022	118,299
	<b>3,281,104</b>	<b>273,665</b>

## Note 11

**Current and non-current liabilities – employee benefits**

	2021 (\$)	2020 (\$)
<b>Current</b>		
Employee benefits – annual leave	296,498	295,129
Employee benefits – long service leave	–	13,106
Accrued salaries and other employee benefits	149,012	222,503
<b>Total current</b>	<b>445,510</b>	<b>530,738</b>
<b>Non-current</b>		
Employee benefits – long service leave	36,716	22,002
<b>Total non-current</b>	<b>36,716</b>	<b>22,002</b>

## Note 12

**Current liabilities – other**

	2021 (\$)	2020 (\$)
Contractual Obligations – Operations	<b>5,381,639</b>	2,122,620
Contractual Obligations – Affiliates, ACCHOs and Others	<b>23,207,303</b>	–
Grants Repayable	<b>201,856</b>	139,182
Lease Liability (see Note 13)	<b>409,242</b>	372,656
	<b>29,200,040</b>	2,634,459

Contractual Obligations – Affiliates, ACCHOs and Others includes Cash Held at Bank of \$13.3million (Refer Note 5) and Receivables of \$9.9 million (Refer Note 8). These funds will be disbursed to relevant organisations during the 2021–22 financial year consistent with contractual obligations.

**Non current liabilities – other**

	2021 (\$)	2020 (\$)
Lease Liability (see Note 13)	<b>1,066,108</b>	1,475,351
Provision for Make Good	<b>203,305</b>	202,124
	<b>1,269,413</b>	1,677,475



## Note 13

## Lease liabilities

The company leases its premises at 2 Constitution Avenue, Canberra ACT. Under the lease terms, the rent payable under the lease increases each year by 3.75%. The company has entered into a further two year lease from 1 October 2020 with an option in order to enhance operational flexibility. The company has included this further two year option to renew the lease within its estimate of the lease liability as it is considered reasonably certain this will be exercised. There were no expenses recognised in the income statement in respect of short-term leases, or leases of low value assets.

Lease liabilities included in the statement of financial position as at 30 June:

	2021 (\$)	2020 (\$)
Current	<b>409,242</b>	372,656
Non-current	<b>1,066,108</b>	1,475,351
	<b>1,475,350</b>	1,848,007

Total cash outflow from leases during the year was \$456,672. The maturity analysis of the company's lease, based on the contractual undiscounted cash flows, is set out below.

	2021 (\$)	2020 (\$)
Less than one year	<b>473,797</b>	456,672
One to five years	<b>1,130,224</b>	1,604,021
Less finance charges	<b>(128,671)</b>	(212,686)
	<b>1,475,350</b>	1,848,007

## Note 14

**Related party transactions**

No related party transactions took place during the year.

**Key Management Personnel**

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the company, directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel.

	2021 (\$)	2020 (\$)
Short term benefits	<b>1,000,254</b>	866,909
Post-employment benefits	<b>140,013</b>	119,057
	<b>1,140,267</b>	985,966

The annual fees paid by National Aboriginal Community Controlled Health Organisation in respect of director services provided by the Chairperson and Company Secretary, and their costs associated with providing those services, during the financial year was Chairperson \$83,039 (2020: \$76,500) and Company Secretary \$3,250 (2020: \$15,360). Other directors do not receive any forms of remuneration.

## Note 15

### Company details

The registered office of the company is:

National Aboriginal Community Controlled Health Organisation  
Level 5, East Tower, 2 Constitution Avenue  
CANBERRA ACT 2601

## Note 16

### Contingent liabilities

The company had no known contingent liabilities as at June 2021.

## Note 17

### Events after the reporting period

No matter or circumstance has arisen since 30 June 2021 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

## Note 18

### Economic dependence

The Company receives significant financial support from the Commonwealth Department of Health in the form of grant funding. The major funding contract with the Department of Health for the year ending 30 June 2020 commenced on 16 June 2017 and expired on 15 June 2020. This funding contract has now been extended to June 2022. Negotiations are now well underway to extend this funding contract past June 2022.



