NACCHO

2010-2011 annual report

Contents

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About NACCHO

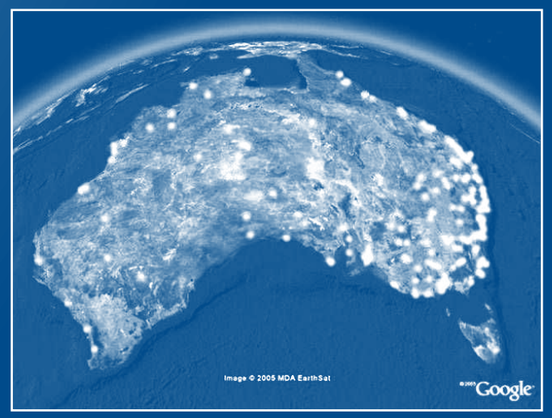
The National Aboriginal Community Controlled Health Organisation (NACCHO) is a living embodiment of the aspirations of Aboriginal communities and their struggle for self-determination.

NACCHO is the national peak body representing over 150 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and well being issues. It has a history stretching back to a meeting in Albury in 1974.

In 1997, the Federal Government funded NACCHO to establish a Secretariat in Canberra which greatly increased the capacity of Aboriginal Peoples involved in ACCHSs to participate in national health policy development.

An Aboriginal Community Controlled Health Service is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management.

Aboriginal communities operate over 150 ACCHSs in urban, regional and remote Australia. They range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers and/or nurses to provide the bulk of primary care services, often with a preventive, health education focus. The services form a network, but each is autonomous and independent both of one another and of government. The integrated primary health care model adopted by ACCHSs is in keeping with the philosophy of Aboriginal community control and the holistic view of health.



Map of Australia showing the location of the over 150 member services of NACCHO.

Addressing the ill health of Aboriginal people can only be achieved by local Aboriginal people controlling health care delivery. Local Aboriginal community control in health is essential to the definition of Aboriginal holistic health and allows Aboriginal communities to determine their own affairs, protocols and procedures.

NACCHO represents local Aboriginal community control at a national level to ensure that Aboriginal people have greater access to effective health care across Australia. NACCHO provides a coordinated holistic response from the community sector, advocating for culturally respectful and needs based approaches to improving health and well being outcomes through ACCHSs.

NACCHO's work is focused on:

- Promoting, developing and expanding the provision of health and well being services through local ACCHSs.
- Liaison with organisations and governments within both the Aboriginal and non-Aboriginal community on health and well being policy and planning issues.
- Representation and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.
- Fostering cooperative partnerships and working relationships with agencies that respect Aboriginal community control and holistic concepts of health and well being.

"Aboriginal health is not just the physical well being of an individual but is the social, emotional and cultural well being of the whole community in which each individual is able to achieve their full potential thereby bringing about the total well being of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life."

(National Aboriginal Health Strategy, 1989)

Chairperson's Report

NACCHO has made great advances this year towards the improvement of health service delivery for Aboriginal communities with this financial year being a year of challenges and opportunities for the Aboriginal Community Controlled Health Sector.

We have become more unified within our sector and formed stronger ties to both Aboriginal organisations and other organisations in the health field.

It has been a time of change within NACCHO, in the Aboriginal Community Controlled Health Sector, Aboriginal affairs, the wider health sector and in Australian politics.

As the national peak body in Aboriginal health, NACCHO has taken a lead role in forming and advocating for our position within the National Health and Hospital Reform debate and influencing the government's health reform agenda in Aboriginal health.

Our sector has grown stronger as we have worked together to forge a unified position on the health reform agenda. We have been joined by many other stakeholders in Aboriginal health who are keen to work with us and support us. We have also strengthened our ties with the National Congress of Australia's First Peoples and our role within it, advocating on behalf of improved Aboriginal health outcomes.

At the same time, we are celebrating 40 years since a small group established the first Aboriginal controlled medical service in Redfern. It started with a vision of what was needed and the will to make it happen. That spark in Redfern encouraged communities across the country to get their own services off the ground. The Aboriginal Medical Service Redfern funded the first meeting of the National Aboriginal and Islander Health Organisation (NAIHO), a forerunner of NACCHO.

By 1978, there were about 12 services. Forty years later, we have grown to over 150 Aboriginal Community Controlled Health Services across urban, regional and remote Australia. Over our first 40 years, we have developed enormous expertise in the delivery of frontline care in our communities and a dynamic vision.

We still have the fire in our belly, a shared vision for the strategic control of the design, development and delivery of health services as part of holistically caring for our communities and we have the will to make it happen. This has been refocused by the NACCHO Board's review of NACCHO's strategic plan and secretariat review.

As ever, there is no free ride for us; we have to fight to have our people's interests recognised. When there is a fight, we stick together. Our sector is the most unified it has been for a long time, this has been achieved with improved communication and consultation with our membership.

The government's health reform agenda is not the same as ours but we have the opportunity to fight for the changes to get us to where we want to be.

The change of Prime Minister in June 2010, the Labor party's narrowest of election wins in August 2010, and the continuing political warfare has interfered with and slowed wider health reform.

The National Health and Hospital Reform Commission and the government consistently identified Aboriginal health as a first priority in the health reform agenda. Despite this, their responses to the challenge of reforming Aboriginal health remained unclear.

Reforms to primary health care that directly impact our member services, such as the creation of Medicare Locals, were announced with little explanation as to how these would work with the Aboriginal Community Controlled Health Sector.

In response to this lack of clarity, our members and affiliates came together to develop clear principals of engagement with our sector in the development of Medicare Locals. We won a much greater role in the forming of consortiums to bid for Medicare Locals and our Affiliates have been able to harness this to varying degrees as they develop a stronger position in partnerships across their state or territory.

In February, NACCHO called together Affiliates to discuss governance and to reach a common position on health reform and its relationship to our sector.

We identified the need for an independent Aboriginal controlled body to focus on planning, advocacy and monitoring of the effectiveness of all sectors involved in Aboriginal health.

Such a body could lead the development of a new national Aboriginal health policy and advocate for policies and funding priorities through the Council of Australian Governments (COAG) and the Health Ministerial Council. It could set annual key performance indicators, monitor the delivery of services and outcomes for Aboriginal peoples and report on it to COAG.

An independent, authoritative Aboriginal voice is the missing piece in the National Health and Hospital Reform process and will strengthen our determination to reform the way we advance our people's health. We will continue to develop a model to best meet the needs of our sector.

It is a tribute to our sector that we have been able to develop responses to this changing environment in such short time. The challenges not only included the national health reform agenda and Medicare Locals. The COAG Indigenous Chronic Disease Package has impacted other areas of our work such as Workforce, resulting in the rapid rollout of new workers and training packages within our sector.

I acknowledge the hard work of our members in using QUMAX for their patients. QUMAX success has changed access to medicines for all Aboriginal peoples across Australia through it generating the PBS co-payment relief program.

Implementation of new programs such as the ear health training for Aboriginal Health Workers have all been managed successfully over the year. NACCHO has coordinated this with our membership in urban, regional and remote Australia and ensured they are aware of the latest developments.

It has been a great privilege to visit many of our member services during the year. To see the depth and complexity of services provided to our communities and the professionalism of the staff across all member services is inspirational.

While our member services have their challenges, which include workforce shortages, accommodation and resources, they have shown a great sense of ownership, strength and pride in their services and achievements.

I thank both my fellow board members and the NACCHO staff for their diligence, support and the expertise they bring as they effectively represent the interests of NACCHO members.

– Justin Mohamed
Chairperson

The NACCHO Board

NACCHO's member services directly elect the 16-person NACCHO Board. The Board is made up of one delegate each from the ACT and Tasmania; two delegates each from the remaining six jurisdictions, and a Chairperson and Deputy Chairperson.

The state and territory delegates to the NACCHO Board are elected annually at each Affiliate's Annual General Meeting. NACCHO's Chairperson and Deputy Chairperson are elected by the member services at the NACCHO Annual General Meeting. At the 2011 AGM, the Chair and Deputy will be elected for three year terms whereas previously they were elected for two year terms.

The NACCHO Board normally meets a minimum of four times each year.

NACCHO Board Members at 30 June 2011 were:

Justin Mohamed – Chairperson

Justin Mohamed was elected NACCHO Chair at the Annual General Meeting in November 2009.

He is a Gooreng Gooreng man from Bundaberg Queensland but has lived and worked with Victorian Aboriginal communities for the last 20 years.

Over this time, he has been part of the community controlled Aboriginal health sector including as the Chairperson, and former CEO, of Rumbalara Aboriginal Co-operative and Director of the Academy of Sport, Health and Education in Shepparton.

Mr Mohamed chaired the Victorian Aboriginal Community Controlled Health Organisation, NACCHO's affiliated peak body for six years, and served as NACCHO's Deputy Chair for two years.

Glenda Humes – Deputy Chairperson

Glenda is originally from Victoria and has spent many years living in NSW and the ACT while working in Aboriginal Affairs for state and federal governments. Glenda was the Deputy CEO of NACCHO until her departure in 2004 to become CEO of the South West Aboriginal Medical Service (SWAMS) in Bunbury, Western Australia. Glenda retired from SWAMS in 2011.

On moving to WA, Glenda became involved with NACCHO's state affiliate, the Aboriginal Health Council of WA (AHCWA), in particular on the Board and more recently with AHCWA's technical team on COAG. In 2008, SWAMS was successful in gaining a highly commended award in the National Reconciliation Governance Awards. In 2007, Glenda travelled to New Zealand, Canada and Alaska with Darryl Kickett (then CEO of AHCWA) and Vicki O'Donnell (CEO of Derby Aboriginal Health Service) to visit Maori and First Nation communities to assess why they have been successful in closing the life expectancy gap of their peoples. This very valuable experience has changed the way in which Glenda is now addressing health outcomes for Aboriginal people in Australia, in particular WA, and governance issues.

Glenda has a law degree and masters degree in Indigenous Social Policy.

Australian Capital Territory

Julie Tongs

Julie is a Wiradjuri woman born in Leeton NSW and grew up in a small country town called Whitton. She has lived in the ACT region for about 40 years.

Julie's long history of community service and involvement in the ACT has provided her with a strong knowledge and understanding of the issues impacting on Aboriginal people in the ACT region. Julie has been involved with Winnunga Nimmityjah Aboriginal Health Service for some 15 years. She was elected by the community as a Director on the Board in 1993-1997 and was appointed CEO in 1997.

Julie has and continues to represent the ACT and Winnunga Nimmityjah Aboriginal Health Service on many local and national steering committees and has been a Director on the NACCHO Board since 1997. Consequently, Julie has gained a vast amount of knowledge and experience at a national representative and strategic planning level.

New South Wales

Christine Corby

Christine is a Gamilaraay woman from north-western New South Wales who was born in Sydney and returned to her mother's country, living in Walgett for the past 36 years.

She was the Legal Secretary for the (NSW) Aboriginal Legal Service for 11 years. When funding was announced in 1986 for the establishment of a local Aboriginal Medical Service, she commenced in the position of CEO.

Christine has held this position for 25 years and is also CEO of Brewarrina Aboriginal Health Service Limited. She is Chairperson of the NSW Aboriginal Health and Medical Research Council (AHMRC) and is one of the NSW representatives on the NACCHO Board. She also attends the NSW Aboriginal Health Partnership and Forum meetings.

The NACCHO Board

Christine is Chairperson of Bila Muuji Aboriginal Health Service Incorporated, representing eleven member services of the AHMRC in the (former) Greater Western Area Health Service (GWAHS) region.

She is a Justice of the Peace, holds a Graduate Diploma of Health Service Management, a Diploma of Management and a Diploma of Health Sciences.

Christine was awarded the Order of Australia Medal (OAM) in 2005, the Centenary Medal in 2003, and received the NSW Health Hall of Fame Award in Aboriginal Health in 2005.

Val Keed

Val was born in Peak Hill, NSW, and is a proud Wiradjuri woman. She is Chairperson of the Peak Hill Aboriginal Medical Service, a board member of the Aboriginal Children's Service in Sydney and a member of the Central Southern NSW Aboriginal Legal Service in Wagga.

Val serves as the national representative for NACCHO on the Australian Health and Medical Research Council (AH&MRC). Additionally, she has long been involved in the Aboriginal housing sector and serves on community boards in the nearby NSW towns of Forbes and Cowra that oversee drug and alcohol and social and emotional well being programs. Val currently holds the position of Treasurer of the Weigelli Drug and Alcohol Centre, Cowra.

Val Keed replaced David Kennedy as a NACCHO Board Member for NSW in November 2009.

Northern Territory

Stephanie Bell

Stephanie, a Kullilla/Wakka Wakka woman, is the Director of the Central Australian Aboriginal Congress. She is also Chairperson of the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT); Chair of the Central Australian Remote Health Development Service; Chair of the NT Aboriginal Health Forum; a member of the Territory's key government/non-government Aboriginal Health Partnership Committee; and is a current Board Member of the Lowitja Institute.

Paula Arnol

Paula was born and raised in Cairns. Her mother's family originates from Yarrabah in the far north Queensland region. Paula has lived in Darwin for the past 20 years and is the proud mother of three children with one currently studying medicine at Melbourne University. She is an active member of her community through her children's sports and other activities. Paula's favourite pastime is listening to the old people reminisce and tell their stories of when they were younger.

Paula is a strong advocate for localised training programs, innovative services that reflect community needs, and has always been known to put forward strong arguments and representation on these and many other issues.
She maintains a very broad involvement in all levels of health through her position as CEO of Danila Dilba Health Service and her role on the Boards of NACCHO, AMSANT (Aboriginal Medical Services Alliances Northern Territory) and Cooperative Research Centre for Aboriginal Health.

Queensland

Sheryl Lawton

Born at Augathella, near Charleville in Queensland, Sheryl is currently CEO of the Charleville Western Area Aboriginal and Torres Strait Islander Corporation for Health (CWAATSICH).

This appointment follows a life-time of experience and involvement in primarily community based organisations in the Charleville area.

On finishing high school, Sheryl added to her education through courses at TAFE. She holds a Certificate IV in Governance (Business), a Diploma in Business Management, a Graduate Certificate in Health Management, and has completed Effective Governance training.

The positions Sheryl has held include Secretary/ Treasurer of the Charleville Aboriginal Housing Company, Chairperson/Administrator of the Mitchell Aboriginal Housing Company, Chairperson and Deputy Chairperson of ATSIC's Goolburri Regional Council, and Administrator of the Goolburri Aboriginal Land Corporation.

She is Chairperson of NACCHO's Queensland Affiliate, the Queensland Aboriginal and Islander Health Council (QAIHC), and has been CEO of CWAATSICH since 2001.

Matthew Cooke

Matthew is the Deputy Chair of QAIHC and CEO of Nhulundu Wooribah Indigenous Health Organisation Incorporated in Gladstone. He was elected to the NACCHO Board in 2010.

Matthew is a proud Aboriginal and South Sea Islander from the Bailai people in Gladstone. In 2007, he was named Young Leader in Aboriginal and Torres Strait Islander Health, and in 2008 received the Deadly Vibe Young Australian of the Year award.

Matthew is currently enrolled in a Masters of Public Health - Health Service Management.

South Australia

Yvonne Buza

Born in Wallaroo and belonging to the Walker family of Point Pearce, Yvonne spent her early years with her large family and the Narungga people on the Yorke Peninsula coast. She later moved to Roxby Downs in the northern and far western region of South Australia where she now resides.

Yvonne attended Adelaide University and began her career teaching English as a second language and went on to spend many years working with Aboriginal children in very isolated communities in the APY lands. She has since worked in policy and planning roles in Aboriginal education and health, and acts in a senior advisory role to Country Health SA. Yvonne is the current Chairperson of the Northern and Far Western Aboriginal Health Advisory Committee, Chairperson of AHCSA, and an active member of many other Aboriginal community representative groups including the Aboriginal

The NACCHO Board

Statewide Women's Advisory Committee. In her spare time, Yvonne teaches Aboriginal language and dance, and privately tutors Aboriginal students in country SA.

John Singer

John's family is from Ngaangtjara, Pitjantjatjara and Yankunyatjara Lands, which is the cross border area of Northern Territory, South Australia and Western Australia. He began working in community control at the Ceduna Koonibba Aboriginal Health Service where he started his health worker training, which he later completed in the late 1980s with the Nganampa Health Council.

John worked in Community Administration from 1989 to 1996 at Iwantja, Fregon, Pukatja and Papunya. In 1997, he became the Manager of Iwantja Clinic, which is one of Nganampa Health Council's clinics. In 2000, he was appointed Director of the Nganampa Health Council and still holds this position. Over the years, John has participated on several Boards and Committees, was on the Board of the Aboriginal Health Council of SA Inc. (representative since 1998 and Chairperson 2005, 2006–2009), Country Health SA, and the Anangu Remote Health Alliance (influential in establishing this group in 2005; Chairperson 2005 and 2006).

He has a good understanding of governance, community control and government structures, and is very committed to improving the health and well being of Aboriginal people.

Tasmania

Raylene Foster

Raylene Foster is a Palawa woman born in Hobart. She currently holds the position of Chief Operations Officer at the Tasmanian Aboriginal Centre and Manager of the Aboriginal Health Service in Hobart.

Raylene has been working with the Tasmanian Aboriginal Centre for the past 14 years in a variety of roles including Workforce Information Policy Officer and in the Social and Emotional Wellbeing regional centre. She also served on the NACCHO Board in 2002.

Victoria

Andrew Gardiner

Andrew is a Wurundjeri man from Melbourne of the Woiwurrung speaking people of the Central Kulin nation. His family relation extends to Terrick, Wandin and Nevins.

Andrew is the CEO of the Dandenong and District Aborigines Co-operative Ltd (DDACL) in Victoria. The Co-operative provides a range of services including primary health, allied health, home and community care, Koori maternity, social and emotional well being, youth, family, Aboriginal Best Start (early childhood learning), and local Aboriginal justice.

Andrew has represented Dandenong at the VACCHO Members Meetings since 2006. He was elected Board Member in 2008, Vice Chairperson in 2009, and Chairperson in 2010. He joined the NACCHO Board in 2009.

Lyn McIness

Born in Wynyard, Tasmania, Lyn is a Palawa woman Plangermairreener of Ben Lomand/Portland/Wathaurong country and is the mother of three sons and grandmother of five.

Lyn holds a Bachelor Degree in Applied Sciences majoring in Health Promotion. She has worked in Aboriginal health for 28 years and has been involved in Aboriginal affairs since the late 1970s.

For the last 27 years, Lyn has been an Aboriginal Hospital Liaison Officer in the Department of Aboriginal Health, Geelong Hospital, Barwon Health, in a program which is community driven in a mainstream, best practice setting.

Some of the positions Lyn has held include ATSIC Regional Councillor, Tumbukka 1990–1993; member of the Victorian health resources group; Chairperson of the State Women's and Children's executive; member of the Tripartite Council of Koori Health; Chairperson of the state HACC working party; Director of the Victorian Community Services Association; Director of the Victorian Aboriginal Legal Service; Chair and Vice Chair of Mirimbiak Nations Aboriginal Corp. She is currently Chairperson of Wathaurong Aboriginal Co-operative and has been a Director for 25 years. Lyn is involved in various other committees at a local, state and national level. She is an Elder in her community, Chairperson of the Elders Group and is a Victorian Native Title member.

Lyn is a recipient of the Australian Centenary Medal in recognition of her achievements in Aboriginal health in Geelong. She wore the traditional possum skin cloak in the Melbourne Commonwealth Games opening ceremony.

Lyn is a current executive member and past Chairperson and Vice Chairperson of VACCHO, Chief Investigator in the Talking about Aboriginal pregnancy and post natal care project funded by NHMRC, and is on the committee of the Deakin University Medical School Indigenous project.

She still finds time to be involved with the youth of her community in sport and performing arts, where they are involved in Wathaurong language and medicine projects.

Lyn is a one eyed AFL Cats supporter and for relaxation she reads, is interested in most water sports, enjoys listening to music of all types and spending time with her family and grandchildren.

Western Australia

Vicki O'Donnell

Vicki O'Donnell was born in Derby, Western Australia, and has lived all her life in this small town which has a population of 4,500. Her mother is European and her father is Nykgina. Vicki is married and has two daughters and a son, aged 25 to 28, and four grandchildren.

Vicki has been the CEO of the Derby Aboriginal Health Service for the past eight years. Previously, she worked with the WA Health Department and WA Aboriginal Affairs Department and contributed extensively at a range of regional, state and national forums.

During her time with the Derby Aboriginal Health Service, she has gone from strength to strength, expanding their funding base and developing a culturally appropriate health services for the benefit of her people. Derby Aboriginal Health Service has built a skilled and stable multidisciplinary workforce and achieved recognition at state and national levels as a high-quality service producing measurable outcomes for Aboriginal people in the town and region.

Sandy Davies

Sandy is a proud Nhanda man of the Yamatji region in Western Australia. He is Chair of the Geraldton Regional Aboriginal Medical Service which he has been involved in for over 30 years, and Deputy Chair of the Aboriginal Health Council of West Australia. Sandy was Chair of the West Australian Aboriginal Legal Service for three years and Chair of the ATSIC Yamatji Regional Council for 10 years.

As the father of eight children and 25 grandchildren, Sandy is passionate about social justice and making sure people get a fair go. He also has a keen interest in football and particularly Geraldton's Northampton Rams.

Sector Chart

Chairperson – Justin Mohamed

Deputy Chairperson – Glenda Humes

NACCHO Secretariat Staff as at 30 June 2011

Chief Executive Officer Donna Ah Chee, Executive Assistant Denise Burdett, Senior Advisor Janine Engelhardt, Public Health Medical Officer Dr Sophie Couzos, Communications Officer Chris Hallett, Finance Officer Andrew Engelhardt, Assistant Finance Officer Emma Cutmore, Senior Policy Officer Tricia Elarde, Project Officer Ear & Hearing Health Irene Peachey, Administrative Officer Ear & Hearing Health Amanda Allen, Project Support Officer Ear & Hearing Health Teletha Elemes-Williams, Workforce Policy Officer Renee Williams, Sexual Health and Men's Health Policy Officer Mark Saunders, Good Medicines Better Health Policy Officer and Women's Health Policy Officer Marilyn Wright, Research Policy Officer Maurice Shipp, Policy Officer QUMAX Jo McMahon, Health Information Policy Officer Anthony Carter, Social and Emotional Well Being Policy Officer Pat Delaney, Receptionist Dewi Leach.

ACT Board Rep
Julie Tongs

ACT Member
Winnunga Nimmityjah

Tasmanian Board Rep
Raylene Foster

Tasmanian Member
Tasmanian Aboriginal Health Service

South Australia Board Reps
Yvonne Buza

John Singer

SA Members
Aboriginal Sobriety Group

Ceduna/Koonibba Aboriginal Health Service

Eyre Aboriginal Health Advisory Committee

Kalparrin Community

Mid North Health Advisory Committee

Moorundie Aboriginal Health Advisory Committee

Nganampa Health Council

Northern Aboriginal Health Advisory Committee – Roxby Downs

Nunkuwarrin Yunti

Nunyara Wellbeing Centre

Oak Valley Community

Pangula Mannamurna

Pika Wiya Health Service

Port Lincoln Aboriginal Health Service

Riverland Aboriginal & Islander Health Advisory Group

South East Aboriginal Health Advisory Committee

Tullawon Health Service

Umoona Tjutagku Health Service

Wakefield Aboriginal Health Advisory Committee

NSW Board Reps
Christine Corby

Val Keed

NSW Members
Aboriginal Medical Service Co-operative Ltd, Redfern

Aboriginal Medical Service Western Sydney

Albury Wodonga Aboriginal Health Service Inc.

Armajun Aboriginal Health Service Inc.

Armidale Aboriginal Medical Centre

Awabakal Newcastle Aboriginal Co-operative

Balranald Aboriginal Health Service Inc.

Biripi Aboriginal Corporation

Bourke Aboriginal Health Service

Brewarrina Health Centre

Brungle Aboriginal Health Service

Bulgarr Ngaru Medical Aboriginal Corporation

Bullinah Aboriginal Health Service

Cobar Aboriginal Health Service Inc.

Condobolin Aboriginal Service Inc.

Coomealla Health Aboriginal Corporation

Coonamble Aboriginal Health Service Inc.

Cummeragunja Aboriginal Medical Service

Dharah Gibinj Aboriginal Medical Service

Durri Aboriginal Medical Service

Galambila Aboriginal Health Service Inc.

Griffith Aboriginal Medical Service Inc.

Illawarra Aboriginal Medical Service Incorp

Katungul Aboriginal Corporation AMS

Murrin Bridge Aboriginal Health Service

Nambucca Valley Aboriginal Health Service

Orange Aboriginal Health Service Inc.

Parkes Aboriginal Health Service

Peak Hill Aboriginal Health Service Inc.

Pius X Aboriginal Corporation

Riverina Medical & Dental Health Aboriginal Corporation

South Coast Medical Service Aboriginal Corporation

Tamworth Aboriginal Health Service

Tharawal Aboriginal Corporation

Tobwabba Aboriginal Medical Service Inc.

Toomelah Aboriginal Health Service Inc.

Thubbo Medical Service Co-operative

Walgett Aboriginal Medical Service Co-operative Ltd

Wallhallow Aboriginal Corporation

Wellington Aboriginal Corporation Health Service

Weigella Centre Aboriginal Corporation

Yerrin Aboriginal Health Services Inc.

Yoorana-Gunja Family Violence Healing Centre

West Australian Board Reps
Vicki O'Donnell

Sandy Davies

WA Members
Beagle Bay Community Health Service

Bega Garnbirringu Health Service

Bidyadanga Aboriginal Community Health Service

Broome Regional Aboriginal Medical Service

Carnarvon Aboriginal Medical Service

Derbarl Yerrigan Aboriginal Health Service

Derby Aboriginal Health Service

Geraldton Regional Aboriginal Medical Service

Jurrugk Aboriginal Health Service

Kimberley Aboriginal Medical Services Council

Mawarnkarra Health Service Aboriginal Corporation

Ngaanyatjarra Health Service

Ngunytju Tjitji Pirni, Kalgoorlie

Nindillingarri Cultural Health Service

Ord Valley Aboriginal Health Service

Puntukurnu Aboriginal Medical Service

South West Aboriginal Medical Service

Wirraka Maya Aboriginal Medical Service

Yuri Yungi Aboriginal Health Service

Queensland Board Reps
Sheryl Lawton

Matthew Cooke

Queensland Members
Aboriginal and Torres Strait Islander Community Health Service Ltd, Brisbane

Aboriginal and Torres Strait Islander Community Health Service Ltd, Mackay

Apunipima Cape York Health Council

Barambah Regional Medical Service

Bidgerdii Health Service

Bundaberg Burnett Aboriginal Corporation

Carbal Medical Centre

Charleville & Western Areas Aboriginal and Torres Strait Islander Health Ltd

Cunnamulla Primary Health Care Centre AMS

Galangoor Duwalami Primary Health Care Service

Girudala Community Cooperative Society

Goolburri Health Advancement Corporation

Goondir Health Services

Gurriny Yealamuca Health Service Aboriginal

Injilinji Youth Health Service

Kalwun Health Service

Kambu Medical Service

Mamu Health Service

Mt Isa Aboriginal Health Service

Mudith Niyleta Corporation

Mulungu Aboriginal Medical Centre

Nhulundu Wooribah Indigenous Health Org

North Coast Aboriginal Corporation Health

Townsville Aboriginal Health Service

Wuchopperen Health Service

Yippippi Gulf Indigenous Health Council

Yulu Burri Ba Aboriginal Corporation

Victorian Board Reps
Lyn McInnes

Andrew Gardiner

Victorian Members
Aboriginal Community Elders Service

Ballarat & District Aboriginal Co-operative -CDEP

Bendigo District Aboriginal Co-operative

Budja Budja Aboriginal Co-operative

Central Gippsland Aboriginal Health Service

Dandenong & Dist Aboriginal Co-operative

Dhauwurd - Wurrung Elderly Citizens Assoc.

Gippsland & East Gippsland Aboriginal Co-operative

Goolum Goolum Co-operative

Gunditjmara Aboriginal Co-operative

Kerang Aboriginal Community Centre

Kirrae Community Health Service

Lake Tyers Health Service

Lakes Entrance Aboriginal Health

Mildura Aboriginal Co-operative

Moogji Aboriginal Council East Gippsland

Mungabareena Aboriginal Co-operative

Murray Valley Aboriginal Co-operative Ltd

Ngwala Willumbong Co-operative

Njernda Aboriginal Corporation

Ramahyuck District Aboriginal Co-operative

Rumbalara Aboriginal Co-operative Ltd

Swan Hill & District Aboriginal Co-operative

Victorian Aboriginal Health Service

Watherong Aboriginal Co-operative

Winda-Mara Aboriginal Corporation

Western Suburbs Gathering Association

NT Board Reps
Stephanie Bell

Paula Arnol

NT Members
Ampilatawatja Health Centre

Aboriginal Corporation

Anyinginyi Congress Aboriginal Corporation

Central Australian Aboriginal Congress

Danila Dilba Health Service Aboriginal Corporation

Katherine West Regional Health Board

Kakadu Health Service

Miwatj Health Aboriginal Corporation

Mutitjulu Health Service

Pintubi Homelands Health Service

Sunrise Health Service

Urapuntja Health Service

Wurli Wurlinjang Health Service

Chief Executive Officer's Report

Although I became Chief Executive Officer towards the end of the financial year, I was nevertheless enormously privileged to begin work with NACCHO, its Affiliates and members across the nation.

So in that sense, the NACCHO Annual Report is an account of the work behind the scenes in representing and advocating for our sector but does not fully account for the ideas and passion which drives this work.

At the heart of our work is a commitment to improving the health and wellbeing of our people. But behind that enormous challenge is a range of activities that represent the nuts and bolts of achieving that historic task.

Our 2010/11 annual report demonstrates that NACCHO is delivering on our strategic priorities in Aboriginal health to provide leadership and direction in policy development, to build and enhance Aboriginal Community Controlled Health Services' capacity to provide more effective and efficient primary health care services, and to build a more efficient and effective secretariat.

I would like to acknowledge the work and duration of service of my predecessor Ms Dea Thiele who spent the last decade of her life working at NACCHO.

Highlights in policy direction have been our sector coming together to discuss health reform and develop policy positions on Medicare Locals and an independent National Aboriginal Health Authority to monitor, advocate and plan for a healthier future for our communities.

We have regularly met with senior political leaders concerned with health to advocate for Aboriginal health and worked closely with other stakeholders to advance our cause. We have worked with the National Congress of Australia's First Peoples, the Close the Gap Steering Committee, the Lowitja Institute and a range of organisations eager to assist us in improving our people's health outcomes.

On the international stage, NACCHO has presented our case at the United Nations Permanent Forum on Indigenous Issues and at a UN conference in Melbourne, met with UN Special Rapporteur on Indigenous Issues James Anaya.

We have lodged submissions to parliamentary and other inquiries and developed papers on a range of issues detailed in this annual report. We have contributed to the development of key performance indicators, advocated for a better data management and governance framework, and advised on areas such as the E-Health policy, Telehealth and the Practice Nurse Incentive program.

NACCHO is involved with research programs working with member service trial sites on Blood Borne Viral and sexually transmitted infections and another project looking at smokers.

We collaborate with organisations on alcohol and other drugs policy, sexual and reproductive health and blood borne viruses and we support our member services' workers in this field.

NACCHO is also active in developing separate policies for Aboriginal men's and women's health.

The report lists over 40 national committees and working groups where NACCHO represents our community's interests.

A major new project NACCHO has been negotiating this year aims to enhance the governance of our services through the maintenance and strengthening of good governance practices across our sector.

NACCHO successfully managed the transition to new arrangements for urban and regional member services in the QUMAX (Quality Use of Medicines Maximised for Aboriginal Peoples and Torres Strait Islanders) program. An independent evaluation of QUMAX by Urbis Pty Ltd released in June 2011 praised the management and effectiveness of the program. NACCHO also provided a submission to the Senate Committee inquiry into the S100 program.

The revision of the National Guide to a Preventive Health Assessment for Aboriginal and Torres Strait Islander People continued during this year with finalisation expected in 2012.

NACCHO established an immunisation network including Affiliates, provided a submission on National Immunisation Strategy and will become a representative on the National Immunisation Committee.

The Good Medicines Better Health (GMBH) project continued its rollout with a focus on train the trainer courses for Aboriginal Health Workers in quality use of medicines.

The NACCHO Ear and Hearing Health Workforce Project for Aboriginal Health Workers rolled out this year. Over 140 Aboriginal Health Workers were trained at two successful national workshops in Sydney and a course advisory group worked on developing an accredited national skill set.

Workforce development is a major area for NACCHO. Just some of the areas where NACCHO is involved include the Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN), the Aboriginal and Torres Strait Islander Health Worker Project (ATSIHWP), the Workforce Information Policy Officer (WIPO) National Network and national registration for Aboriginal and Torres Strait Islander Health Practitioners. In late June 2011, NACCHO hosted the first National Aboriginal and Torres Strait Islander Outreach Workers Workshop in Sydney with 120 participants.

NACCHO has coordinated the project to assist member services to achieve accreditation under the Establishing Quality Health Standards (EQHS) project and successfully lobbied for continuation of the project in the 2011 budget.

NACCHO's Cultural Safety Training (CST) Standards Project established standards and supporting resources in 2011 as part of the long-term plan.

During the year, NACCHO also replaced its constitution at the 2010 AGM to update and clarify the governance provisions. The Board developed a new strategic plan that was being finalised at the end of the financial year along with a business plan.

NACCHO began a review of the Secretariat's operation and an organisational accreditation process in 2011 that will continue in the next year.

The NACCHO Board adopted a new contemporary corporate image to signal a forward-looking organisation that features in this Annual Report for the first time.

It has been a busy year for NACCHO with many changes, challenges and successes detailed in the following pages and I look forward to further building the relationship with NACCHO's members, the Board and Affiliates.

We have such great expertise in our sector and amongst other stakeholders wanting to work with us. Achieving what we want and need has never been easy but by working together we can make great progress.

– Donna Ah Chee
NACCHO CEO

Justin Mohamed with Prime Minister Julia Gillard at Parliament House for the Close The Gap meeting in February 2011

WA Board Member Vicky O'Donnell, Glenda Humes NACCHO Deputy Chair and Senator Rachel Siewert the Greens Health and Aboriginal affairs spokesperson at the NACCHO health reform forum in March 2011 in Perth.

Reporting on Strategic Priorities

Provide Leadership and Direction in Policy Development

As the national peak body in Aboriginal health, NACCHO advocates at the national level on behalf of the Aboriginal community and NACCHO's members, the over 150 Aboriginal Community Controlled Health Services in urban, regional and remote Australia.

Health Reform

During the year, NACCHO has taken a lead role in developing and advocating for clear outcomes in Aboriginal health from the National Health and Hospital Reform (NHHR) Commission process and the Australian Government's health reform agenda.

The NHHR Commission and the Government consistently identified Aboriginal health as a first priority in the health reform agenda. However, the reforms that the Government implemented during the year largely bypassed Aboriginal health.

The Government announced reforms to primary health care with direct application to our member services, such as the creation of Medicare Locals, with little explanation as to how these would work with the Aboriginal Community Controlled Health Sector.

NACCHO and our Sector had to develop our own reform proposals. At the end of the previous financial year in June 2010, NACCHO and Affiliates met in Brisbane to develop a position statement on Medicare Locals and the basic principles for development of Aboriginal and mainstream Medicare Locals. These principles guided the development of our Affiliates' responses tailored to their needs in each jurisdiction.

The reform process created much interest and uncertainty within our members, our sector and amongst other stakeholders eager to play a role in advancing the Aboriginal health reform agenda.

In February, NACCHO convened a two-day meeting in Adelaide of the Board and Affiliates to determine a clear position on what we wanted out of national health reform.

The meeting agreed to develop the concept of an independent National Aboriginal Health Authority to monitor, advocate and plan on behalf of Aboriginal health.

NACCHO, our Affiliates and other stakeholders had examined the idea of a National Aboriginal Health Authority for a number of years including the fund-holding model suggested in the National Health and Hospital Reform Commission's final report.

NACCHO's position was that a non-fund holding body would be able to be more independent in its role of planning, advocacy and monitoring.

The Authority's main functions would be to:

- Lead development of a new National Aboriginal Health Policy and Strategic Plan.
- Advocate these policies and funding priorities to the federal and state governments through COAG and the Health Ministerial Council.
- Set annual Key Performance Indicators upon which every Aboriginal health program and service is measured to assess performance and their contribution towards the Closing the Gap targets.
- Monitor the delivery of services and outcomes for Aboriginal Peoples and report on this annually to COAG.

A possible model for the Authority's structure is:

- Administration by a Board of Aboriginal and Torres Strait Islander peoples with a skills-based selection criteria.
- Member of the COAG Ministerial Council on Health and reporting directly to COAG.
- An independent Statutory Authority of the Commonwealth.

The new body would be an authoritative centre of expertise to plan, oversee and advocate for Aboriginal health independent of changes in governments and health departments.

It would drive cooperation, accountability and transparency between all levels of government.

NACCHO worked to develop the concept further with Affiliates, Members and other stakeholders during the year.

NACCHO, Members and Affiliates held a preconference workshop on health reform in Perth at the National Rural Health Alliance Conference in March 2011. The concept for the national Aboriginal Health Authority and Affiliates' strategies for reform of primary health care including Medicare Locals were the main issues addressed. It was well attended by NACCHO members and a range of interested parties including Senator Rachel Siewert.

The campaign was assisted by a financial contribution from Oxfam Australia.