## Directors' declaration

The Directors of the Company declare that:

- 1** The financial statements and notes, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:
  - a** Comply with Australian Accounting Standards;
  - b** Give a true and fair view of the financial position as at 30 June 2021 and of the performance of the Company for the year ended on that date.
- 2** In the Directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



---

**Donnella Mills**  
Director



---

**Chris Bin Kali**  
Director

13 September 2021

---

Date

## Auditor's independence declaration



**RSM Australia Partners**

Equinox Building 4, Level 2, 70 Kent Street Deakin ACT 2600  
GPO Box 200 Canberra ACT 2601

T +61 (0) 2 6217 0300  
F +61 (0) 2 6217 0401

[www.rsm.com.au](http://www.rsm.com.au)

### AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of National Aboriginal Community Controlled Health Organisation for the year ended 30 June 2021, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the *Australian Charities and Not-for-profit Act 2012* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

A handwritten signature in black ink that reads 'RSM'.

**RSM AUSTRALIA PARTNERS**

A handwritten signature in black ink that reads 'GED Stenhouse'.

Canberra, Australian Capital Territory  
Dated: 13 September 2021

**GED STENHOUSE**  
Partner

### THE POWER OF BEING UNDERSTOOD AUDIT | TAX | CONSULTING

RSM Australia Partners is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

RSM Australia Partners ABN 36 965 185 036

Liability limited by a scheme approved under Professional Standards Legislation



**RSM Australia Partners**

Equinox Building 4, Level 2, 70 Kent Street Deakin ACT 2600  
GPO Box 200 Canberra ACT 2601

T +61 (0) 2 6217 0300  
F +61 (0) 2 6217 0401

[www.rsm.com.au](http://www.rsm.com.au)

**INDEPENDENT AUDITOR'S REPORT**

**TO THE MEMBERS OF**

**NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION**

**Opinion**

We have audited the financial report of National Aboriginal Community Controlled Health Organisation, which comprises the statement of financial position as at 30 June 2021, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the financial report of National Aboriginal Community Controlled Health Organisation has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of National Aboriginal Community Controlled Health Organisation's, financial position as at 30 June 2021 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

**Basis for Opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the National Aboriginal Community Controlled Health Organisation in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

**Other Information**

Those charged with governance are responsible for the other information. The other information comprises the information included in National Aboriginal Community Controlled Health Organisation's annual report for the year ended 30 June 2021, but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

**THE POWER OF BEING UNDERSTOOD**  
**AUDIT | TAX | CONSULTING**

RSM Australia Partners is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

RSM Australia Partners ABN 36 965 185 036

Liability limited by a scheme approved under Professional Standards Legislation





In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

#### **Responsibilities of Management and Those Charged with Governance for the Financial Report**

Management are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and for such internal control as the Management determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, Management are responsible for assessing National Aboriginal Community Controlled Health Organisation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate National Aboriginal Community Controlled Health Organisation or to cease operations, or has no realistic alternative but to do so.

#### **Auditor's Responsibilities for the Audit of the Financial Report**

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: [http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.

A handwritten signature in dark ink, appearing to read 'RSM'.

**RSM AUSTRALIA PARTNERS**

A handwritten signature in dark ink, appearing to read 'G Stenhouse'.

**GED STENHOUSE**  
Partner

Canberra, Australian Capital Territory  
Dated: 13 September 2021

Part 7  
**Appendices**



# Appendix A

## NACCHO Members

Organisation name	State
Winnunga Mimmitjiah Aboriginal Health and Community Services Ltd.	ACT
Aboriginal Medical Service Co-operative Limited	NSW
Albury Wodonga Aboriginal Health Service Incorporated	NSW
Armajun Health Service Aboriginal Corporation	NSW
Awabakal Ltd	NSW
Biripi Aboriginal Corporation Medical Centre	NSW
Bourke Aboriginal Health Service Ltd	NSW
Brewarrina Aboriginal Corporation	NSW
Brungle Health and Community Aboriginal Corporation	NSW
Bulgarr Ngaru Medical Aboriginal Corporation	NSW
Bullinah Aboriginal Health Service Limited	NSW
Condobolin Aboriginal Health Service Inc	NSW
Coomealla Health Aboriginal Corporation	NSW
Coonamble Aboriginal Health Service Limited	NSW
Durri Aboriginal Corporation Medical Service	NSW
Galambila Aboriginal Corporation	NSW
Griffith Aboriginal Medical Service Aboriginal Corporation	NSW
Illawarra Aboriginal Medical Service Aboriginal Corporation	NSW
Katungul Aboriginal Corporation Regional Health and Community Services	NSW