In June, the NACCHO Board and Affiliates met with politicians including the Health Minister, Aboriginal Health Minister, Shadow Ministers and the Greens to advocate for the Authority. This was part of ongoing meetings with a range of stakeholders to advance the concept. In May, NACCHO delegates to the UN Permanent Forum on Indigenous Issues in New York held a side event on the Aboriginal Health Authority and discussed it with the UN Special Rapporteur on Indigenous Issues James Anaya.

NACCHO Chair Justin Mohamed is a member of the Federal Government's Aboriginal health advisory council, the National Aboriginal and Torres Strait Islander Health Equality Council (NATSIHEC). He played an active role which included briefing the Council on the National Aboriginal Health Authority concept.

As one of the founders of the Close the Gap community campaign, NACCHO maintains an active role on the campaign steering committee. The campaign celebrated its fifth anniversary during the year. For Close the Gap Day 25 March, the committee held an inaugural parliamentary breakfast in Canberra attended by over 60 people with almost half being federal parliamentarians. NACCHO Chair Justin Mohamed spoke at the breakfast and in the video produced to promote the day.

Members of the committee met regularly with relevant ministers during the year.

NACCHO held a meeting of Aboriginal and Torres Strait Islander organisations including members of the Close the Gap Steering Committee and others at NACCHO House in Canberra in February 2011. They have formed an influential caucus to further develop concepts for advancing Aboriginal health. NACCHO has supported the development of the National Congress of Australia's First Peoples. NACCHO's Chair attended the inaugural meeting of the National Congress of Australia's First Peoples in Sydney in June 2011 that included the election of the new Board.

As a peak body member of Congress' Chamber One, NACCHO will work closely with the National Congress Board to ensure health advice and planning is done in a collaborative way with our sector.

International Involvement

NACCHO sent delegates to the UN Permanent Forum on Indigenous Issues in New York in May and the Healing our Spirit Conference in Hawaii in September where NACCHO

Strategic Priorities: Leadership and Direction in Policy Development

Chair Justin Mohamed was a keynote speaker.

NACCHO continues to be an active member of the Indigenous Peoples' Organisations Network of Australia (IPON). The IPON is an affiliation of organisations and individuals who are involved in the human rights protection of Aboriginal and Torres Strait Islander peoples at the international level. The Network is sponsored by the Social Justice Unit at the Australian Human Rights Commission and provides an opportunity to address local and domestic concerns through the international human rights system.

The next Healing our Spirit Conference is being held in Alice Springs in 2014, and NACCHO and the Aboriginal Medical Services Alliance Northern Territory (AMSANT) are working together on preparations for this prestigious event. AMSANT will highlight the Northern Territory at the conference and NACCHO will assist with the national showcasing of our sector.

From 30 August to 1 September 2010, NACCHO delegates attended the 63rd Annual UN Department of Public Information Non-Governmental Organisations Conference 'Advance global health: achieve the millennium development goals (MDGs)' in Melbourne. NACCHO and members presented a profile of our sector and the NACCHO Chair took part in plenary panel discussions.

Submissions

Year	Title	Submitted to	Pages
2011	Inquiry into the Effectiveness of the Special Arrangements for the Supply of Pharmaceutical Benefits Scheme (PBS) Medicines to Remote Area Aboriginal Health Services (RAAHSs)	Senate Inquiry - Community Affairs Reference Committee	1-38
2011	Web-based reporting system Data Management and Governance Framework	OATSIH	1-8
2011	New Medicare rebates and Incentives for Online (Telehealth) Consultations	Department of Health and Ageing	1-7
2011	NACCHO Web Based Reporting Tool and National Key Performance Indicators Q&A paper	Affiliates/Board	1-6
2010	Medicare Locals - Discussion Paper on Governance and Functions	Department of Health and Ageing	1-2
2010	Practice Nurse Incentive Program Technical Working Group	Department of Health and Ageing	1-3
2010	Towards a National Immunisation Strategy: An Issues Paper prepared for a national forum convened by the Commonwealth Department of Health and Ageing	Department of Health and Ageing	1-3
2010	Methodology for the revision of the National Guide to a Preventive Health Assessment in Aboriginal and Torres Strait Islander Peoples	RACGP/GP Writers	1-9
2010	Appraisal of the Recommendations for Clinical Care Guidelines on the Management of Otitis Media	Department of Health and Ageing	1-61 (comments embedded)
2010	Advice regarding the proposed 2010 AMA Report Card: 'Best practice models of service delivery in Indigenous health'	AMA	1-4

National Performance Indicators

NACCHO has undertaken extensive work to ensure the development of national key performance indicators (nKPIs) for ACCHSs are acceptable to the sector and that in their collection, quality improvement in service delivery is fostered.

The primary purpose of the nKPIs (according to OATSIH) is to provide data for government so that they can assess how the ACCHS sector is faring in closing the gap. Having collected that indicator data, each service can also use that information (or other indicators) for quality improvement. The collection of nKPIs are needed from all sectors providing services to Aboriginal peoples (designated 'Indigenous specific primary health care services') as per the National Indigenous Reform Agreement (2008). Private general practices are excluded from this requirement.

OATSIH requires funded organisations to provide data on activity and performance. nKPI data will contribute to the evidence base for the Department of Health and Ageing Aboriginal and Torres Strait Islander primary care program (OATSIH FACT Sheet, 2011).

The table below summarises the advice that NACCHO has provided in recent years with regard to the management and collection of data (including performance indicators), from ACCHSs.

Table 1: Milestones in the development of a Data Management and Governance Framework (with respect to recent NACCHO efforts)

Year	Activity	Advice provided by NACCHO to OATSIH
2009 (May)	Response to OATSIH Issues Paper (Review of Reporting Requirements to OATSIH Funded Organisations).	NACCHO submission recommends an Information Agreement between NACCHO and the Department with regard to data collection from ACCHSs, noting that partnerships are sustained by mutual understanding and respect which an Agreement would provide.
2009 (August)	Response to the Stakeholder Feedback on the OATSIH Issues paper.	NACCHO submission outlines errors in the report compiled by OATSIH. In particular, reference to partnership on data management with the ACCHS sector is absent.
2009 (October)	Teleconference between NACCHO, State/Territory Affiliates and OATSIH.	Advice regarding the development of nKPIs for ACCHSs.
2009 (October)	Development of a joint NACCHO-OATSIH 'Policy Context' for the National KPIs.	The draft policy context paper stated: "the collection, reporting, management and storage of aggregated nKPI data will comply with a NACCHO and Affiliate endorsed 'national protocol for nKPI data management and governance' which will take into account the National Aboriginal and Torres Strait Islander Health Data Principles".
2009 (October)	Matrix- comparison of NT, QAIHC and AIHW Healthy for Life indicators mapped to Health Performance Framework indicators and domains.	Matrix prepared by NACCHO.
2009 (November)	Meeting between NACCHO, State/Territory Affiliates and OATSIH.	Advice regarding the development of nKPIs for ACCHSs.
2010 (July)	NACCHO writes to OATSIH on NACCHO endorsed data management protocols for any national collation of indicator data from ACCHSs.	"Getting this right will underpin national efforts towards KPIs used by ACCHSs and reported for national aggregation."
2010 (August)	NACCHO/OATSIH meeting.	NACCHO recommends that Business Rules for data collection from the sector (including nKPIs) for the WBRT be developed.
2010 (November)	NACCHO hosts members conference and invites OATSIH to speak on WBRT.	NACCHO members requested Business Rules and sought feedback. OATSIH indicated that these were being developed (called 'data management plan').
2010 (December)	NACCHO Chair meets with Linda Powell (OATSIH) and provides a Briefing Paper.	"NACCHO seeks to collaboratively develop Business Rules which address the streamlined reporting obligations of ACCHSs, in order to ensure clarity and transparency."
2010 (December)	Response to OATSIH on 'proposed initial nKPIs for Indigenous specific PHC services'.	NACCHO submission.
2011 (January)	nKPI Technical Working Group (TWG) formed.	NACCHO accepts membership.
2011 (February)	NACCHO writes to OATSIH asking if the task of the Data Management plan can be assigned to the nKPI TWG.	"From NACCHO's perspective, it is difficult to separate discussion on KPIs from discussion around data governance and business rules associated with the collection of KPIs."
2011 (March)	NACCHO hosts caucus with Affiliates.	NACCHO Consensus Statement developed which describes the purpose of the data management plan (or business rules).
2011 (March)	First meeting of the nKPI TWG.	NACCHO Consensus Statement provided to OATSIH.
2011 (April)	NACCHO convenes Affiliates meeting. OATSIH provides NACCHO with a first draft of the Data Management and Governance Framework (aka Business Rules).	Edits to the draft Data Management and Governance Framework provided to OATSIH.
2011 (May)	NACCHO Board meeting	OATSIH attends Board meeting but Framework not discussed.
2011 (June)	OATSIH releases new draft of the Framework.	NACCHO provides submission.

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Through the TWG established by OATSIH, NACCHO has appraised nKPIs developed by the Australian Institute of Health and Welfare (AIHW). From a set of KPIs, several have been selected to comprise a final initial set of nKPIs. These have not been endorsed by NACCHO nor any NACCHO Affiliates. NACCHO's efforts toward an appropriate and sector endorsed Data Management and Governance Framework is summarised in Table 1 and in the NACCHO submission.

Medicare

Practice Nurse Incentive Program

NACCHO has worked as a member of the Practice Nurse Incentive Program Technical Working Group (Ms Dulcie Flower) to ensure that the Practice Nurse Incentive Program (PNIP) supports ACCHSs. It was announced in May 2010 with Federal Budget funding of $390.3m over four years. Funding will be provided to general practices and ACCHSs to employ practice nurses and/or Aboriginal Health Workers per full time equivalent (FTE) GP.

NACCHO successfully negotiated that in view of methods adopted by the Department underestimating the FTE activity of ACCHSs, "the SWPE values for Aboriginal Medical Services and Aboriginal Community Controlled Health Organisations will be increased by 50%". However, this still considerably underestimates the FTE activity of GPs within ACCHSs.

Medicare Telehealth Measure

NACCHO is represented on the Medicare Telehealth Advisory Group. (The NACCHO submission can be seen on www.naccho.org.au and http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/News-20110307-Telehealth_Discussion_Paper).

From 1 July 2011 (as part of its 2010 Federal election platform), the Federal Government will provide Medicare rebates for online consultations across a range of medical specialties (funding of $402.2 million over four years). The measure will also provide financial incentives to health services for hosting online consultations and to clinicians for claiming Medicare under this measure. The initiative is intended to address some of the barriers to access to medical services, and specialist services in particular, for Australians in rural, remote and outer metropolitan areas.

All ACCHSs regardless of geographic location are eligible.

E-health Policy

NACCHO lobbied during the year to ensure the best results for our sector out of national information communication technology initiatives, especially in E-health.

Affiliates such as AMSANT are already leading the way in local use of E-health and are providing useful insights for the development of the national scheme. NACCHO has advocated for the sector primarily through the National E-health Transition Authority (NEHTA) and the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID) established to advise the Australian Health Ministers' Advisory Council.

The Commonwealth Government approved the development of the personally controlled electronic health record (PCEHR) system in 2010 with NEHTA coordinating plans to implement it in July 2012.

This has great potential benefits for patients and our sector. However, we are also concerned by the issues of data control, ownership, privacy and ensuring that we have the necessary infrastructure and support for implementation.

NACCHO attended a two-day study tour of Katherine in November 2010 run by AMSANT, NEHTA and the E-health branch of the NT Government. It examined the key elements of an integrated electronic health record system that has been successfully operating in the Northern Territory for over five years and identified possible future E-health collaborations between jurisdictions.

NACCHO attended and participated in the NEHTA Consumer Roundtables as a key-stakeholder and also attended the national E-health Conference in Melbourne from 30 November to 1 December 2010.

NACCHO commented on NEHTA's Draft Concept of Operations Relating to the Introduction of a Personally Controlled Electronic Health Record (PCEHR) System in a submission in May 2011. (http://www.naccho.org.au/Files/Documents/NACCHO_National_e-health_Transit%20Authority_re_e-health_records31-5-11.pdf)

Research

Research Excellence in Aboriginal Community Controlled Health (REACCH) Project

NACCHO is identified by the National Health and Medical Research Council (NHMRC) as a national Centre for Research Excellence (CCRE) in Aboriginal Health: Blood Borne Viral and Sexually transmitted Infections (2009-2013) in partnership with the Kirby Institute (formerly the National Centre in HIV Epidemiology and Clinical Research (NCHECR) at the University of NSW. This was first announced in April 2009 and is supported by a Memorandum of Understanding (MOU) between the two organisations.

The REACCH project is developing projects on clinical research with five ACCHSs in urban and regional settings in New South Wales, Victoria, Queensland and South Australia.

Participating ACCHS include:

- Aboriginal Medical Service Western Sydney (Mt Druitt, NSW)
- Durri Aboriginal Corporation Medical Service (Kempsey, NSW)
- Goondir Health Service (Dalby, Qld)
- Nunkuwarrin Yunti of SA Incorporated (Adelaide, SA)
- Victorian Aboriginal Health Service (Fitzroy, VIC)

Participating Affiliates include:

- Aboriginal Health & Medical Research Council of New South Wales
- Aboriginal Heath Council of South Australia Inc.
- Queensland Aboriginal and Islander Health Council
- Victorian Aboriginal Community Controlled Health Organisation

REACCH receives funding of $2.5 million over five years from the NHMRC and has a focus on researching sexually transmitted and blood borne viral infections in urban and rural communities.

NACCHO's goal is to support community controlled research where each community decides what they want to research, how they will undertake the research, and how they will manage and disseminate any results from the research. The Research Policy Officer has a key role in developing capacity amongst REACCH participants.

REACCH is governed by an Executive Board of Management which makes the key administrative and policy decisions. The board consists

"NACCHO lobbied during the year to ensure the best results for our sector out of national information communication technology initiatives, especially in E-health... This has great potential benefits for patients and our sector. However, we are also concerned by the issues of data control, ownership, privacy and ensuring that we have the necessary infrastructure and support for implementation."

of five members; a NACCHO nominee is the Chairperson with two members nominated by NACCHO and two members nominated by Kirby. Board Members represent the partner organisations as well as services. The Board operates by consensus with a 75% majority on voting items.

REACCH also has a Network Coordination Committee (NCC) consisting of representatives from NACCHO, the Kirby Institute and each of the participating ACCHSs. The NCC meets quarterly, ensuring that participating services have a voice in the strategic directions and the ongoing operations of REACCH.

The NCC is chaired by a representative of a participating service on a rotational basis. Executive support is provided by the NACCHO and Kirby Research Officers.

REACCH provides funding for two research coordinator positions, one based within NACCHO and the other with the Kirby Institute. REACCH Coordinators conduct visits to each of the participating ACCHS sites with the aim of increasing support, nurturing existing relationships and continuing conversations on research interests and capacity development needs. All sites were visited between July 2010 and June this year.

REACCH holds an annual face-to-face meeting each year. The next meeting will be held in August 2011 over two days in Sydney. Representatives from each ACCHS, NACCHO and Kirby meet to review progress and to plan for future research to be undertaken during the coming year.

The following key project ideas arose in the reportable period:

- Antenatal testing for Sexually Transmitted Infections (STIs)
- Hepatitis C Management
- STIs and Young People
- Prison Health

These broad areas of interest have the potential to lead to many different research projects which will help to inform and strengthen the management of sexually transmitted and blood borne viral infections in the community controlled sector.

REACCH has prepared an Operations and Communication Protocol which articulates the roles and responsibilities of all parties and guides communication protocols.

Australian Research Council Linkage Grant, 'GOANNA' Project

The GOANNA Project is a joint initiative of the University of NSW, La Trobe University and 17 partner organisations including NACCHO and its Affiliates and state and territory health departments.

'Goanna' is the first Australian national study assessing knowledge, risk practices and health service access in relation to sexually transmissible inflections and blood borne viruses among young Aboriginal and Torres Strait Islander people aged 16-29. Surveys are being conducted at cultural events across Australia over the next three years until 2013.

Data is being collected at community cultural and/or sporting events in every state and territory (five events per state/territory totalling 40 events). It is hoped to collect about 4,000 completed surveys.

The project seeks to establish a national benchmark collection of health data for this demographic. It also has a strong capacity-building component with training provided to Aboriginal communities across Australia and will contribute to strategic policy development.

'GOANNA' is governed by a group of Chief Investigators (CIs) who meet quarterly to ensure that the project is being conducted appropriately and ethically whilst providing expert advice on any issues and/or topics arising from the conduct of the study.

To date, six sites (Tasmania, Victoria, New South Wales, South Australia, Western Australia and the Northern Territory) have held data collection events, resulting in 607 completed surveys. Nine events will be held in the remainder of 2011, sixteen events in 2012, and eight in 2013.

The breakdown of the 607 surveys completed this year is as follows:

- New South Wales, 147 (24.21%)
- South Australia, 86 (14.16%)
- Tasmania, 62 (10.21%)
- Victoria, 104 (17.13%)
- Western Australia, 123 (20.26%)
- Northern Territory, 85 (14.00%)

There are no significant challenges to report and there have not been any negative participant experiences or complaints throughout the survey process at any of the events.

'Talking About the Smokes' (TATS) Research Project

NACCHO and the Menzies School of Health Research signed an MoU for the first phase of the collaborative approach to the TATS national research project in September 2010. The proposed research project is the 'Australian Indigenous Cohort of the International Tobacco Control Policy Evaluation Project'. An MoU between NACCHO and Menzies is currently in development for Phase 2 of the project.

The purpose for NACCHO's involvement is to ensure that this national project, funded by the Department of Health and Ageing, engages with ACCHSs in ways which maximise outcomes for ACCHSs as well as research. Around 40 of our ACCHSs will be invited to participate in the project and survey smokers and non-smokers to ascertain factors influencing smoking behaviour.

The TATS project will be governed by a Reference Group for which NACCHO wrote to Affiliates in 2010 and in June 2011 seeking representation. The role of the Reference Group is to provide advice and advocate for Aboriginal people and each of the ACCHS Project sites during the research process.

TATS also has a Technical Research Team involving representatives acting for NACCHO, Affiliates, the Centre of Excellence in Indigenous Tobacco Control (CEITC), and the Cancer Council.

A project team will be employed with employees based at NACCHO House in Canberra and the Menzies School of Health Research in Darwin. NACCHO will employ three positions including a Communication Coordinator and two Regional Project Officers.

The Research Protocol for this project has been developed according to a sound theoretical model of the International Tobacco Control (ITC) protocol adapted to suit the community controlled research process. The adaptation has occurred through NACCHO involvement.

The Technical Research Team is currently developing a number of surveys adapted from the ITC instrument which will be piloted as part of the study.

Alcohol and Other Drugs

NACCHO continues to participate as a Member of the National Indigenous Drug and Alcohol Committee (NIDAC). The NACCHO CEO is represented on this committee as well as the Australian National Council on Drugs.