Organisation name	State
Murrin Bridge Aboriginal Health Service Incorporated	NSW
Ngaimpe Aboriginal Corporation – The Glen	NSW
Orange Aboriginal Corporation Health Service	NSW
Peak Hill Aboriginal Medical Incorporated	NSW
Pius X Aboriginal Corporation	NSW
Riverina Medical & Dental Aboriginal Corp	NSW
South Coast Medical Service Aboriginal Corporation	NSW
South Coast Womens Health & Welfare Aboriginal Corporation	NSW
Tamworth Aboriginal Medical Service Inc	NSW
Tharawal Aboriginal Corporation	NSW
The Oolong Aboriginal Corporation	NSW
Tobwabba Aboriginal Medical Service	NSW
Ungooroo Aboriginal Corporation	NSW
Walgett Aboriginal Medical Service Ltd.	NSW
Walhallow Aboriginal Corporation	NSW
Weigelli Centre Aboriginal Corporation Inc	NSW
Wellington Aboriginal Corporation Health Service	NSW
Werin Aboriginal Corporation	NSW
Yerin Aboriginal Health Services Limited	NSW
Yoorana Gunya Family Healing Centre Aboriginal Corporation	NSW



Organisation name	State
Amoonguna Health Service Aboriginal Corporation	NT
Ampilatwatja Health Centre Aboriginal Corp	NT
Anyinginyi Health Aboriginal Corporation	NT
Central Australian Aboriginal Congress Aboriginal Corporation	NT
Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation	NT
Katherine West Health Board Aboriginal Corporation	NT
Mala'la Health Service Aboriginal Corporation	NT
Miwatj Health Aboriginal Corporation	NT
Mpwelarre Health Aboriginal Corporation	NT
Mutitjulu Community Health Service (Aboriginal Corporation)	NT
Ngaanyatjarra Health Service (Aboriginal Corporation)	NT
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (Aboriginal Corporation)	NT
Nganampa Health Council Inc	NT
Pintupi Homelands Health Service Aboriginal Corporation	NT
Red Lily Health Board (Aboriginal Corporation)	NT
Sunrise Health Service Aboriginal Corporation	NT
Urapuntja Health Service Aboriginal Corporation	NT

Organisation name	State
Utju Health Service Aboriginal Corporation	NT
Western Aranda Health Aboriginal Corp	NT
Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation	NT
Wurli Wurlinjang Aboriginal Corporation	NT
Aboriginal and Torres Strait Islander Community Health Service Brisbane	QLD
Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd	QLD
Apunipima Cape York Health Council Limited	QLD
Bidgerdii Aboriginal & Torres Strait Islanders Corp Com Service Central QLD	QLD
Carbal Aboriginal and Torres Strait Islander Health Services Ltd	QLD
Centre for Rural and Regional Aboriginal and Torres Strait Islander Health Ltd	QLD
Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited	QLD
Cherbourg Regional Aboriginal and Islander Community Controlled Health Services Ltd	QLD
Cunnamulla Aboriginal Corporation for Health	QLD
Galangoor Duwalami Aboriginal and Torres Strait Islander Corporation (Primary Health Care Service)	QLD
Girudala Community Co-operative Society Ltd	QLD
Gladstone Region Aboriginal and Islander Community Controlled Health Service	QLD

Organisation name	State
Goolburri Aboriginal Health Advancement Company Limited	QLD
Goondir Aboriginal and Torres Strait Islanders Corporation for Health Services	QLD
Gurriny Yealamucka (Good Healing) Health Services Aboriginal Corporation	QLD
Injilini Aboriginal and Torres Strait Islanders Corporation for Children and Youth Services	QLD
Institute for Urban Indigenous Health Ltd	QLD
Kalwun Development Corporation Limited	QLD
Kambu Aboriginal and Torres Strait Islander Corporation for Health	QLD
Mamu Health Service Limited	QLD
Mount Isa Aboriginal Community Controlled Health Services Limited	QLD
Mudth-Niyleta Aboriginal and Torres Strait Islanders Corporation	QLD
Mulungu Aboriginal Corporation Primary Health Care Service	QLD
NPA Family & Community Services Aboriginal and Torres Strait Islander Corporation	QLD
The North Coast Aboriginal Corporation for Community Health	QLD
Townsville Aboriginal and Torres Strait Islander Corporation for Health Services	QLD
Wuchopperen Health Service Limited	QLD
Yulu-Burri-Ba Aboriginal Corporation for Community Health	QLD

Organisation name	State
Aboriginal Sobriety Group Indigenous Corporation	SA
Moorundi Aboriginal Community Controlled Health Service Limited	SA
Nunkuwarrin Yunti of South Australia Incorporated	SA
Nunyara Aboriginal Health Service Incorporated	SA
Oak Valley (Maralinga) Aboriginal Corporation	SA
Pangula Mannamurna Aboriginal Corporation	SA
Pika Wiya Health Service Aboriginal Corporation	SA
Port Lincoln Aboriginal Health Service Inc	SA
Tullawon Health Service Incorporated	SA
Umoona Tjutagku Health Service Aboriginal Corporation ICN 7460	SA
Yadu Health Aboriginal Corporation	SA
Tasmanian Aboriginal Corporation	TAS
Aboriginal Community Elders Services Incorporated	VIC
Ballarat and District Aboriginal Co-operative Limited	VIC
Bendigo and District Aboriginal Co-operative Ltd	VIC
Budja Budja Aboriginal Co-operative Limited	VIC
Cummeragunja Housing & Development Aboriginal Corp	VIC

Organisation name	State
Dandenong & District Aborigines Co-operative Limited	VIC
Dhauwurd-Wurrung Portland & District Aboriginal Elderly Citizens Inc	VIC
Gippsland & East Gippsland Aboriginal Co-operative Ltd	VIC
Goolum – Goolum Aboriginal Co-operative Limited	VIC
Gunditjmara Aboriginal Co-operative Limited	VIC
Kirrae Health Service Inc.	VIC
Lake Tyers Health & Childrens Services Association Inc.	VIC
Lakes Entrance Aboriginal Health Association Inc	VIC
Mallee District Aboriginal Services Limited	VIC
Moogji Aboriginal Council East Gippsland Inc	VIC
Mungabareena Aboriginal Corporation	VIC
Murray Valley Aboriginal Co-operative Limited	VIC
Ngwala Willumbong Co-operative Ltd	VIC
Njernda Aboriginal Corporation	VIC
Ramahyuck District Aboriginal Corporation	VIC
Rumbalara Aboriginal Co-operative Limited	VIC
The Victorian Aboriginal Health Service Co-operative Limited	VIC
Wathaurong Aboriginal Co-operative Limited	VIC
Winda-Mara Aboriginal Corporation	VIC

Organisation name	State
Beagle Bay Community Inc	WA
Bega Garribirringu Health Services Incorporated	WA
Bidyadanga Aboriginal Community La Grange Inc	WA
Broome Regional Aboriginal Medical Service (Aboriginal Corporation)	WA
Carnarvon Medical Service Aboriginal Corporation	WA
Derbarl Yerrigan Health Service Aboriginal Corporation	WA
Derby Aboriginal Health Service Council Aboriginal Corporation	WA
Geraldton Regional Aboriginal Medical Service	WA
Kimberley Aboriginal Medical Services Limited	WA
Mawarnkarra Health Service	WA
Moorditj Koort Aboriginal Corporation	WA
Ngangganawili Aboriginal Community Controlled Health and Medical Services Aboriginal Corporation	WA
Nindilingarri Cultural Health Services Inc	WA
Ord Valley Aboriginal Health Services Aboriginal Corporation	WA
Paupiyala Tjarutja Aboriginal Corporation	WA
Puntukurnu Aboriginal Medical Service Aboriginal Corporation	WA
South-West Aboriginal Medical Service Aboriginal Corporation	WA
Wirraka Maya Health Service Aboriginal Corporation	WA
Yura Yungi Aboriginal Medical Service Aboriginal Corporation	WA