One of the activities during this period has seen the NACCHO AoD Policy Officer provide advice via monthly planning meetings to the NIDAC 2012 Conference organising committee. NIDAC 2012 is to be held in Fremantle WA in June 2012 and NACCHO encourages ACCHSs to participate and showcase their work and commitment to address this important issue. For more on this conference, visit www.nidac.org.au

In March 2011, the Australian Government released the National Drug Strategy 2010-2015. During the consultation phase, NACCHO advocated to retain the Aboriginal and Torres Strait Islander Peoples Complementary Action Plan and to upgrade this Plan to Strategy status. It is pleasing to see that one of the priorities identified in the Strategy is the development of the National Aboriginal and Torres Strait Islander Peoples Drug Strategy. The Intergovernmental Committee on Drugs is tasked with creating a working group that will assist in this development.

A major report prepared by NACCHO in conjunction with Anex for the Australian National Council on Drugs (ANCD) and the National Indigenous Drug and Alcohol Committee (NIDAC) was launched in April. The report 'Injecting Drug Use and Associated Harms among Aboriginal Australians' explores gaps in knowledge and identifies recommendations to improve service responses including policy development,

Strategic Priorities: Leadership and Direction in Policy Development

"NACCHO Policy and Position Statements on Aboriginal Male Health were endorsed by participants at the men only workshop held during the NACCHO Members meeting in Canberra November 2010... One of the outcomes from this workshop was the creation of the NACCHO Aboriginal Male Health Advisory Committee."

data collections, service responses and workforce development. It is designed to provide a targeted approach aimed at reducing harm. The report is available on the ANCD website www.ancd.org.au

Sexual and Reproductive Health and Blood borne Viruses

NACCHO supported the NSW Network of Aboriginal Sexual Health Workers (ASHW) to invite their Aboriginal and Torres Strait Islander Sexual Health Workers from around Australia to join in the 16th Annual Training Network Meeting. This was assisted by funding and organisational support from both the NSW Health AIDS/Infectious Diseases Branch and OATSIH.

The meeting was held in conjunction with the Australasian Sexual Health and HIV/AIDS Conferences in Sydney, Monday 18 – Friday 22 October 2010.

Half of the week allowed workers to attend parts of the Australasian Sexual Health and HIV conferences and the other half was dedicated to specific sessions for Aboriginal and Torres Strait Islander Sexual Health Workers. The program catered for relevant issues for workers from across Australia, not just NSW.

NGARRA Exhibition

Appearing for the first time during the 2010 Australasian Sexual Health and Australasian HIV/AIDS Conferences, NACCHO working in partnership with the Australian Society for HIV Medicine (ASHM), the Kirby Institute and the Australian Indigenous Doctors Association (AIDA) hosted an Aboriginal and Torres Strait Islander exhibition.

Launched by NACCHO Chair Mr Justin Mohamed, this event showcased an array of Aboriginal and Torres Strait Islander sexual health initiatives including research, resources, online programs and other related activities currently being implemented or developed around Australia. The exhibition was entitled NGARRA which means 'tie together' – and it did just that: tying together projects from around Australia ranging from community to academic initiatives.

A NACCHO and ASHM co-badged exhibition booklet was published, detailing the title, summary and contact details of each initiative. The booklet not only served as a catalogue for those attending the exhibition but was designed to serve as a communications and networking device outside the exhibition. This booklet is available from both the ASHM website and the HealthInfonet website.

Due to its overwhelming success, ASHM has announced that the NGARRA exhibition will be staged as a featured display during future conferences.

NACCHO thanks Mr Thanos Lygdas, Program Manager BBV/STI Education Program within the ASHM Professional Education Division, Ms Karen Seager from ASHM, Ms Paige Dowd from AHMRC, Ms Levinia Crooks from ASHM, Mr James Ward from Kirby Institute, and Mr David Brockman from AIDA for contributing to the success of the exhibition. NACCHO also thanks the workers from across Australia whose great work became the Ngarra exhibition.

Memoranda of Understanding

This year, the Memorandum of Understanding (MoU) between NACCHO and the National Centre in HIV Epidemiology and Clinical Research (NCHECR, UNSW) was updated to reflect the name change from NCHECR to the Kirby Institute.

Additional MoUs are being developed to formalise the working partnerships that NACCHO has with ASHM, the Burnet Institute and AIVL. NACCHO believes that the MoUs will ensure that the overall beneficiary will be the Aboriginal Community Controlled Health Sector.

Aboriginal Men's Health

NACCHO Policy and Position Statements on Aboriginal Male Health were endorsed by participants at the men only workshop held during the NACCHO Members meeting in Canberra November 2010. Both documents are available at www.naccho.org.au

One of the outcomes from this workshop was the creation of the NACCHO Aboriginal Male Health Advisory Committee. This committee, chaired by Dr Mick Adams, provides advice to the NACCHO Board as well as guidance and support for the work being carried out by the Secretariat in this important area.

Aboriginal Women's Health

NACCHO has been working toward developing a Women's Health Policy and has been working with the Aboriginal Women's Talking Circle, a subcommittee of the Australian Women's Health Network to prioritise the following:

1. Women's economic health and well being.
2. Women's mental health and well being.
3. Preventing violence against women in all its forms.
4. Improving women's access to publicly funded health services.
5. Strengthening primary health care system.
6. Human rights and access to justice.
7. Cultural competency/ sensitivity.

The first draft position paper on Aboriginal Women's Health was presented to the NACCHO AGM in Canberra in 2010 for comment and recommendations. A redrafted version will be presented to the NACCHO Board in late 2011 and at the 2011 AGM for comment from the women of NACCHO Member services and Affiliates.

The importance of issues relevant to Aboriginal women's health was acknowledged in this AGM resolution in 2010:

"That NACCHO lobby DoHA to provide resources for the establishment of a designate women's policy officer position to be established at NACCHO to drive implementation of National Women's Health Policy regarding inclusion of Aboriginal and Torres Strait Islander women.

That the women's policy officer position drive communication between the Community Controlled Health Sector and the newly established National Aboriginal and Torres Strait Islander Women's Alliance."

NACCHO remains fully committed to these objectives.

Communications

To support NACCHO's lobbying and provide leadership in Aboriginal health, the Chair and other designated spokespeople gave media interviews throughout the year. In addition, NACCHO provided written media commentaries, produced 'Take Note' newsletters, and issued 17 media releases. These were also made available on the NACCHO website.

NACCHO also worked closely with the Close the Gap Steering Committee members regarding communication strategy and joint media statements, which included quotes from the NACCHO Chair.

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NACCHO media releases issued during the year were:

- 21 June 2011 - Aboriginal Community Controlled Health Services are Closing the Gap in Access to Medicines - QUMAX
- 12 June 2011 - Aboriginal Health Reform - the next step
- 20 May 2011 - Acknowledging Traditional Owners an Honourable Tradition - Victoria
- 11 May 2011 - Champion of the world missed - Mr Lionel Rose
- 13 April 2011 - Long Live the Live Longer Aboriginal Community Health Campaign
- 1 April 2011 - New NACCHO CEO announced
- 24 March 2011 - Community Support & Aboriginal Community Control the Lynchpin of Closing the Gap
- 16 March 2011 - Animated Computer Graphics Tool for Aboriginal Health Workers Tackling Ear Disease
- 17 February 2011 - Reform impacts on Aboriginal community controlled health - pre-conference alert
- 16 February 2011 - AMA Budget submission Aboriginal health, "The biggest failure in our health system"
- 19 November 2010 - Improving the Primary Health Care Agenda to Close the Gap
- 17 November 2010 - Minister Roxon & Aboriginal Health Peak Body to work closely
- 14 September 2010 - The Best Return on (Re)Reshuffled Aboriginal Health
- 13 September 2010 - Reshuffle should benefit Aboriginal Health
- 26 August 2010 - Local Control, National Focus to Close the Gap
- 10 August 2010 - Joint NACCHO United General Practice Australia Release - Let's hear about Aboriginal health - Election 2010
- 16 July 2010 - Cultural Safety Training to help Close the Gap

Representation on Committees

NACCHO represents our sector on a wide range of committees and working groups:

- Aboriginal & Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN)
- Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) and Sub-Committees
- ASHM (Australasian Society for HIV Medicine) Health Expert Reference Group National HIV Testing Policy
- ASHM Expert Reference Group
- ASHM National HBV Reference Committee
- Australian Chlamydia Control Effectiveness Pilot (ACCEPt) Advisory Committee
- Australian Injecting & Illicit Drug Users League (AIVL) National Aboriginal Program Reference Group
- Australian Medical Association Indigenous Health Task Force
- Cancer Australia Strategic Forum
- Chronic Disease Campaign (Social Marketing) Technical Reference Group (Tobacco ICDP measure)
- Close the Gap Steering Committee
- COAG (Council of Australian Governments) Workforce Technical Reference Group
- Community Pharmacy Agreement (5th Agreement) Program Reference Group
- Community Services and Health Industry Skills Council Training Packaging Advisory Committee
- Conversation Maps Steering Committee
- Expert Advisory Group on Medicines
- General Practice Education and Training (GPET) Board and Subcommittee
- Good Medicines Better Health Project Steering Group
- Indigenous Chronic Disease Package COAG Evaluation and Monitoring Framework Reference Group
- The Indigenous Peoples' Organisations Network of Australia (IPON)
- International Network of Indigenous Health Knowledge Network (INIHKD) - International Steering Group
- KidsMatter - Advisor Group for KidsMatter Framework
- Medicare Telehealth Technical Advisory Group
- NACCHO Aboriginal Male Health Advisory Committee
- NACCHO Sexual, Reproductive Health & Blood Borne Virus' Advisory Committee
- National Aboriginal and Torres Strait Islander Women's Alliance
- National Advisory Committee for Cardiovascular Disease Absolute Risk Assessment
- National Advisory Group for Aboriginal and Torres Strait Islander Health, Information and Data (NAGATSIHID)
- National Committee Medical Specialist Outreach Assistance Program (MSOAP) Eye Health Teams for Rural Australia
- National Heart Foundation Aboriginal and Torres Strait Islander Health Advisory Committee
- National Indigenous Drug and Alcohol Committee (NIDAC)
- National Aboriginal and Torres Strait Islander Health Equality Council (formerly NIHEC)
- National Key Performance Indicators (KPI) Technical Working Group
- National Medicines Policy Forum
- National Relay Services Forum
- National Rural Health Alliance Board
- NIDAC 2012 Conference Organising Committee
- Practice Nurse Incentive Reference Group
- Program of Experience in the Palliative Approach (PEPA) Reference Group
- QUMAX Program Reference Group
- RACGP Aboriginal and Torres Strait Islander Faculty Board
- RACGP- NACCHO Reference Group for the National Guide
- Research Excellence in Aboriginal Community Controlled Health (REACCH) Centre for Clinical Research Excellence in Aboriginal Health
- Talking about the Smokes (TATS) Research Project Reference Group - Menzies School of Health Research project
- Tobacco Technical Reference Group (TTRG)
- Workforce Expansion and Training Technical Advisory Committee

Reporting on Strategic Priorities

Build and Enhance ACCHS's Capacity to Provide More Effective/Efficient Primary Health Care Services

Governance Project

In late 2010, the Minister for Indigenous Health, Warren Snowdon, requested that the Capacity Development Branch of the Office for Aboriginal and Torres Strait Islander Health (OATSIH) establish a Governance Enhancement Working Group. At the first meeting in December 2010, Aboriginal Community Controlled Health (ACCH) sector representatives proposed that NACCHO undertake a Governance Scoping Study to guide future Working Group discussions. They suggested that the study could be the initial phase of an overall ACCH sector-wide and led Governance Enhancement Initiative.

NACCHO submitted a proposal for the Governance Scoping Study in late December and were commissioned to proceed by the Capacity Development Branch of OATSIH in January 2011. The aim of the study was to identify existing 'models' of good practice in governance within the ACCH sector. The final report was presented to a NACCHO workshop on 19 February in Adelaide. Having gained ACCH sector endorsement, the report was then submitted to OATSIH on 22 February 2011. It was subsequently presented and discussed at the second Governance Enhancement Working Group meeting on 28 February 2011 in Brisbane. NACCHO presented the outcomes of the Scoping Study to the group.

The study identified clear and multiple examples of good practice in governance in ACCH organisations. We are well organised into overarching elements of good practice and components of good practice in relation to seven specific Board operations. It also outlined what contributed to and detracted from the implementation and maintenance of good practice in governance in the ACCH sector. It was clear that enhancing good governance in the ACCH sector needs to occur within a more conducive and supportive environment to ensure that existing good practice occurs more consistently within and across ACCH organisations. This environment would be characterised by sector-wide coordination of a proactive approach that was core-funded, and based on collaboration, early identification of concerns and sector-determined intervention strategies to support and strengthen organisations.

The report outlined the following five recommendations that would ensure this occurred:

Recommendation 1 – Policy, legal and funding reform: Policy flexibility is required to enable legal and funding reform at the highest level that creates a more conducive and supportive environment for enhancing good practice in governance.

Recommendation 2 – Core funding for Governance and Member Support: OATSIH needs to commit funding to establish and maintain Governance and Member Support Units in each NACCHO Affiliate that:

- offers within-sector specialist expertise in governance;
- has a discretionary budget that enables Affiliates to engage relevant and high quality external support on a needs-basis; and
- can negotiate access to OATSIH panel members, but have exemption regarding procurement.

Recommendation 3 – The role of NACCHO: NACCHO's role is to lobby and negotiate for policy reform, facilitate partnerships that contribute to governance enhancement in the sector and coordinate a Sector Governance Network involving all Affiliates; this work needs to be appropriately resourced.

Recommendation 4 – Good governance guiding principles for the ACCH sector: The ACCH sector needs to be resourced to create a national set of guiding principles for good governance in the sector.

Recommendation 5 – An ACCH sector governance training unit: The ACCH sector needs to be resourced to establish an ACCH sector governance training unit that strengthens the governance capacity of local communities.

Subsequently, NACCHO developed a detailed and costed proposal for implementing all five recommendations, commencing with Recommendations 2 and 3 of the NACCHO Governance Scoping Study report for consideration by OATSIH and has presented the project to the Governance Enhancement Working Group on two occasions. To date negotiations are continuing with the Department of Health and Ageing to fund this project.

Orange Aboriginal Medical Service celebrated the opening of their new clinic in February 2011 and NACCHO's Justin Mohamed and staff joined in. The former clinic was remodelled as the separate maternal and child health centre, Murundhu dharaa

Medicines Access

NACCHO remains active in shaping and formulating health policy that promotes and enables equitable medicines access for the Aboriginal and Torres Strait Islander population.

Quality Use of Medicines Maximised for the Aboriginal Population (QUMAX)

QUMAX has been a highly successful program as evident by an independent evaluation (Urbis Pty Ltd) released in June 2011. (http://www.health.gov.au/internet/main/publishing.nsf/Content/5B1B138DA00BB9C7CA2578150083984E/$File/Final%20Report%20QUMAX%20Evaluation%20April%202011.pdf).

The release of this report was followed by media releases from NACCHO and the Pharmacy Guild of Australia (Guild). An editorial was also published in the 18 July 2011 issue of the Medical Journal of Australia.

The evaluation confirmed that ACCHSs have increased Aboriginal peoples access to medicines (through QUMAX) at rates that exceed the increase for other Australians. ACCHSs in non-remote areas have also increased access to medicines at higher rates than ACCHSs using Section 100 (remote). This is an outstanding achievement that has also come with increased quality use of medicines.

The QUMAX Program provides funding for better access to medicines and pharmacist support to registered ACCHSs in non-remote areas. This has been managed through a partnership between NACCHO, the Guild and the Australian Government Department of Health and Ageing (DoHA).

Ms Vicki Sheedy, who has been NACCHO's National Program Manager for QUMAX since its inception four years ago, resigned in June 2011 and is highly commended for her outstanding support of ACCHSs and the enduring success of this program.

The QUMAX Program continues into the new contract period under the 5th Community Pharmacy Agreement with $11 million program (over 4 years until June 2015). 100% of eligible ACCHSs (73 non-remote ACCHSs) have registered for the next phase of the QUMAX Program.

Summary of how Quality Use of Medicines Workplans are developed through the QUMAX Program
Extracted from NACCHO S100 submission to the Senate Inquiry (2011)

How QUMAX Works

ACCHSs are enabled and supported to deliver Quality Use of Medicines (QUM) through an electronic and coordinated workplan – based system. ACCHSs agree to an annual joint workplan with a range of community pharmacies. The activities are costed and agreed upon, based on a financial grant allocated to each participating service. Grants depend on the size of the clinics (number of registered clients in the ACCHS) and range from $10,000 to $87,000 per annum. Workplans are then jointly approved by the Guild and NACCHO Program Managers as well as the Department of Health and Ageing representative. ACCHSs are funded by the Guild through contracts containing the workplans. At the same time, the Pharmacy Guild provides pharmacists up-front quarterly funding for the Dosage Administration Aid (DAA) costs based on the agreed workplan.

There is 100% participation by all ACCHSs in non-remote locations throughout Australia (73 ACCHSs).

Support for QUM is sourced by ACCHSs from their local nominated community pharmacists as well as a funded state-based QUM Support Pharmacist/s employed by the Pharmacy Guild. NACCHO State Affiliates also receive funding from NACCHO to provide support to ACCHSs in their own jurisdiction for QUM related activities.

Individual ACCHSs can appoint sessional pharmacists (by allocating their 'QUM pharmacy support' option accordingly) to undertake QUM activity. Pharmacists from community pharmacies can agree to undertake this work, or the ACCHSs may make alternate arrangements if the community pharmacist is unavailable. These appointments will be approved by the Department of Health and Ageing on a case by case basis.

Summary of the range of customised and service-specific QUM related activities that can be undertaken through the QUMAX Program

The QUM activities funded through QUMAX include:

- DAA provision.
- QUM pharmacy support (eg safety net education, QUM training for staff/clients, brokering access to NPS or other QUM programs, promoting Home Medicine Reviews to clients such as Elders, advice on medicine stock control, sessional employment of a pharmacists, etc).
- Home Medicines Review (HMR) models of support (eg establishing specific MHR protocols for the ACCHSs, reimbursement for service orientation provided to the Home Medicines Review pharmacist, health promotion clinics, reminders for HMR visits, accompanying Aboriginal and Torres Strait Islander Health Workers to HMR visits).
- QUM devices to improve medication delivery (eg asthma spacers, point of care testing etc).
- QUM education.
- Cultural awareness (eg reimbursement to ACCHSs for cultural training to pharmacies).
- Transport support (eg to assist patients getting to a pharmacy for filling of scripts) or for delivery of scripts or medicines).

Expert Advisory Panel on Aboriginal and Torres Strait Islander Medicines

NACCHO continues to appraise these medicines and monitor PBS uptake through this forum which provides advice to DoHA and the Pharmaceutical Benefits Advisory Committee and facilitates listing of medicines on the PBS to meet Aboriginal peoples pharmacy health needs.

Medicines supply to remote areas under Section 100

On the 12 April, a Senate Inquiry was announced to investigate 'The effectiveness of the special Section 100 arrangements for the supply of Pharmaceutical Benefits Scheme medicines to remote area Aboriginal Health Services'. There were nine terms of reference topics to address.