# Appendix B

## Glossary of terms

<b>Aboriginal Community Controlled Health Organisation (ACCHO) or Aboriginal Community Controlled Health Service (ACCHS) or Aboriginal Medical Service (AMS)</b>	<p>A healthcare service operated by the local Aboriginal and Torres Strait Islander community to deliver holistic and culturally appropriate comprehensive primary health care to the local community, controlled by a locally elected board or management. They provide a range of services dependant on the needs of their community, including access to specialist, allied health and dental services; advocacy, research and policy; clinical services; corporate services; health promotion; maternal and child health; and social and emotional wellbeing.</p> <p>This document acknowledges that acronyms such as AMS, ACCHO and ACCHS are used interchangeably and they all refer to a type of organisation from which a community receives Aboriginal and Torres Strait Islander community-controlled comprehensive primary health care.</p>
<b>Aboriginal health</b>	<p>Considered as a holistic and culturally safe comprehensive primary health care model. The principles of this model refer to health as not just the physical wellbeing of the individual, but the social, emotional, and cultural wellbeing of the whole community. Healthcare services should strive to achieve the state where every individual can achieve their full potential as a human being, and thus bring about the total wellbeing of their community.</p>
<b>Accreditation</b>	<p>Recognition that an organisation meets the requirements of a defined set of criteria or standards. Accreditation standards used in primary health care include those of the Royal Australian College of General Practitioners, Quality Improvement Council and International Organization for Standardization.</p>
<b>Affiliates or Sector Support Organisations (SSOs)</b>	<p>The eight representative bodies for the ACCHS sector representing each state and territory. Affiliates are not members of NACCHO but all members of NACCHO are required to be members of the affiliate based in their state or territory jurisdiction.</p>
<b>Closing the Gap (CTG)</b>	<p>Refers to the new National Agreement on Closing the Gap which was negotiated between the Coalition of Peaks and Australian Governments and signed in July 2020. The new National Agreement is built around what is important to Aboriginal and Torres Strait Islander people to improve their lives. It includes four priority reforms for action, new accountability measures for governments and shared monitoring and implementation arrangements to collaborate with Aboriginal and Torres Strait Islander people in every aspect.</p>
<b>Coalition of Peaks (CoP)</b>	<p>Refers to the Coalition of Aboriginal and Torres Strait Islander Community Controlled Peak Organisations. The Coalition of Peaks is a representative body consisting of Aboriginal and Torres Strait Islander national and state and territory community-controlled peak organisations that work to improve life outcomes for Aboriginal and Torres Strait Islander people.</p>
<b>Community control</b>	<p>Refers to the community control initiated autonomously by Aboriginal and Torres Strait Islander communities. It involves governance by bodies elected by the local community to deliver holistic and culturally appropriate health and health-related services to the community.</p>
<b>Continuous Quality Improvement (CQI)</b>	<p>Part of a range of activities that support and improve quality in health care. CQI drives service improvements through continuous and repeated cycles that are guided by teams using data to identify areas for action, develop and test strategies, and implement service redesign.</p>
<b>CQI Framework</b>	<p>Abbreviations for the National Framework for Continuous Quality Improvement (CQI) in Primary Health Care for Aboriginal and Torres Strait Islander People, 2018–2023.</p>

<b>Cultural respect</b>	The 'recognition, protection, and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people. Cultural respect is achieved when the health system is accessible, responsive, and safe for Aboriginal and Torres Strait Islander people, and cultural values, strengths and differences are respected'.
<b>Cultural safety</b>	Involves ensuring that Aboriginal and Torres Strait Islander people are respected for their identity, rights, cultures and traditions, and that this is observed in service delivery, eliminating the power imbalance that often exists between the majority non-Indigenous position and Aboriginal and Torres Strait Islander people's needs. Cultural safety in health care means recognising and nurturing the unique identities of Aboriginal and Torres Strait Islander people, deviating from mainstream norms if necessary. Only the Indigenous person receiving the service or interaction can determine whether it is culturally safe.
<b>National Aboriginal Community Controlled Health Organisation (NACCHO)</b>	The national leadership body for the ACCHO sector. It represents eight affiliates and 143 members. Its membership consists of ACCHOs, operating over 550 service delivery sites to provide holistic and culturally safe comprehensive primary health care to Aboriginal and Torres Strait Islander people in urban, regional and remote areas throughout Australia. In representing its membership, the role of NACCHO is to provide advice and guidance to the Australian Government on policy and budget matters and advocate for community-developed solutions that contribute to the quality of life and improved health outcomes for Aboriginal and Torres Strait Islander people.
<b>Primary Health Care (PHC)</b>	According to the principles of the World Health Organization (WHO) Declaration of Alma-Ata, defined as essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care process.
<b>Primary Health Networks (PHNs)</b>	Play a critical role in connecting health services across local communities to patients, particularly those who need coordinated care. They have the best access to a range of health care providers, including practitioners, community health services and hospitals.
<b>Social and economic determinants</b>	Refers to the disadvantages or other factors affecting Aboriginal and Torres Strait Islander people that may impact on their health and wellbeing, resulting in significant health inequities in relation to other Australians. These determinants include the social and economic conditions, and in some cases, the locations, in which Aboriginal and Torres Strait Islander people live. Factors influencing the health status of Aboriginal and Torres Strait Islander people include: connection to family, community, country and culture; educational attainment; employment and income; housing; racism; interaction with government systems; criminal justice systems; and health behaviours.

# Appendix C

## Abbreviations and Acronyms

<b>ABS</b>	Australian Bureau of Statistics	<b>AIDA</b>	Australian Indigenous Doctors Association
<b>AC</b>	Aboriginal Corporation or Congress	<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ACCH</b>	Aboriginal Community Controlled Health	<b>AMA</b>	Australian Medical Association
<b>ACCHs</b>	Aboriginal Community Controlled Health Services	<b>AMSs</b>	Aboriginal Medical Services
<b>ACCHO</b>	Aboriginal Community Controlled Health Organisation	<b>AMSANT</b>	Aboriginal Medical Services Alliance Northern Territory
<b>ACCHRTOs</b>	Aboriginal Community Controlled Health Registered Training Organisations	<b>APHC</b>	Aboriginal Primary Health Care
<b>ACCO</b>	Aboriginal Community Controlled Organisation	<b>APHCRI</b>	Australian Primary Health Care Research Institute
<b>ACNC</b>	Australian Charities and Not-for-profits Commission	<b>ATA</b>	Australian Trachoma Alliance
<b>ACRRM</b>	Australian College of Rural and Remote Medicine	<b>BBV</b>	Blood-Borne Viruses
<b>ADNs</b>	Aboriginal Disability Networks	<b>BLM</b>	Black Lives Matter
<b>AF</b>	Asthma Foundation	<b>CCHS</b>	Community Controlled Health Services
<b>AGM</b>	Annual General Meeting	<b>CDEP</b>	Community Development Employment Program
<b>AHAC</b>	Aboriginal Health Advisory Committee	<b>CEO</b>	Chief Executive Officer
<b>AHCSA</b>	Aboriginal Health Council of South Australia	<b>COAG</b>	Council of Australian Governments
<b>AHCWA</b>	Aboriginal Health Council of Western Australia	<b>CQI</b>	Continuous Quality Improvement
<b>AH&amp;MRC</b>	Aboriginal Health and Medical Research Council of NSW	<b>CS&amp;HISC</b>	Community Services and Health Industry Skills Council
<b>AHMAC</b>	Australian Health Ministers Advisory Council	<b>CSTDA</b>	Commonwealth, State and Territory Disability Funding Agreement
<b>AHS</b>	Aboriginal Health Service	<b>DAAs</b>	Dosage administration aids
<b>AHW</b>	Aboriginal and Torres Strait Islander Health Worker	<b>DoH</b>	Department of Health
<b>AHHA</b>	Australian Healthcare and Hospitals Association	<b>DSS</b>	Department of Social Services
<b>AIHW</b>	Australian Institute of Health and Welfare	<b>EPC</b>	Enhanced Primary Care
		<b>FASD</b>	Fetal Alcohol Spectrum Disorders
		<b>GP</b>	General Practitioner
		<b>IAHP</b>	Indigenous Australians' Health Programme

<b>IMRS</b>	Indigenous Medicines Review Service
<b>IPP</b>	Indigenous Pharmacy Programs
<b>IPP Review</b>	Indigenous Pharmacy Programs Review
<b>KPI</b>	Key Performance Indicator
<b>MA</b>	Medicare Australia
<b>MAAPs</b>	Medication Access and Assistance Packages
<b>MBS</b>	Medical Benefits Schedule
<b>MoU</b>	Memorandum of Understanding
<b>NACCHO</b>	National Aboriginal Community Controlled Health Organisation
<b>NATSIHC</b>	National Aboriginal and Torres Strait Islander Health Council
<b>NATSINSAP</b>	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
<b>NCHECR</b>	National Centre for HIV Epidemiology and Clinical Research
<b>NCIRS</b>	National Centre for Immunisation Research and Surveillance
<b>NDIA</b>	National Disability Insurance Agency
<b>NDIS</b>	National Disability Insurance Service
<b>NFA</b>	Network Funding Agreement
<b>NHMRC</b>	National Health and Medical Research Council
<b>NIDAC</b>	National Indigenous Drug and Alcohol Committee
<b>NIHEC</b>	National Indigenous Health Equality Council
<b>nKPI</b>	national Key Performance Indicators
<b>NPS</b>	National Prescribing Service
<b>NRHA</b>	National Rural Health Alliance
<b>NSFATSIH</b>	National Strategic Framework for Aboriginal and Torres Strait Islander Health
<b>OATSIH</b>	Office of Aboriginal and Torres Strait Islander Health
<b>PBAC</b>	Pharmaceutical Benefits Advisory Committee
<b>PBS</b>	Pharmaceutical Benefits Scheme