The NACCHO Secretariat drafted a detailed submission which was also uploaded on the Senate Committee website http://www.aph.gov.au/senate/committee/clac_ctte/pbs_medicines/submissions.htm

Fifth Community Pharmacy Agreement (CPA)

NACCHO became a member of the Program Reference Group for the 5th CPA (Ms Vicki Sheedy). The 5th Agreement provided additional funding for the continuation of the QUMAX program for the next five years. The 5th CPA also continues to fund the S100 Support Allowance, and Home Medicines Review.

National Guide

The revision of the 'National Guide to a Preventive Health Assessment for Aboriginal and Torres Strait Islander People' continued during the year with excellent progress. At least 16 authors have been engaged and have drafted chapters in the Guide. All authors work or have worked in the ACCH sector. An Agreement between NACCHO and the George Institute has assisted in the development of the draft.

NACCHO originally conceived of the National Guide in 2000 and in 2005 it was first published jointly with the RACGP. NACCHO owns the intellectual property for this guide. This revision project was funded by the DoHA as part of the C5 measure of the ICDP and is being undertaken in partnership with the RACGP. The Guide is used throughout Australia and forms a vital tool to assist with adult and child health checks. A revised Guide should be completed by March 2012.

Immunisation

DoHA have accepted NACCHO's advice and agreed to invite a NACCHO representative to be a member of the National Immunisation Committee (NIC). A Communiqué was prepared for members and circulated to all Affiliates.

There was strong support from Affiliates for NACCHO to host a national immunisation network. This network has been developed and includes representatives from all Affiliates. The NACCHO immunisation network has the goal of supporting the immunisation-related needs of our members and will be reporting on outcomes of NIC meetings.

NACCHO also provided a submission to the National Immunisation Strategy currently in development.

Good Medicines Better Health Project (GMBH)

Good Medicines Better Health (GMBH) is a joint project between NACCHO, the State and Territory Affiliates associated with the national rollout of GMBH, and the National Prescribing Service (NPS) whom are the project funders. The program's goal is to enhance the role of Aboriginal and Torres Strait Islander Health Workers in providing medicine support and information to clients and the community through training and education.

ATSIHRTONN and its state and territory members are integral to the partnership for rolling out the training to our services and Aboriginal and Torres Strait Islander Health Workers.

The overall aim is for Aboriginal and Torres Strait Islander people to use their medicines safely and effectively, supported by a highly skilled Aboriginal health workforce where community participation is paramount to encouraging clients to take control of their own health to ensure that service providers are responsive to cultural values in the planning and delivery of services.

The GMBH project builds upon the excellent work of the pilot initially trialled from 2006 to 2009 by the Aboriginal Health Council of South Australia (AHCSA), the Victorian Aboriginal Health Service (VAHS) and Kimberley Aboriginal Medical Services Council (KAMSC). The pilot was funded to develop, deliver and evaluate a Quality Use of Medicines (QUM) train-the-trainer course for Aboriginal Health Workers in Aboriginal community controlled health services in different states and territories representing urban, rural and remote locations. The national roll out of the project will continue until 2013.

The commencement of the national rollout of the project began during this period and will continue until 2013.

AHCSA and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) were the first Affiliates to roll out GMBH in their respective jurisdictions. The Aboriginal Health Council of Western Australia (AHCWA) finalised their contract with NACCHO for the 2011-2012 year and the Queensland Aboriginal & Islander Health Council (QAIHC) is currently in the process of finalising their contract for the rollout of GMBH in early 2012.

In 2010-2011, NACCHO has continued the development of the GMBH program to provide delivery and evaluation of the QUM train-the-trainer course for Aboriginal and Torres Strait Islander Health Workers, develop further complementary training resources, and most importantly, strengthen the leadership of the Aboriginal and Torres Strait Islander Health Workforce in continuing to promote good practice in QUM within the Aboriginal Community Controlled Health Sector. This work was guided by a national project reference group whose membership is reflective of the key stakeholders and meets regularly.

NACCHO Ear and Hearing Health Workforce Project for Aboriginal and Torres Strait Islander Health Workers

In 2009, the Australian Government committed $58.3 million over four years to expand eye and ear health services through the 'Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes Measure'. The components of the measure to improve ear health conditions in Aboriginal and Torres Strait Islander people, leading to improved education and employment outcomes include:

- Training of health workers for ear health and hearing screening.
- Maintenance and purchase of medical equipment for hearing screening.
- Additional ear surgery, particularly for remote Indigenous clients.
- Ear and hearing health promotion activities.

NACCHO was successful in being funded for the first two outcomes of this measure. As a consequence, in July 2010, NACCHO commenced Phase One and Phase Two of the project to train health workers for ear and hearing screening. A three day National Symposium with a theme of 'Education and Training' was held in Sydney in October 2010. It attracted over 100 health professionals from across Australia who had been working in a variety of community settings to improve the ear and hearing health of Aboriginal and Torres Strait Islander peoples, specifically young people. Thirty five identified key stakeholders participated in a one day workshop to discuss the development of a nationally accredited training course in ear and hearing health and to establish an expert course advisory group to guide this work. The last two days of the symposium were devoted to professional development training. A total of 68 Aboriginal and Torres Strait Islander Health Workers were able to increase their knowledge and awareness of other programs from screening in communities to research and training activities.

The training took place at the Aboriginal Health College and was lead by a number of experienced trainers whom provided one-on-one training on the use of hearing

equipment namely otoscope, video-otoscope and the tympanometry. The newly established Course Advisory Group began its work around developing a national skill set to be accredited under the Aboriginal Health Workers Primary Health Care Training Package.

A second national professional development training symposium was held in Sydney in March 2011, again at the Aboriginal Health College and included a program of one-on-one training on equipment to another 78 Aboriginal and Torres Strait Islander Health Workers. A feature of the day was a launch to present members of ATSIHRTONN with the IBERA (Indigenous Body Educational Resource Animation) Tool and the launch of an Ear Health Resource Kit and the Training Manual. Participating Aboriginal Medical Services received an Ear and Hearing Training Resource Kit with the Ear and Hearing Training Manual. Chairperson Justin Mohamed and Minister Peter Garrett launched the event.

Phase Two saw the commencement of the delivery and evaluation of a 'National Ear and Hearing skill set' piloted in three sites: QATSICHET Brisbane, Aboriginal Health College in Sydney, and Bega Garnbirringu Health Service in Kalgoorlie, with approximately 45-50 Aboriginal Health Workers undertaking the Ear Health Certificate Training Course.

Throughout this period, 144 Aboriginal and Torres Strait Islander Health Workers were able to enhance their knowledge and experience in ear and hearing health. NACCHO will continue the momentum by implementing Phases Three and Four of the measure by consulting with a variety of key stakeholders at a National Summit to be held in Melbourne in August 2011. The aim is an agreed ear and hearing training model to be rolled out nationally over 2011-2013.

Workforce Initiatives

Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN)

NACCHO maintains it support of the Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN) and is involved in its regular meetings.

The NACCHO Workforce Issues Policy Officer (WIPO) holds a position on the ATSIHRTONN Executive Committee and all NACCHO Affiliate WIPOs are members of ATSIHRTONN. This role is to ensure that the training package qualifications are meeting the needs of ACCHSs, assisting with the development of:

- Equitable Funding Project: NACCHO has contracted Lowitja Institute to undertake a research project on the equitable funding of the Aboriginal and Torres Strait Islander Health Registered Training Organisations.
- Evaluation of ATSIHRTONN: This was undertaken during the reporting period and NACCHO contributed to and participated in this process.

NACCHO has also communicated with ATSIHRTONN regarding its activities in Good Medicines Better Health and Ear and Hearing, and Aboriginal and Torres Strait Islander Health Workers National Registration and Accreditation.

Aboriginal and Torres Strait Islander Health Worker Project (ATSIHWP)

Health Workforce Australia (HWA) has been funded to undertake the Aboriginal and Torres Strait Islander Health Worker Project. There are three reference groups that were set up for the timeframe of the project.

The Expert Reference Group (ERG) of which NACCHO representation consisted of one NACCHO and two Affiliate representatives oversaw the development of the project and were advised by a Technical Advisory Group (TAG) to build a draft Practice Framework for Aboriginal and Torres Strait Islander Health Workers. An Aboriginal Community Controlled Health Sector Reference Group (ACCHSRG) consisting of NACCHO and Affiliates, and Workforce Information Policy Officers was also established. The ATSIHW Project consists of two phases. To date, the project team consisting of PricewaterhouseCoopers and HWA have undertaken Phase One which was a consultation process resulting in an Environmental Scan and Interim Report.

Phase Two consultations were recently completed with the aim to provide feedback on outcomes from Phase One and to further explore, in depth, the five key components that have arisen out of the project. Linear to this work is a draft Practice Framework for Aboriginal and Torres Strait Islander Health Workers which will require consultation and input from our membership in the coming year.

Workforce

NACCHO coordinated and supported the WIPO network to come together for face to face meetings twice during this period.

The priorities for the NACCHO and WIPO network has been:

- Establishment of the Aboriginal and Torres Strait Islander Health Practitioner Board and providing advice on the National Accreditation and Registration Scheme to Aboriginal and Torres Strait Islander Health Workers and Member Services.
- Establishment of the Aboriginal Community Controlled Health Sector Reference Group (ACCHSRG) for the HWA Aboriginal and Torres Strait Islander Health Worker Project.
- Developing and endorsing the new National Key Performance Indicators for the WIPO positions.
- Assisting with the development of orientation in all jurisdictions for the Aboriginal and Torres Strait Islander Outreach Workers.
- Development and implementation of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (NATSIHWSF) though advice to ATSIHWWG. The NATSIHWSF was endorsed in February 2011 by the Australian Health Ministers' Advisory Council (AHMAC).
- Developing several projects with the Community Services and Health Industry Skills Council, namely Oral Health and Renal Health Competency training for Aboriginal and Torres Strait Islander Health Workers.
- Assisting in the establishment of the National Aboriginal and Torres Strait Islander Health Workers Association
- Participating and advocating in many of the COAG workforce activities and measures.

The NACCHO WIPO also attended and participated in two Aboriginal and Torres Strait Islander Workforce Workshops held by NIHEC.

National Registration and Accreditation Scheme

There had been some major communication work undertaken in lobbying Aboriginal people from across all jurisdictions to understand the role of and nominate what will be the Aboriginal and Torres Strait Islander Health Practitioner Board. The new Aboriginal and Torres Strait Islander Health Practitioner Board will be announced early in the new financial year by AHMAC.

There have also been requests for nominations to be the accreditation organisation for the RTOs that will be providing the training for the Health Practitioners. Both sets of nominations closed in April 2011.

Aboriginal and Torres Strait Islander Outreach Worker (ATSIOW) Workshop

In late June 2011, NACCHO hosted the first National

"There had been some major work undertaken in lobbying Aboriginal people from across all jurisdictions to nominate for what will be the Aboriginal and Torres Strait Islander Health Practitioner Board. The new Aboriginal and Torres Strait Islander Health Practitioner Board will be announced early in the new financial year by AHMAC."

Almost 80 Aboriginal Health Workers attended NACCHO's second Ear and Hearing Health training day at the Aboriginal Health College, Little Bay Sydney March 2011. Minister for Schools Peter Garrett presented Ear Health training packages.

At the Aboriginal and Torres Strait Islander Outreach Worker Conference David Senge, Eli Toombs and Dallas Kirby.

Strategic Priorities: Build and Enhance ACCHS's Capacity

Aboriginal and Torres Strait Islander Outreach Workers Workshop in Sydney.

This workshop brought together Outreach Workers from both ACCHSs and Divisions of General Practice (DoGP).

Other people in attendance were DoHA representatives, Indigenous Health Project Officers from NACCHO Affiliates and AGPN state based organisations, and some project officers from DoGP.

The workshop had four objectives which were to:

1. Create a national networking opportunity for ATSIOW.
2. Improve mutual understanding on the roles of ATSIOW.
3. Ensure ATSIOW have clear and consistent information on orientation, training and career pathway options.
4. Establish a shared understanding of responsibilities and options for addressing ATSIOWs support needs.

There are currently 132 ATSIOW positions funded in both sectors across Australia of which the Aboriginal Community Controlled Sector is funded for 40 positions. The table below is a breakdown of ATSIOW and the broader COAG workforce.

Role	Number	GPN (%)	ACCHS (%)
Outreach Workers	87	59 (68%)	28 (32%)
Indigenous Health Project Officers	14	8 (57%)	6 (43%)
Other Project Officers	17	17 (100%)	0 (0%)
Other positions	2	1 (50%)	1 (50%)

Key recommendations from the workshop included:

1. Outreach Worker role clarity and direction.
2. National Guidelines on policies and procedures.
3. Access to resources and equipment.
4. Training for the role.
5. A current 'work ready' ATSIOW workforce exists: in comparison to the initial expectation that this measure will be creating a new workforce, it was noted that the current workforce is very much a well-qualified and work ready workforce.
6. Establishment of a National Network.
7. Long-term career planning.

A report on the workshop will be provided to each of the participants and their CEOs.

Indigenous Health Project Officers (IHPOS) National Network

The IHPO Network was developed in 2010 with a face-to-face meeting in September 2010.

The network's main priorities will be to support the implementation of the Indigenous Chronic Disease Package including supporting the ATSIOW workforce.

Accreditation of Services Program

Establishing Quality Health Standards – EQHS

The 2007-08 Budget measure 'A Better Future for Indigenous Australians – Establishing Quality Health Standards' (EQHS) provided funding until 30 June 2011 to assist eligible Aboriginal Health Organisations funded by the Department of Health and Ageing through the Office for Aboriginal and Torres Strait Islander Health (OATSIH) to become accredited against Australian health care standards.

In relation to our sector, Local Support funding was provided to NACCHO and Affiliates to assist in disseminating information and education, promotion and support, learning and development for member services undertaking accreditation.

Services Accreditation Status

Clinical Accreditation		Organisational Accreditation	
Progressing	Accredited	Progressing	Accredited
23 Services progressing towards Clinical Accreditation	94 Services are currently accredited and service seeking re-accreditation.	112 Services progressing towards Organisational Accreditation	25 Services are accredited

Estimate based on OATSIH figures June 2011

NACCHO in partnership with our Affiliates conducted numerous workshops to ascertain the level of involvement and to identify mechanisms to enhance the accreditation support to our members in anticipation of EQHS continuation for 2011-2015. These sessions provided the sector with a clear indication that we needed a stronger role in all aspects of EQHS as well as greater coordination, integration and accountability of support being provided for services across all areas associated with accreditation frameworks. It was through these workshops that we were able to incorporate aspects for proposed strategic direction into a process that guided services along the accreditation pathway through milestones and partnership with a strong focus on peer learning and mentoring support.

The EQHS Sector Support Strategy and National Implementation Framework documents have been recognised by OATSIH as a strategic approach for EQHS 'Continuation Budget Measure 2011–2015' and have ensured that our sector is able to measure, monitor and report on progress being achieved by our services through jurisdictional implementation plans.

The NACCHO Secretariat continue to support the National Aboriginal Accreditation Officers Network to meet and network to ensure all jurisdictions are able to provide input and are consulted on policies and programs being considered by OATSIH. NACCHO also provides a platform for support and development by sharing knowledge and resources for local accreditation to services. A part of this function is to ensure our sector contributes towards topics and agenda items being proposed by OATSIH as secretariat of the Indigenous Health Services Accreditation Group (IHSAIG).

EQHS Budget Measure 2011–2015

NACCHO continues to lobby on behalf of our sector to government and accreditation agencies to support the continuation of EQHS. In May 2011, the Commonwealth Government announced EQHS Budget Measure 2011–2015 through which $35 million is being provided over four years to continue the EQHS program. The purpose of the continuation is to improve the quality and safety of health services delivered to Indigenous Australians.

This program will continue to assist eligible Aboriginal health organisations to achieve clinical accreditation from the Royal Australian College of General Practitioners and organisational accreditation through the assistance of local accreditation support, facilitator support, accreditation support grants and training.

A target for EQHS Budget Measure 2011–2015 is for 100% of services being clinically accredited and 80% being organisational accredited. A key aspect for the clinical accreditation requirement is the increasing importance placed by the Commonwealth Government on our services accessing Practice Incentive Program (PIP) as an avenue of financial contribution for enhanced service delivery.

EQHS Budget Allocation

Key Element	2011-12	2012-13	2013-14	2014-15	2011–2015
Local Support (NACCHO & Affiliates)	$1.8M	$1.975M	$2M	$2M	$7.77M
Support Funds (Grants)	$3.6M	$3.95M	$4M	$4M	$15.55M
Facilitation Support	$1.290M	$1.422M	$1.44M	$1.44M	$5.592M
Other	$0.504M	$0.553M	$0.560M	$0.56M	$2.177M
Total	$7.194M	$7.9M	$8M	$8M	$31.089M

Estimate only based on OATSIH figures June 2011

Cultural Safety Training Standards

NACCHO has progressed the Cultural Safety Training (CST) Standards Project to create NACCHO-defined and endorsed Standards for Cultural Safety Training.

The long-term goal of the CST Standards Project is 'to achieve recognition of the NACCHO Cultural Safety Training Standards as the national benchmark for quality Aboriginal cultural safety training for the health workforce and other relevant sectors'. There are three objectives for the first year of the CST Standards Project:

1. To establish NACCHO Cultural Safety Training Standards and supporting resources:
   - › NACCHO CST Standards and Assessment Process
   - › NACCHO CST Standards Background Paper
2. To establish an assessment process and guidelines for achieving endorsement against the NACCHO CST Standards.
3. To create a publicly accessible, searchable database of Cultural Training activity and resources for the health workforce, their education and training providers, and other relevant sectors that impact on Aboriginal health in collaboration with QUMAX.

This work has been led by NACCHO Secretariat staff and a representative from each NACCHO Affiliate that has chosen to be involved (CST Standards Committee). There has also been a CST Standards Industry Reference Group comprising organisations that NACCHO wishes to support the implementation of such standards including the RACGP, Australian College of Rural and Remote Medicine (ACCRM), Pharmacy Guild of Australia, ATSIHRTONN and NATSIHWA.

The CST Standards Committee has met on six occasions to date. This has resulted in a:

- Final version of the CST Standards and Assessment Process which has been presented to Affiliate Boards to gain in-principle support.
- Final version of the CST Standards Background Paper.
- Final version of the CST Standards Application Process and Evidence Guide.
- A proposal for modifications to the NACCHO Communications Network (NCN) to host the CST Standards Project information page and application process; funding needs to be identified and confirmed to implement these modifications.

NACCHO is currently writing a business case for funding to support the piloting and evaluation of the CST endorsement processes and modifications to the NCN.

Reporting on Strategic Priorities

A More Efficient and Effective Secretariat

A core NACCHO activity is to support Member Services and Affiliates. NACCHO assists with supporting several networks for Affiliates and Members.