<b>PSA</b>	Pharmaceutical Society of Australia
<b>PCEHR</b>	Personally Controlled Electronic Health Record
<b>PGA</b>	Pharmacy Guild of Australia
<b>PHCAP</b>	Primary Health Care Access Program
<b>PIP</b>	Practice Incentives Program
<b>PIRS</b>	Patient Information Recall System
<b>PM&amp;C</b>	Prime Minister and Cabinet
<b>PSA ACCHO</b>	Pharmaceutical Society of Australia Aboriginal Community Controlled Health Organisation
<b>QAIHC</b>	Queensland Aboriginal and Islander Health Council
<b>QUM</b>	Quality Use of Medicines
<b>QUMAX</b>	Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander people
<b>RAAF</b>	Royal Australian Air Force
<b>RACGP</b>	Royal Australian College of General Practitioners
<b>RACP</b>	Royal Australian College of Physicians
<b>RDAA</b>	Rural Doctors Association of Australia
<b>RCVMHS Commission</b>	Royal Commission into Victoria's Mental Health System
<b>SFA</b>	Standard Funding Agreement
<b>SEWB</b>	Social and Emotional Well Being
<b>STI</b>	Sexually Transmitted Infection
<b>TAC</b>	Tasmanian Aboriginal Centre
<b>VACCHO</b>	Victorian Aboriginal Community Controlled Health Organisation
<b>WACRRM</b>	Western Australian Centre for Remote and Rural Medicine
<b>WSF</b>	Aboriginal and Torres Strait Islander Health Workforce Strategic Framework
<b>WAR</b>	Health System Warriors of Aboriginal Resistance



# Appendix D

## NACCHO directory

### NACCHO

Corporate Directory  
Australian Business Number  
ABN 89 078 949 710

### Directors 2020–21

- Donnella Mills (Chair)
- Chris Bin Kali (Deputy Chair)
- Donna Ah Chee
- Suzanne Andrews
- LaVerne Belleair
- Matthew Cooke
- Polly-Sumner Dodd
- Wendy Edmondson
- Kane Ellis
- Raylene Foster
- Michael Graham
- Vicki O'Donnell
- Suzanne Squires
- Craig Ritchie
- Preston Thomas

### Company Secretary

Chris Chenoweth

### Principle place of business

Level 5, 2 Constitution Avenue  
Canberra City ACT 2601

P.O. Box 130  
Civic Square ACT 2608

### Contact details

**T** (02) 6246 9300  
**E** [reception@naccho.org.au](mailto:reception@naccho.org.au)  
**W** [www.naccho.org.au](http://www.naccho.org.au)