Public Health Medical Officers (PHMO) and GP Network

NACCHO has continued to liaise with PHMOs within Affiliates (funded by OATSIH) and to use this network for progressing technical matters relevant to the ACCH sector. The NACCHO Communications Network (NCN) has been developed to host a number of forums for PHMO discussion and for dissemination of information. The PHMO network has been particularly useful in progressing discussions on nKPIs and several meetings have been held to discuss these.

The NACCHO Secretariat also uses a broader informal network for public health and medical technical advice on national health policy. In addition, the NCN now has over 550 GPs working within non-remote ACCHSs. This network is also utilised to disseminate information.

National Immunisation Network

NACCHO has also established this new network to provide advice on National Immunisation Committee meetings and to discuss issues and barriers to improving immunisation coverage of populations covered by ACCHSs.

Strategic Plan and Business Plan

The Board worked to develop a new Strategic Plan to provide direction for the organisation from 2011 to 2014. It was being finalised at the end of the financial year along with the Business Plan to put the Strategic Plan into operation.

NACCHO's Strategic Directions over the next three years will focus on three strategies:

- **Strategy 1:** Shape the national reform of Aboriginal health.
- **Strategy 2:** Promote and support high performance and best practice models of culturally appropriate and comprehensive primary health care.
- **Strategy 3:** Promote research that will build evidence-informed best practice in Aboriginal health policy and service delivery.

New Constitution

Members at the 2010 AGM adopted a new NACCHO Constitution to replace the previous NACCHO Memorandum and Articles of Association. The Board had reviewed the previous document in a series of meetings assisted by a governance consultant and recommended the changes to Members.

The aim was to update and clarify the governance provisions and the role of Directors in line with contemporary practice and the Australian Corporations Act. It provides the Board with more flexibility and creates a single document called the Constitution that more clearly guides the work and governance of NACCHO. These are designed to improve our responsiveness to the needs of our membership, government and other stakeholders.

Organisational Review and Accreditation

NACCHO began a review of the Secretariat's operation and an organisational accreditation process in 2011. These are looking at the roles and responsibilities of staff and how we can make best use of our resources to achieve the strategic directions of the organisation.

Strategic Priorities: Efficient and Effective Secretariat

Engagement Protocol

NACCHO developed an engagement protocol for dealing with requests for NACCHO to attend meetings, conferences and committees. It outlines that NACCHO will consider requests based on our capacity and how it relates to our strategic directions. It clarifies what information NACCHO needs to be able to assess requests. The 'Requests of NACCHO' document was placed on the website.

NCN

The NACCHO Communications Network (NCN), which was based on the QUMAX information management system, continued to link program staff from NACCHO, Affiliates and Members. It offers huge benefits to a range of program areas across services for easy communication, access to common documents and retention of the history, or corporate memory, of projects.

Corporate Image

The NACCHO Board adopted a new contemporary corporate image to signal a forward-looking organisation. The dot-based design represents NACCHO and our Affiliates as hubs serving our membership. It features in this Annual Report for the first time and supplements NACCHO's longstanding eagle logo that we will continue to use.

2010 AGM and Members' Meeting

16-19 November

Over 200 delegates attended the four-day NACCHO Annual General Meeting and Members Meeting in Canberra. For the first time the AGM featured an address to members by the Health Minister.

Health Minister Nicola Roxon spoke at a breakfast and met the Board and delegates along with Minister Warren Snowdon whose responsibilities include the Aboriginal Health portfolio.

Minister Roxon said, "Aboriginal Community Controlled Health Organisations will continue to play a distinct, central role in providing vital health services" in Aboriginal communities. The Minister confirmed that the government will maintain our sector's direct funding enabling services to apply for funds available through the wider reforms of primary health care.

Beside the serious business of constitutional change, presentations and forums, other highlights included the welcome to country by Matilda House and the Ngambri Dancers, the meet and greet BBQ and entertainment by the host service, Winnunga Nimmityjah Aboriginal Health Service, and the annual karaoke cup showdown. This year, Western Australia won the karaoke cup with SA coming second and NSW third.

The members meeting included a welcome from Winnunga Chair Judy Harris and presentations including from Linda Powell, Office for Aboriginal and Torres Strait Islander Health, Social Justice Commissioner Mick Gooda, and National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) CEO Alan Brown.

"Aboriginal Community Controlled Health Organisations will continue to play a distinct, central role in providing vital health services"

– Health Minister Nicola Roxon

2010 AGM gathering, 16-19 November 2010

2010 AGM and Members' Meeting – 16-19 November

NACCHO staff at the AGM Left front to back: Emma Cutmore, Mark Saunders, Chris Hallett, Dr Linda Banach, Maurice Shipp, Dr Sophie Couzos, Stephanie Darcy, Elaine Lomas, Dewi Leach, Irene Peachey, Janine Engelhardt, Denise Burdett, Janine Elemes, Vicki Sheedy, Tricia Elarde & Justin Mohamed

Members attended forums on Aboriginal Medicare Locals, national health reform and COAG Aboriginal health initiatives, NCN, public health issues in our services, sexual health, cultural safety, closed men's health and women's health sessions, tobacco, workforce initiatives, a rural and remote services alliance and improving access to medicines.

Resolutions passed during the members meeting called for:

- The creation of Aboriginal Medicare Locals.
- The Senate to support a wider mental health initiative beyond just youth.
- The Indigenous Dentists Association of Australia (IDAA) to give a presentation on dental health policy and how the ACCHS sector can work to improve dental access and equity.
- A NACCHO Men's Health Committee and funding to develop a male health portfolio.
- NACCHO to lobby for resources for a NACCHO Women's Policy Officer to drive implementation of the National Women's Health Policy to include Aboriginal and Torres Strait Islander women.

Chair Justin Mohamed with Queensland Aboriginal and Islander Health Council's Adrian Carson and CEO Selwyn Button and Apunipima Cape York Health Council CEO Cleveland Fagan

NACCHO Deputy Chair Glenda Humes, Ministers Warren Snowdon and Nicola Roxon and NACCHO Chair Justin Mohamed at the AGM breakfast

Matilda House delivered the Welcome to Country with the Ngambri Dancers at the 2010 AGM

NSW won a wig-assisted third place in the karaoke behind South Australia in second place

The singers from the West were the best with an AGM Karaoke Cup winning version of You Are The Sunshine Of My Life

State and Territory Affiliate Reports

West Australian Affiliate

Aboriginal Health Council of West Australia (AHCWA)

The Aboriginal Health Council of WA (AHCWA) now has greater presence in influencing Aboriginal health in Western Australia, reinforced by the State Government's announcement that it would provide $550,000 in core funding. This funding was the most significant amount received since the formation of AHCWA in 2005, and will allow AHCWA to build on existing work and help ensure more Aboriginal people can become active participants in their own health care. The funding will extend further in developing and maintaining AHCWA's support for capacity building in ACCHOs to deliver holistic and culturally appropriate primary health services of a high quality to Aboriginal and Torres Strait Islander communities.

Enhancing this presence, was the inclusion of AHCWA as a key stakeholder in the establishment of WA Country Medicare Locals. The Department of Health and Ageing facilitated a meeting between the WA Aboriginal Community Controlled Health Sector and the WA General Practice Network during April 2011, with the outcome being a positive framework and relationship for moving forward in the context of partnership with the WA General Practice Network. Involving the WA Aboriginal Community Controlled Health Sector in these discussions meant that the sector's experience in providing patient centred health care for over 30 years was valuable in ensuring the health and well being of Aboriginal people will be improved by the introduction of Medicare Locals.

Critically important this year has been the restructure of AHCWA, which has seen a new structure launched that will rebuild AHCWA as a robust and strong organisation focused on member needs. AHCWA's Corporate Governance Project (funded by OATSIH) is enhancing services to members by helping Aboriginal Community Controlled Health Organisations boards with proactive measures to becoming more aware and empowered of their rights and responsibilities, particularly in the financial area.

A delegation from AHCWA visited New Zealand in July 2011 as part of the Trans-Tasman Agreement established between the WA and New Zealand Governments that sees both Governments working together and exchanging and sharing cultural and health practices, programs and health initiatives. AHCWA's interest was in Maori Health provider development, mainstream health services' responsiveness to cultural security, implementation of cultural models and best practice, and Maori Primary Health Care Organisations/Medicare Locals.

Another key success for 2010-11 was the launch of the Child and Maternal Health Program in November 2010 - a Western Australian first. This program will reduce the health gap between Indigenous and other children in WA by looking at improving service provision, interagency planning and processes to improve maternal and child health care delivery for Aboriginal families. A key finding was that a collaborative statewide health agreement was required to support models of care that improve outcomes for Aboriginal families.

The launch of AHCWAs Model of Care in November 2010 was a key outcome of the 2009-10 Maternal and Child Health Project overseen by AHCWA. The partnership, strategy, governance and management, work performance at the service level, and the main outputs and achievements show outstanding leadership by WA key players. This program is ground breaking in WA, and will have far reaching impacts at the national level.

Other key highlights in 2010-2011 included:

- Western Australia was acknowledged as the only State in Australia where the Aboriginal Community Controlled Health Sector (including AHCWA) worked together to decide where COAG funding would be delivered and what programs would be implemented in partnership with the Commonwealth and State Governments.
- The Aboriginal Sexual Health and Blood-borne Virus (BBV) Research Meeting was held in Perth and aimed to identify priority research areas. The meeting was a cooperative approach between the Department of Health (DoH), Sexual Health and Blood-Borne Virus Program (SHBBVP) and AHCWA.
- AHCWA received a visit from executives of the National Congress of Australia's First Peoples, Dr Kerry Arabena (Co-Chair), Sam Jeffries (Co-Chair) and Professor Colleen Hayward (Director). The National Congress is the culmination of years of hard work in recreating a national Indigenous representative body, and was incorporated in April 2010. AHCWA supports The National Congress of Australia's First People Ltd and is becoming an affiliated member.

South Australian Affiliate

Aboriginal Health Council of South Australia (AHCSA)

AHCSA now has 19 Members. The 2010 AGM was held in November in Adelaide, followed by the first Full Council meeting after changes to the constitution. The key items discussed were:

- Continued partnership and liaison with Country Health SA and the Aboriginal Health Directorate.
- South Australian Aboriginal Health Partnership continues

to grow stronger with the signing of a new Framework Agreement in 2010 for another five years.

- AHCSA continues to be a member of the COAG Implementation Advisory Group which comprises SA Health, Department of Health and Ageing, General Practice SA and the Rural Doctors Workforce Agency.
- The strong partnership with Oxfam and the Aboriginal Health Division saw the signing of the Statement of Intent for South Australia with the state government and opposition and key stakeholders.
- Several other issues that will be a major focus in the next year will be the review of the AHCSA Constitution, development of our new Strategic Plan, review of the AHCSA Policy Document and organisational accreditation for AHCSA.
- The third Strategic Plan has begun with the development of a Business Plan to incorporate reporting and funding requirements to assist AHCSA with its responsibilities, accountability and transparency, and support AHCSA's accreditation and communication strategy in the next twelve months.
- The Aboriginal Primary Health Care Workers Forum is held three times per year. All AHWs participate, whether they work in mainstream or ACCHS. These are well attended and were held in Port Lincoln and Adelaide.
- The Aboriginal Health Research Ethics Committee meets monthly and approves on average four applications per month.
- The Eye Health Specialist Support Coordinator continues to work closely with the Optometrists and Ophthalmologists who travel across the APY Lands to all the clinics and support Aboriginal communities in Murray Bridge and Whyalla. They have also commenced Trachoma education for AHWs. This program continues to struggle with a limited budget.
- The Accreditation Support Officer has been assisting AHCSA Members with their accreditation. EQHS, as a Commonwealth Budget measure was due to lapse at the end of June 2011, however, AHCSA along with NACCHO and other Affiliates, developed a new budget measure that was announced in May 2011. In September 2010, AHCSA co-hosted with NACCHO, the National Accreditation Workshop which was held at the Mt Lofty House on Peramangk country in the Adelaide hills. This event promoted the continued development of a National Support Strategy for Accreditation that reflected the needs and aspirations of the community controlled sector.

  In May 2011, AHCSA facilitated a workshop on the development of a draft Accreditation Support Implementation Plan for AHCSA to guide its activities over the next several years. At this workshop, the participants supported the direction of the national strategy and state implementation plan development.

  Although no Members achieved organisational accreditation, seven were formally registered for organisational accreditation programs by the end of 2010-11. This is consistent with national progress for ACCHOs under the EQHS budget measure.
- At the end of 2010-11, the Education and Training Team (ETT) had approximately 240 students enrolled through direct delivery or partnership training programs. This is a significant increase that reflects an increasing demand for health workforce development.

  During the year, two major graduations were held in Adelaide, one in December for mostly rural students and one in April for mostly metropolitan students. Around 70 students graduated at these events with qualifications in Certificate III and Certificate IV Aboriginal & Torres Strait Islander Primary Health Care.

  The Certificate IV in Indigenous Research Capacity Building is now in its fourth year of delivery at AHCSA. There have been 43 graduates and a further 17 enrolled in 2011. Of the current group, nine participants come from various parts of SA and eight are from NSW.

  The AHCSA ETT realises that the emerging developments for the National Registration of Aboriginal and Torres Strait Islander Health Workers could potentially have ramifications for the scope of training delivered. With this in mind, the AHCSA ETT will continue to develop its internal structures and processes so that whatever needs arise, the AHCSA RTO is in a position to respond in a clear and effective manner. The engagement with our workforce support resources is vital to ensuring that we deliver a product which is relevant and timely. Clear, articulated pathways for students, increased linkages with work sites, and evaluation of training quality will all contribute to the delivery of quality training that benefits the community we serve.
- The Aboriginal Maternal Infant Care Program has been designed to help address the need for Aboriginal women to be cared for by Aboriginal and Torres Strait Islander Health Workers in partnership with midwives. AHCSA's delivery of Certificate IV units continues relatively unimpeded. Issues have been identified within each area of the program including that managing a case load of women may not be the best fit for all students. Meetings are being held to implement a review of the 2008 resources, examine whether the current pilot AMIC model is fitting with mainstream practice, and to ensure best evidence based practice.
- The Public Health Medical Officer program continues to provide public health advice and support to AHCSA and member services. An active Public Health Network involving all ACCHSs in SA enables sharing of information across the sector. Areas which have received particular attention over the past year include developing capacity in Information Management; supporting the control of sexually transmitted infections and blood-borne viruses in health services; planning for trachoma elimination; planning a state-wide rheumatic heart disease program; supporting a systematic approach to the management of ear disease; developing CQI activities; oral health issues; GP workforce support; and COAG implementation issues.
- The Aboriginal Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN) participated in a number of projects throughout the year aimed at increasing the capacity of training for Aboriginal and Torres Strait Islander Health Workers. During 2010-2011:
  - Delvene Cockatoo-Collins was appointed to the Senior Project Officer position and commenced on 10 January 2011.
  - The ATSIHRTONN network met face-to-face in Adelaide over two full days in February 2011. The ATSIHRTONN Secretariat coordinated the agenda, participant attendance, distribution of documents and discussion papers and arranged for invited guests to attend the meeting.

    Four invited guests gave presentations including Brenton Rodgers from DoHA Indigenous Health Workforce Division.

    As a result of the February meeting, the following actions were undertaken by the Secretariat:
    - A submission was lodged with the National Registration and Accreditation Scheme (NRAS) for ATSIHRTONN to become the National Accreditation Authority for Aboriginal Primary Health Practice training and education.
    - Membership details were followed up with Marr Mooditj.
    - A copy of the Work with Medicines Logbook currently in use by CAAC was distributed.
    - The availability of funds to hold a Work with Medicines workshop by the end of June 2011 was investigated.
    - AHCSA was requested in writing to continue auspicing ATSIHRTONN for the 2011-2012 financial year.
    - NACCHO was contacted to discuss future auspice arrangements.
    - Continued working with HWA to formulate questions for the Aboriginal Health Worker Project.
  - The ATSIHRTONN Secretariat has since attended various meetings including:

- › Final meeting of CS&HISC Healthy Stories project.
- › Cultural Safety Training Industry Reference Group.
- › NACCHO launch of Ear Hearing Screening and Equipment Training.
- › HWA Aboriginal Health Worker Project Expert Reference Group.
- › Interconnected Tertiary Education Conference.
- › ATSIHRTONN Independent Evaluation Consultant.
- › ATSIHRTONN Executive Committee Teleconferences.

• The Sexual Health Project has been reviewed and will be restructured from July 2011. During the year the following activities were undertaken:
- › Development of sustainable linkages with key agencies to support the Sexual Health Program.
- › Presentation of the Sexual Health (HERO) Project at the COAG Expo in June.
- › Supporting member services with delivering the 2011 Sexually Transmitted Infections Annual Community Screening Program from April 11 to May 20 and beyond.
- › Revising the 2011 STI Screening Handbook to assist member service health workers to understand the STI Screening Program and to also use as a guide when developing their strategies to screen communities.
- › Investigating the development of additional resources with communities to ensure they are culturally acceptable and provide the information that is required.
- › Maintaining established links with agencies such as the AIDS Council of SA, HEPC Council, and Shine SA.

• The Tackling Smoking Coordinator conducted training for the Tackling Smoking Workforce in the Puyu Wiya Smokecheck Brief Intervention program for seven staff as part of their orientation training and co-facilitated the Quitskills quit smoking training for the same group. The Centre of Excellence in Indigenous Tobacco Control trainer Ms Dallas McKeown-Young delivered the 'Talking Up the Good Air' for the same group. Mentoring has been provided to support the Tackling Smoking Workforce through onsite visits, meetings and monthly teleconference meetings. Monthly stakeholder meetings are held to coordinate activities by our partnership with other tobacco stakeholder agencies. Assistance is given to AHCSA member services where there is no Tobacco Worker providing an outreach service and visiting on a regular basis. Liaison has been undertaken with the AHCSA Council and senior management to develop a new smoke-free policy for AHCSA and advice provided to member services regarding a culturally safe smoke-free policy.

• The Maternal Health Tackling Smoking program commenced at AHCSA in September 2010. During the first few months, the program was introduced to Aboriginal Medical Services and communities through:
- › Education for Aboriginal Maternal and Infant Care (AMIC) workers in the Women's and Children's Hospital, Port Augusta and Ceduna on the risks of smoking and ways to assist pregnant women and their families to quit/cut down.
- › Training for Aboriginal Health Workers at Aboriginal Health Services to help them become leaders in talking to pregnant Aboriginal women and their families about cutting down or giving up smoking.
- › Working collaboratively with ACCHS tobacco workers to establish networks with the aim of forming 'expecting mums yarning groups' within SA ACCHSs. These yarning groups offer face-to-face communication with pregnant Aboriginal women who are ready to make a quit attempt, and allow them to obtain support from tobacco workers and their peers.

• The Workforce Liaison Officer in conjunction with GPSA, developed a support network for ATSIOWs and Indigenous Health Project Officer's (IHPO's) employed in both the Aboriginal community controlled and mainstream health sectors. Support was also provided to AHCSA member services in understanding the range of measures under the chronic disease package including encouraging the appropriate use of MBS items and incentives. The Workforce Liaison Officer also attended the COAG Implementation Advisory Group (IAG) to inform on activity and was part of the COAG Operational Working Group (OWG) that was instrumental in organising the statewide COAG expo.

• AHCSA continued the partnership with NACCHO and the NPS on the Good Medicines Better Health project. Consultations began with AHCSA members for the statewide rollout of the Train the Trainer Package. A number of services expressed interest and AHCSA expects to finalise the sites by the end of September 2011.

• The Patient Information Management Systems Coordinator engaged and maintained linkages with member services to establish Communicare training requirements. This included delivery of Communicare orientation/training to staff of the AHCSA, member services and mainstream agencies; template development for the Tackling Smoking Program, Eye Health & Chronic Disease Specialist Support Program, Chronic Diseases Management Care Plan; and template development and reporting methods for the Trachoma Elimination Program.

• The Trachoma Elimination Program team aims to reduce the prevalence and transmission of active trachoma in children aged 1-14 by undertaking comprehensive screening annually in communities where trachoma is endemic, and ensuring that all individuals and families patients are treated in accordance with the Guidelines for the Public Health Management of Trachoma in Australia. The guidelines recommend that trachoma control should be the responsibility of state and territory government-run regional population health units. These units should provide primary health care services with optometry and ophthalmology services and community representatives with information about the natural history and transmission of trachoma, local prevalence data regarding active trachoma and trichiasis, and details of proposed interventions to promote informed decisions about the implementation of trachoma control measures. The program and team will support the ACCHSs and health professionals to develop processes to ensure that adults aged over 40 are screened for trichiasis.

• The Aboriginal Social Marketing initiative commenced in May 2011. AHCSA appointed an Aboriginal Social Marketing Project Officer who has been working to identify and establish contact with potential stakeholders in the Aboriginal Community Controlled Health Sector as well as government and non-government state-wide services who work with the South Australian Aboriginal community.

• A Transition Manager commenced at AHCSA in November 2010 to assist with the planning and development of a new ACCHS in the Hills Mallee Southern OATSIH Region of Murray Bridge. A consultancy report was completed in late 2009 which found 'The HMS Aboriginal community has expressed its readiness and capacity to take on the responsibility of an ACCHS, provided it is adequately supported and that access to mainstream health care services continues to improve, not diminish'. The Transition Manager is collating information and services from each stakeholder in the region that could be transferred to the new ACCHS; establishing a coordinating committee for support; establishing a governance committee of community representatives to plan and direct the new ACCHS; sourcing funding and accommodation; and communicating across the government and non-government sectors.

• The Chronic Conditions Management Strategies in Aboriginal Communities project is addressing the evidence gap of current strategies with the overall goal being to examine current practices and to develop and demonstrate sustainable and effective CCM strategies for Aboriginal communities. Various chronic condition management (CCM) strategies have

been developed and are being promoted widely by government. While some including holistic, primary care approaches and self-management have been accepted by Aboriginal people and Aboriginal health organisations and others appear to have merit, there is little evidence to date about their clinical outcomes, cost or sustainability. Therefore, AHCSA is collaborating with staff and clients in three health services and communities about the ongoing collection, analysis and interpretation of interviews and quantitative health data. Other activities have included:

› Supervision of university students in two internships, resulting in a public health poster campaign at the Port Lincoln Aboriginal Health Service and conference presentation.
› Mentorship of an AHW to produce and submit an abstract, and in turn produce a powerpoint presentation for an international conference.
› Development of a Community Storybook with the Riverland Aboriginal Chronic Disease Support Group.
› An Advisory Group meeting hosted at Nunkuwarrin Yunti to supporting them uptake of specialised Care Planning for Chronic Condition clients.

New South Wales Affiliate

Aboriginal Health and Medical Research Council of NSW (AH&MRC)

The AH&MRC developed its Strategic Plan 2011-2014 this year, capturing and affirming our commitment to the pivotal values of Aboriginal community control, including Aboriginal culture and sovereignty, holistic health, respect, integrity and inclusion, human rights and social justice, quality and accountability and genuine and meaningful partnership. Equally important is the message that if the stated shared commitments of State Government, Australian Government and the AH&MRC are to be met, then decisions must be informed by those with the most expertise on what is effective in Aboriginal health services – the Aboriginal Community Controlled Health (ACCH) sector.

Our strategic objectives have guided the enhancement of core AH&MRC programs and activities in the provision of member services support, public health, education, ethics, and research. Several initiatives designed to support members in all aspects of their work including information about the AH&MRC is also now being more readily accessible through our revised website. In particular:

- The Aboriginal Health College continues to develop and deliver courses to a high standard which has seen the renewal of the Registered Training Organisation status for the next five years.
- In the area of Public Health, a number of projects have been developed and delivered to promote good health through targeted campaigns, workshops, networks, information and advice to Members and through collaborative arrangements with other NGOs. We have been extremely active in the specific areas of chronic disease, tobacco, cancer, sexual health, harm minimisation, alcohol and other drugs, social and emotional wellbeing, and child and maternal health. We have also participated with partners in the area of eye health, hearing health and oral health.
- In Member Services Support, we have supported ACCHS in accreditation as well as governance and workforce. Highlights include, 'Everything Goes Great Until There's a Problem - The Theory and the Practice' Report which looks at ways of supporting governance in ACCHSs, convening workshops and promoting issues important to our Members.
- Research remained an ongoing priority of AH&MRC including building our organisational capacity as well as our Coalition for Research to Improve Aboriginal Health (CRIAH) with the Sax Institute. Highlights include the 3rd CRIAH Aboriginal Health Research Conference, SEARCH (Study of Environment on Aboriginal Resilience and Child Health) success and AH&MRC capacity building activities.
- The AH&MRC Ethics committee continues to fulfil the important role of ethical review. The Ethics Committee is registered with the National Health and Medical Research Council (NH&MRC), is recognised in NSW Health Policy and continues to be actively involved in the Harmonisation of Multi-centre Ethical Review (HOMER) Indigenous Sub-Group.

During the process of the Health and Hospital Reforms, AH&MRC developed submissions to the Australian Government calling for measures to safeguard Aboriginal health funding and to ensure government accountability. We have promoted the inclusion of Aboriginal people on the boards of the new Local Health Districts as well as the preservation of local Aboriginal health partnerships with ACCHSs. AH&MRC has also been able to assist Member Services as they negotiate their places within the new Medicare Locals.

The incoming NSW Government has committed to develop a 10 year Aboriginal Health Partnership Plan and to support an Aboriginal Health and Well Being Forum within its first year. The ongoing NSW Aboriginal Health Partnership will support the implementation of this plan.

In May, 2011, the AH&MRC formalised our Coalition of Aboriginal Peak Organisations (CAPO) with the signing of an historic agreement to jointly commit to supporting and fostering the social, economic and cultural well being of Aboriginal peoples in NSW through the provision of demonstrated leadership on key issues which affect Aboriginal peoples in NSW. The Coalition, through mutual respect and trust, will work collaboratively to ensure stronger involvement in the development of government policy.

Victorian Affiliate

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

VACCHO is expanding its activities, becoming accredited and undertaking strategic planning. It retains its commitment to member support and hopes that this program can be expanded into member enhancement and optimisation of service capacity. The capacity of VACCHO and its members to achieve their potential remains limited by a lack of commitment to their infrastructure. It is further limited by the ability of VACCHO and its members to participate fully in the

"The incoming NSW Government has committed to develop a 10 year Aboriginal Health Partnership Plan and to support an Aboriginal Health and Well Being Forum within its first year."

potential partnerships which may have a positive impact on Aboriginal health.

VACCHO and its 24 member organisations across Victoria are cooperatives providing a wide range of services to their local community. Our members provide a wide range of services including aged care, ante-natal and early childhood development, employment support, housing, justice services, health promotion, chronic and complex care coordination, cultural training and keeping places, land management, drug and alcohol, physical activity and nutrition, sexual health, men's health, primary health care and other services in response to community need and available support.

VACCHO's members are centres of excellence and expertise in the provision of team based approaches to enhanced primary care to the Aboriginal population of Victoria. VACCHO advocates for its members, coordinates member development and support, and advocates for the health of each of Victoria's 33, 500 Aboriginal people as estimated by the Australian Bureau of Statistics (2006) and the thousands more not identified by the census.

Sector Enhancement

VACCHO has been increasingly focusing on specific sector advancement activities over the past 18 months. We have been active in assisting members to implement systems that enhance and streamline their organisations operations, create better organisational structures and ensure risk identification and mitigation is accurate and implemented.

Members are increasingly calling on VACCHO to assist them to self assess against their practices and help them to identify ways to strengthen their organisation across a range of systems.

Changes to the OATSIH risk assessment and its processes, together with the new Head Agreement from DoHA has provided VACCHO with further opportunities to assist members with solutions and systems to ensure compliance and best practice are maintained and enhanced in the sector.

The activities can be broken down into three elements:

- Sector Sustainability - longer term (5-8 year): strategic work with a state-wide benefit.
- Sector Advancement - medium term (1-5 year): work that focuses at a regional level to enhance capacity and partnerships with the health sector in regions.
- Immediate risk response - short term (0-1 year): work that focuses on rapid assistance to inform risk identification, mitigation and implement effective action plans.

All of this work, whilst a core activity for VACCHO, is unable to be funded through existing funding streams.

As the governments pull back from providing support to organisations in a proactive way, such as OATSIH's multi-user panel of experts, it is imperative that this support be maintained.

VACCHO believes that leveraging the activities within the organisation, and the peer mentoring and supporting already occurring between member organisations, that a unit focusing on Sector Advancement would be of significant cost-benefit to government departments.

Accreditation

There is a clear emphasis on achieving organisational accreditation with the Australian Government's continuation of the EQHS initiative over the next four years. ACCHSs have the ability to access accreditation support funds for first time clinical accreditation.

VACCHO had success with engaging eligible services during the initial budget measure with:

Clinical

- 17 eligible services accredited under RACGP standards (2 services currently working towards achieving accreditation).

Organisational

- 3 eligible services accredited under QIC standards (8 services currently working towards achieving accreditation).
- 3 eligible services working towards ISO standards accreditation.

VACCHO is well placed to maintain a successful engagement rate with eligible services as part of the EQHS continuation and have been collaborating with NACCHO and State/Territory Affiliates to finalise National Sector Support and develop individual State and Territory implementation plans inclusive of the national sector strategy.

Further discussions will be entered into to finalise the final budget allocations in consultation with the State and Territory Affiliates and OATSIH.

In practicing what we preach, VACCHO has undergone ISO 9000 accreditation internally and has successfully achieved registration, passing our first audit. VACCHO continues to put in place the systems and processes to maintain accreditation and to benefit from the processes and policies involved.

Health Programs, Public Health and Research

VACCHO continues to deliver a range of supportive, coordinating and staff development efforts in the health workforces working with or focused on Aboriginal health and well being. This includes networks of workers in a particular area of health in our membership and networks of workers working in mainstream agencies such as hospital liaison officers.

We are striving to be a centre for research excellence and coordination and undertaking activities that give it a coordinating role in the delivery of health promotion activities.

VACCHO is building partnerships to improve health education and research including with the development of the Monash Medical School, school of Aboriginal Health.

We are also developing our capacity to deliver cultural training through our members and in its own right to build a culturally competent health workforce and to promote members as centres of expertise and excellence in the delivery of culturally appropriate, person centred team based approaches to comprehensive primary health care.

Counting on Your Community

VACCHO is supporting its members to become data ready in preparation for the upcoming National Key Performance Indicators and OATSIH Web Based Reporting Tool (WBRT). VACCHO's Public Health and Research Unit (PHRU) and Public Health Medical Officer (PHMO) combined to host 'Counting on Your Community' - a data and quality improvement focused workshop.

The main reportable outcomes included a pilot project being developed with five VACCHO members and the Improvement Foundation to start using the WBRT to collect and analyse data for their own quality and planning purposes and the training of eight member ACCHO staff in the use of the PEN Clinical Audit Tool (PEN CAT) as a way of extracting and summarising clinical data without needing an external agency. VACCHO's PHRU and PHMO have compiled the follow up actions from 'Counting on Your Community' and have noticed a great disparity in the technology and equipment being used our members.

VACCHO hopes to take the relationship of our members to improved data and reporting as a way of enhancing their services and advocacy ability across the range of services they provide. In supporting members to have quality data and systems will assist VACCHO in the evidence needed for advocacy and priority setting with government and other partners.

We are also helping members to add statistical evidence to the knowledge they already have about their community. This will make them stronger advocates and increase their recognition as centres of excellence and knowledge of the community, as well as the evidence base they hold for the provision of quality e-services to the community and the effectiveness of those culturally appropriate services.

Coalition of the Intentional

VACCHO is working further with the Coalition of the Intentional civil society organisations who are cosignatories to the Statement of Intent. The group have developed a strategic plan for the forum to work together on coordinated advocacy and other events to forward the close the gap commitments.

The group will work with VACCHO to implement the Statement of Intent commitments among members in partnership with VACCHO and to hold the governments to account for their commitments.

As part of this process, Oxfam has committed resources, both financial and human, to work with VACCHO on these efforts. Jonathan Kingsley of Oxfam will work at VACCHO one day a week as of July to develop and seek funding and support for strategic activities for the Coalition.

Future Directions

VACCHO is continuing its long term plans with a revised and updated constitution, a new strategic plan and the new quality and continuous improvement activities built into accreditation. These tools will reinforce one another in building a stronger, more effective and strategically focused peak organisation in Victoria.

Each unit of VACCHO will have its own unit plan for the achievement and monitoring of these strategic directions.

VACCHO will continue to expand its efforts in training and workforce development, to ensure that there is a workforce of appropriately skilled and trained people across the workforce to meet the needs of Aboriginal people.

We will continue to build strategic partnerships and relationships to progress Aboriginal health in Victoria, to show leadership and advocacy for excellence in the delivery of Aboriginal health.

VACCHO will also continue to speak and support the members to speak on social and policy issues through media, through engagement with parliamentary committees and through meetings with political representatives.

The organisation will continue to build its public affairs profile through our communications and engagement, coordinating our response to issues through our website, newsletters, annual reports, media alerts, strategic and unit plans, publications such as success stories and other web based digital stories.

VACCHO will build on the strength and expertise of its members to advocate on their behalf and assist them in the delivery of the optimum quality and effectiveness of services to the community.

Tasmanian Affiliate

Tasmanian Aboriginal Centre (TAC)

The Tasmanian Aboriginal Centre (TAC) has worked tirelessly during 2010-2011 to try and save a 40,000 year old Aboriginal heritage site at Kutalyna (Brighton Tasmania). Unfortunately, the community was defeated by the Federal and State Governments. The importance of such preservation and community well being go hand in hand.

The TAC continues to advocate for the community to ensure that the money being spent on Aboriginal health is not wasted on mainstream service providers at the cost of better health outcomes for Aboriginal people. The Public Health Medical Officer has been working closely with colleagues interstate to try and get a common sense approach to the reporting requirements for Aboriginal Health Services (AHS) across Australia.

The introduction of a Medicare Local in Tasmania is starting to take shape and the TAC will be watching this closely and ensuring the Aboriginal voice doesn't get lost in the process.

The AHS in Hobart gained AGPAL Accreditation this year and Launceston and Burnie are well on their way.

The TAC has ongoing involvement in various consultations, research, partnership development, tendering processes and so on, and always battling against the odds to try to ensure that Aboriginal money is used where it is most needed, to increase the capacity of ACCHSs to respond to the health needs of our community.

Northern Territory Affiliate

Aboriginal Medical Services Alliance Northern Territory (AMSANT)

After three years of concerted effort in the aftermath of the Northern Territory Emergency Response (NTER) - better known as the Intervention - the Aboriginal Medical Services Alliance Northern Territory (AMSANT) has achieved its greatest level of activity and effort in its history, yet faces uncertainty post 2012 with the end of NTER funding.

An independent evaluation of the NTER Primary Health Care measures, both the Child Health Check Initiative and the Expanded Health Service Delivery Initiative (EHSDI), gave a generally positive view of AMSANT activities, with strong recommendations for sustaining and further enhancing the Comprehensive Primary Health Care activities of our Members. However, it is unclear whether the necessary resources to continue this work will be available beyond the next financial year.

AMSANT is still working hard to increase the number of regionally-based health services delivering comprehensive primary health care operated by Aboriginal community controlled health organisations across the NT. This work is happening in accord with 'Pathways to Community Control', a jointly agreed blueprint that is endorsed by both Commonwealth and Northern Territory ministers.

Although regionalisation involves considerable community-based discussion and consultation, gains have been made. In West Arnhem, the Red Lily Health Board Aboriginal Corporation was formally incorporated on 26 May 2011. On the Barkly Tablelands, the Anyinginyi Health Aboriginal Corporation has been given the green light by federal and NT authorities to commence preparation of detailed plans for the implementation phase of regionalisation. In East Arnhem, work is well advanced on a Final Regional Proposal while at the same time, the joint Clinical and Public Health Advisory Group is working with AMSANT to implement a region-wide patient information record system.

The increased resources to comprehensive primary health care made available as part of the Intervention (the EHSDI) is allowing substantial reform of health delivery in the Territory. One example is the development of agreed system-level Performance Indicators, the data from which will improve the ability of our health services to record and analyse the results of their efforts. By late 2012, the data quality will allow system-wide analysis of the Comprehensive Primary Health Care sector across the NT for the first time.

AMSANT is also maintaining a heavy emphasis on Continuous Quality Improvement (CQI) being an important part of health practice across the entire Primary Health Care sector. CQI Coordinators are now placed in Alice Springs and Darwin, and CQI Facilitators are located in all regions across the Territory. The emphasis on quality in health care will be yet another way in which primary health care services can help 'Close the Gap' in Aboriginal health. All our member services who provide clinical care have now achieved clinical accreditation under RACGP standards.

In response to a submission made to the Bath Inquiry into Child Protection in the Northern Territory, AMSANT is auspicing the establishment of a peak Aboriginal Community Controlled agency for Aboriginal children, youth and families. It is anticipated that this body will be fully up and running in 2011-2012.

Recognising that the Aboriginal community controlled primary health care sector is severely limited in the extent to which we can deal with the whole range of social determinants of Aboriginal health, AMSANT has been enormously encouraged by the establishment this year of the Aboriginal Peak Organisations Northern Territory (APO NT). APO NT is comprised of the Central and Northern Land Councils, the North Australian Aboriginal Justice Agency, the Central Australian Aboriginal Legal Aid Service, and AMSANT. It has worked on a number of joint submissions and research projects including high level discussions with the Australian

"AMSANT continues its engagement with federal initiatives to reform the whole health system coming from the Australian Government. We have continued a firm line that the 'Medicare Local' should be a funds holder and not service provider."

Government on the post- NTER landscape for Aboriginal people in the Northern Territory.

AMSANT continues its engagement with federal initiatives to reform the whole health system coming from the Australian Government. We have continued a firm line that the 'Medicare Local' should be a funds holder and not service provider.