### Bankers

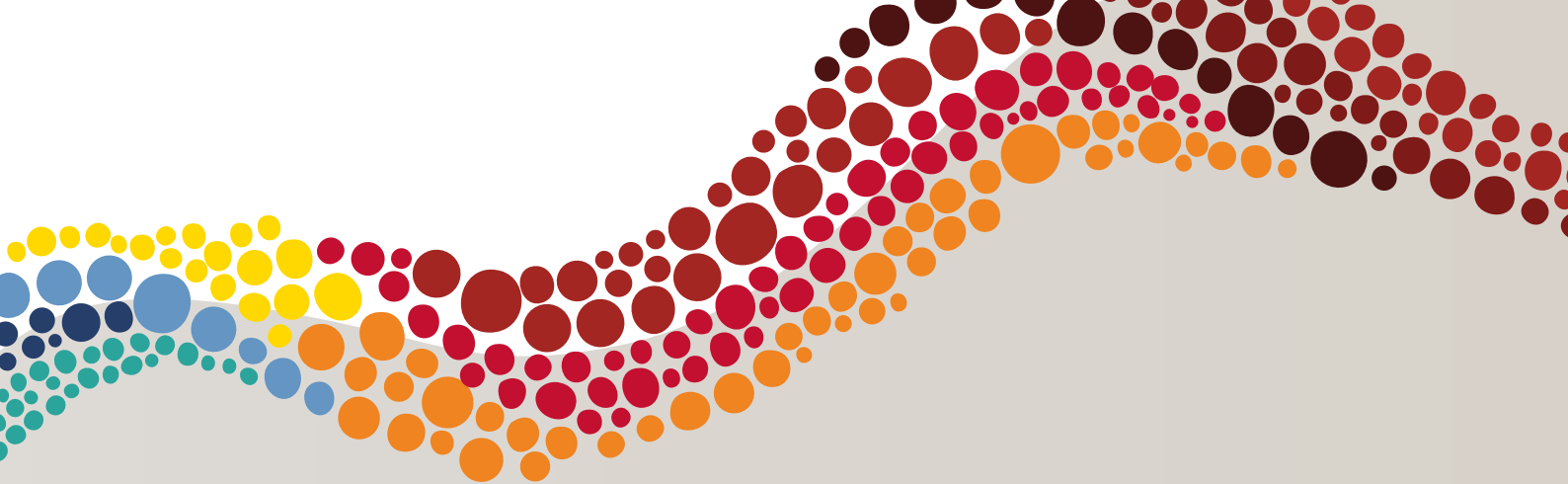
Westpac

### Auditors

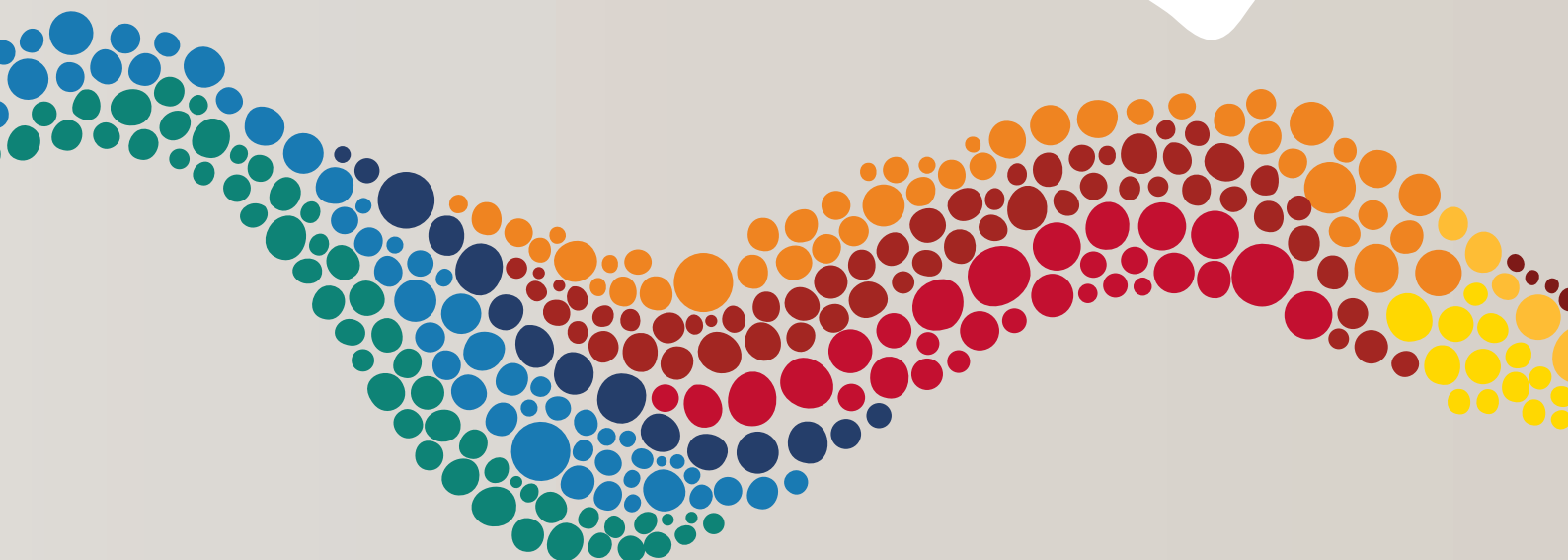
RSM Australian Partners

### Annual Report

NACCHO thanks all its affiliates, members and partners that have provided content and some of the images used in this report.



# **Aboriginal health in Aboriginal hands.**



Level 5, 2 Constitution Avenue  
Canberra City ACT 2601

P.O. Box 130  
Civic Square ACT 2608

**T** (02) 6246 9300  
**E** [reception@naccho.org.au](mailto:reception@naccho.org.au)  
**W** [www.naccho.org.au](http://www.naccho.org.au)

 @NACCHOAustralia  
 NacchoAboriginalHealth  
 @NACCHOTV  
 @naccho\_au  
 @naccho-australia



**NACCHO**  
National Aboriginal Community  
Controlled Health Organisation