It is for this reason that AMSANT undertook, along with the Department of Health and the General Practice Network Northern Territory (GPNNT) to work on a collaboration to establish the Northern Territory Medicare Local. The result of this proposal, named North of 26°, will be known in the first half of 2011-2012.

A similar collaboration, joined also by Western Australia's Country Health and our sister affiliate in South Australia AHCSA, was negotiated, this time with the National Electronic Health Transition Authority. Its aim is to move the Northern Territory further towards compatibility with the Personally Controlled Electronic Health Record (PCEHR), as well as expanding Shared Electronic Health Records in the Kimberley and remote areas of South Australia. The collaboration builds on AMSANT's extensive work in eHealth programs with our Members and indeed the work of our Members. This work will carry on until 30 June 2012.

Finally, the AMSANT Board determined to proclaim 2011-2012 as the Year of the Aboriginal Health Worker. Although the Northern Territory is the only jurisdiction in which Aboriginal and Torres Strait Islander Health Workers are registered practitioners, the profession faces a crisis in which numbers have fallen by 30% in the last decade, and 76% of current registered Aboriginal and Torres Strait Islander Health Workers are over the age of 40. The Year is dedicated to:

- A recognition of the profession of Aboriginal Health Workers, and the fundamentally important role they play in improving the health of our people.
- Equity in the treatment of Aboriginal Health Workers in housing and benefits that accrue to other health professions, such as nurses and GPs.
- The commitment and resources to grow the profession to build on the successes we have in Aboriginal Comprehensive Primary Health Care.
- A recognition of the vital role our Aboriginal Health Workers have in Closing the Gap in Aboriginal health outcomes.

Queensland Affiliate

Queensland Aboriginal and Islander Health Council (QAIHC)

The Queensland Aboriginal and Islander Health Council (QAIHC) has experienced an exciting 2010-2011 period characterised by change and organisational progression to respond to an evolving external policy environment. Steps and measures have been implemented to ensure the ongoing growth and strengthening of the Queensland Community Controlled Health Service Sector in alignment with the organisation's Strategic Plan and vision. Subsequent key actions have been undertaken spanning the areas of:

- Health system reform to increase access to community controlled primary health care services.
- Supporting the delivery of high quality evidenced-based community controlled primary health care services.
- Building a sustainable and innovative organisation.

QAIHC have undertaken to implement and action key steps that support the organisation's vision of an empowered and sustainable Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland. Work continues to be undertaken under the following areas to ensure strength and capacity within the sector to promote increased access to quality and timely primary health care for all Aboriginal and Torres Strait Islander people no matter where they reside or what services they use.

Health Reform

QAIHC have developed a 'Blueprint' for Aboriginal and Torres Strait Islander health reform and a Regionalisation Strategy that articulate plans for the reform and continued strengthening of the community controlled sector in Queensland.

The Blueprint comprises seven pillars of change to ensure that there is consistency in movement and sector progression to match the evolving policy environment against which services must now operate. The document addresses how the sector will connect and communicate with new entities to be established under the banner of health reform and importantly what developments need to take place to promote and monitor health improvements.

Of particular note are what these key documents articulate in terms of the sector's plans for regionalisation and a move toward the establishment of regional entities to which QAIHC will devolve member support functions. This is to ensure the provision of timely, effective and heightened support that lends itself to improved governance arrangements and the provision of greater quality and accessible primary health care services. A staged and gradual approach is being assumed that is set to a three year timeline. Progress will be gauged by the development and implementation of monitoring and evaluation mechanisms that will also promote continuous quality improvement within the sector.

Underpinning and intimately related to this transition is also the development and implementation of the QAIHC Comprehensive Primary Health Care (CPHC) model. The model symbolises a significant step toward creating a systematic and best practice approach to primary health care within the sector and whilst amenable to different service contexts, it will serve as an important platform to ensure planning and workforce development toward improved health service delivery.

The QAIHC Secretariat will be continuing to undertake work in the area of health reform to progress both aforementioned agendas. These steps and measures are underpinned by relevant documents and strategies that will be progressively actioned over the course of the next three years, which is consistent with projections articulated in the QAIHC Strategic Plan.

Member Support

Provision of Member support remains a central and core function of the QAIHC Secretariat. Over the period of 2010-2011, QAIHC have provided significant

support and assistance to Members to promote ongoing service development and expansion. Support to new and developing, as well as existing and established services has been given. Support provided spans the areas of:

- Management and governance;
- Health service planning and delivery;
- Quality Improvement; and
- Strategic planning and service development, with sensitivity to the broader context of national health reform.

Importantly, QAIHC has also committed to strengthen the support that the Secretariat provide to Aboriginal and Torres Strait Islander Alcohol and Other Drugs services that make up the membership of the Queensland Indigenous Substance Misuse Council (QISMC). The annual QISMC conference will be held in July 2011 and result in the appointment of a QISMC Executive.

Health Promotion and Preventative Health

The QAIHC Preventative Health Unit has continued to play a critical role within the QAIHC Secretariat, coordinating and delivering a range of initiatives targeted at healthy lifestyle promotion, nutrition and obesity; and physical activity. Importantly, support is provided to Members to provide and deliver healthy lifestyle programs that seek to affect positive and sustainable change for individuals and families across these domains. Work to this end will continue to be delivered as part of QAIHC Member support and efforts to increase capacity and competence within the sector to deliver programs across these key areas, which hold important implications for both the prevention and management of chronic conditions.

APCC Collaboratives

QAIHC has been involved in a joint initiative with General Practice Queensland (GPQ) to coordinate and facilitate Member service and General Practitioner (GP) participation in the Improvement Foundation (IF) Australian Primary Care Collaboratives (APCC) program. This has been a quality improvement initiative that has resulted in collection of data for 50,000 Aboriginal and Torres Strait Islander people, 40,000 of whom are presently being serviced by Aboriginal and Islander Community Controlled Health Services (AICCHS).

A series of workshops have been held in the context of this program to facilitate group based learning and knowledge sharing. QAIHC and its Secretariat, in conjunction with staff from GPQ, continue to provide ongoing support and assistance to participating AICCHS and GPs, and it is envisaged that this will continue as a key piece of work for the sector to promote improved health service delivery and capture of key indicators for Aboriginal and Torres Strait Islander health.

Hero Rewards

After rolling out the first wave of Hero Rewards in early 2010, which focused on encouraging Aboriginal and Torres Strait Islander peoples' utilisation of Medicare Health Check items, QAIHC are now entering phase two of this social marketing initiative that will now focus on building awareness and increasing usage of Chronic Disease Management and care planning items.

A collection of interactive media tools have been developed that are amenable to tailoring by Member services for use and dissemination in the local community. Resources span the communication mediums of text and radio. More recently, a TV commercial has also been developed that will have statewide coverage. The emphasis is on using the existing profile and familiarity that Hero Rewards commands to promote a statewide message that promotes self-management and encourages people to make better and more informed health decisions. The launch of the commercial will initially take place at the Queensland Murri Football Carnival in late September, followed by TV broadcasting. Incorporation of nationally recognisable Aboriginal and Torres Strait Islander public identities has been an important part of the campaign's development and will be central to its positive uptake.

Workforce Development

QAIHC's workforce development program incorporates workforce policy development and implementation of initiatives to support the Aboriginal and Torres Strait Islander health workforce across Queensland. This includes the health workforce, social and emotional well being workforce, Aboriginal and Torres Strait Islander alcohol and other drugs training, and General Practitioner education and training.

Throughout 2010-2011, QAIHC continued to support and address Queensland specific policy and workforce gaps. There was a significant focus on implementation of policy and initiatives identified within the National Health System Reform and under the COAG Closing the Gap initiative.

Supporting workforce development and continuous expansion has been a core focus and has been achieved through coordination and liaison to create continued opportunities for staff training and professional development. Assistance to services to implement workforce policies and procedures, and achieve required standards also falls within the work domain of the QAIHC Secretariat and staff operating within this program area.

QAIHC identify continuation of work under this area as significant to ensure capacity and competence within the sector for the delivery of health and other related services that are of a high quality standard and which are accessible and appropriate to Aboriginal and Torres Strait Islander people in Queensland.

Business Quality Centre (BQC)

A significant development for 2011 has involved the establishment of the QAIHC Business Quality Centre (BQC) Unit, which emerged from QAIHC Members' desire to find ways of improving their capacity to focus on primary health care service delivery. BQC has been established with the objective of reducing time and resource requirements for services when it comes to back of office business by having certain functions in this area transferred over to the Unit. At present, BQC handles different mixes of accounting, bookkeeping, payroll, HR and consulting functions for ten Member services, with more due to come on board later in 2011. This was a direction endorsed by QAIHC Membership and will play an important role in enabling a return to focus on core business for our Members.

Mental Health Promotion – The Choirs Initiative

During 2010-2011, QAIHC have been involved in a social and emotional well being project that uses participation in an organised choir program to promote mental health and well being. The program has been a significant success for the sector with broad coverage and high participation rates. Media coverage of the choir and invitation to perform at public forums mark some of the program's key achievements. It is envisaged that this will continue as an important program for the promotion of mental health and well being within Queensland. In addition, QAIHC will be pursuing other pieces of work to increase and strengthen efforts around mental health promotion in the sector.

QAIHC Collaborative Agreements

A significant outcome for 2011 has involved the signing of two partnership agreements between QAIHC and GPQ and QAIHC and Queensland Health. These agreements signify a commitment on the part of QAIHC and both organisations to engage in collaborative working relationships to promote and facilitate improved health service planning and delivery, and subsequent better health outcomes for Aboriginal and Torres Strait Islander people in Queensland. The agreements put in place an important platform for a partnership approach toward health service planning and policy development and will be instrumental to ensuring transparency in process and creating a more supportive program implementation environment. Ensuring that a mechanism is in place to support fluid communication pathways between QAIHC and both organisations is essential to enable more need responsive and appropriately targeted planning and resource allocation. QAIHC are committed to sustaining these positive working relationships

to contribute toward better health outcomes for Aboriginal and Torres Strait Islander people in Queensland.

Upcoming Changes

In looking to the future, there is significant work to be undertaken for the 2011-2012 period. QAIHC will continue to operate across its core work domains and ensure every step and measure is taken to promote the continued growth, strengthening and empowerment of the Aboriginal and Torres Strait Islander health sector in Queensland.

Central to this will be the implementation of measures and strategies that are directly responsive to the evolving policy environment that forms the backdrop against which we now operate. The establishment of Local Health and Hospital Networks (LHHNs) and Medicare Locals constitute key developments in the health system and QAIHC will be pursuing steps to ensure communication pathways between these new entities and the Queensland community control sector.

Enabling scope for the transference of health information and priorities for the sector to these levels to provide a platform for responsive health planning and service delivery will be central and assist toward better resource allocation and reduction of gaps or duplication in health efforts. Similarly, creating links with other new bodies to be established as part of the health reform process, including the National Performance Authority and Lead Clinicians groups, will also be important to be sure that Aboriginal and Torres Strait Islander Health and Closing the Gap remains at the forefront of health planning and service delivery in Queensland.

These are considerations that are inbuilt within the QAIHC Strategic Plan and the Blueprint that QAIHC have developed for Aboriginal and Torres Strait Islander health reform in Queensland. Supporting QAIHC's move toward creating a Queensland community controlled sector that is well positioned to act and respond to health needs in the context of the new health environment is also the development of the QAIHC Regionalisation Strategy. With the regional transfer and devolution of health system planning and delivery, QAIHC have recognised the need to move in alignment with these processes to promote sector regionalisation. The QAIHC Regionalisation Strategy will be progressively actioned over the course of the next three years and symbolises a transition to the establishment of five regional Aboriginal and Islander Community Controlled Organisations to which member support and assistance services will be transferred. This will allow for the timely and more effective delivery of QAIHC Member support and also create a platform for improved interaction between the new Medicare Locals and LHHNs and these planned regional bodies. It is envisaged that these directions will support efforts to promote health improvement that is sustainable and ongoing for Aboriginal and Torres Strait Islander people in Queensland.

Australian Capital Territory Affiliate

Winnunga Nimmityjah Aboriginal Health Service

In 2010-11, the Winnunga Nimmityjah Aboriginal Health Service experienced a number of changes. Our building was refurbished, causing significant disruption. Whilst there was minimal disruption to clinical services, CEO Julie Tongs and other staff worked offsite in temporary office space. The ACT OATSIH office closed at short notice during the year and the NSW office now oversees Winnunga. This transition has been fairly smooth and Winnunga is in the fortunate position, through years of hard work, of being strong and stable.

The ACT Division of General Practice has transitioned into the ACT Medicare Local. Winnunga continues to monitor the implications of this change and its effect on primary health care in the ACT. We have already experienced additional reporting requirements for services provided where the Division of General Practice is the fundholder.

Winnunga continues to lobby government on behalf of the Aboriginal and Torres Strait Islander community of the ACT. The CEO meets regularly with politicians to ensure that the needs of the community remain at the forefront of the political agenda. We also attend the ACT Aboriginal Health Forum and many other ACT and national committees. Winnunga has provided input into many policy developments and consultations such as the proposal to provide a needle and syringe exchange program at the ACT prison. The CEO also attended NACCHO Board meetings and provided ongoing input into NACCHO national policy.

Winnunga has continued to advocate for better recognition of the role that the health service plays in providing health care to clients from outside the ACT. We are the biggest provider of primary health care to Aboriginal and Torres Strait Islander people, not just in the ACT but also compared with surrounding areas of NSW. However, this regional service delivery is not recognised in our funding structures.

The Public Health Medical Officer and Data Officer have been involved in the national developments in reporting and IT: the Web Based Reporting Tool, national key performance indicators and the Personally Controlled Electronic Health Record. While we still have some concerns about the appropriateness and effectiveness of these systems, we are trying to ensure they work for us.

The Workforce Implementation Policy Officer has been working on implementing the Workforce Development Plan. Stage 1 (upskilling managers) is complete and Stage 2 (upskilling 10 members of the Social Health Team to Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care - Practice) is underway. Winnunga has an auspicing arrangement for training with the Aboriginal Health Council of South Australia. The Workforce Information Policy Officer also provides ongoing information to staff on the National Registration and Accreditation Scheme for Health Professionals and the National Aboriginal and Torres Strait Islander Health Worker Association.

We have been saddened this year by the serious illness of Dr Peter Sharp, Medical Director at Winnunga. Dr Pete committed his professional career to Winnunga for over 20 years. He was a major partner in the growth and development of Winnunga and provided health care to thousands of clients. In particular, Dr Pete committed ongoing care to Aboriginal people in prison and those with serious drug problems. He also devoted substantial amounts of time to training medical students and young doctors in Aboriginal health and general practice.

We recognise Dr Pete for his contribution to Winnunga, so many individuals and the community as a whole. Dr Pete passed away on 18 September 2011.

NACCHO Financial Statements

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

Contents

Directors' Report

Your directors present their report on the company for the financial year ended 30 June 2011.

Directors

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

Justin Mohamed – Chairperson

Glenda Humes – Deputy Chair

Stephanie Bell (ceased August 2010) (appointed February 2011)

Ian Woods (appointed August 2010) (ceased February 2011)

Julie Tongs

Christine Corby

Valda Keed

John Singer

Raylene Foster

Sheryl Lawton

Elizabeth Adams (ceased December 2010)

Matthew Cooke (appointed December 2010)

Yvonne Buza – Secretary

Phillip Matsumoto (ceased November 2010)

Sandy Davies (appointed April 2011)

Paula Arnol

Lynn McInnes

Andrew Gardiner

Lorraine Whitby (ceased November 2010)

Vicki O'Donnell (appointed November 2010)

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

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 Aboriginal health and well being. This comprises the running of the National Secretariat and the provision of secretarial 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 within the context of the Aboriginal understanding of health within the Aboriginal community:

To ameliorate poverty within the Aboriginal community; the advancement of Aboriginal religion; to provide constructive educational programmes for members of the Aboriginal community; and to deliver holistic and culturally appropriate health and health 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.

After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in future financial years.

Meetings of Directors

DIRECTORS	DIRECTORS' MEETINGS	
	Number eligible to attend	Number attended
Justin Mohamed - Chairperson	4	4
Glenda Humes - Deputy Chair	4	4
Stephanie Bell (ceased August 2010) (appointed February 2011)	2	2
Ian Woods (appointed August 2010) (ceased February 2011)	2	2
Julie Tongs	4	4
Christine Corby	4	0
Valda Keed	4	4
John Singer	4	2
Raylene Foster	4	1
Sheryl Lawton	4	4
Elizabeth Adams (ceased December 2010)	2	2
Matthew Cooke (appointed December 2010)	2	2
Yvonne Buza - Secretary	4	2
Phillip Matsumoto (ceased November 2010)	1	1
Sandy Davies (appointed April 2011)	1	0
Paula Arnol	4	3
Lynn McInnes	4	4
Andrew Gardiner	4	4
Lorraine Whitby (ceased November 2010)	1	1
Vicki O'Donnell (appointed November 2010)	3	2
David Kennedy (Alternate for Christine Corby)		2

Contributions on wind up

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to make a maximum contribution of $10.00 towards meeting any outstanding obligations. At 30 June 2011, the total maximum amount that members of the company are liable to contribute if the company is wound up is $10.00.

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

Director _____ Justin Mohamed

Director _____ Lynn McInnes

Dated: 26 August 2011

Auditor's Independence Declaration

under Section 307C of The Corporations Act 2001 to the Directors of National Aboriginal Community Controlled Health Organisation

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2011 there have been:

- no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- no contraventions of any applicable code of professional conduct in relation to the audit.

PKF Di Bartolo Diamond & Mihailaros

Ross Di Bartolo

Partner

Dated: 26 August 2011

Statement of Comprehensive Income

For The Year Ended 30 June 2011

	Notes	**2011**	2010
		$	$
Revenue from ordinary activities	2	**6,275,772**	4,294,220
Employee benefits expense		**(2,773,303)**	(2,157,931)
Depreciation and amortisation expenses	2	**(43,321)**	(28,708)
Other expenses from ordinary activities	2	**(3,423,552)**	(2,105,185)
Profit from ordinary activities		**35,596**	2,396
Other comprehensive income			
Net gain / (loss) on revaluation of non current assets		**-**	-
Total comprehensive income		**-**	-
Total comprehensive income / (loss) attributable to members		**-**	-
Profit / (loss) attributable to members		**35,596**	2,396

Statement of Financial Position

As At 30 June 2011

	Notes	**2011**	2010
		$	$
CURRENT ASSETS			
Cash and cash equivalents	3	**1,965,004**	617,496
Receivables	4	**1,389,676**	1,612,897
Other	5	**197,413**	100,304
TOTAL CURRENT ASSETS		**3,552,093**	2,330,697
NON CURRENT ASSETS			
Property, plant and equipment	6	**111,804**	113,100
TOTAL NON CURRENT ASSETS		**111,804**	113,100
TOTAL ASSETS		**3,663,897**	2,443,797
CURRENT LIABILITIES			
Payables	7	**591,948**	404,078
Financial Liabilities	8	**6,071**	43,612
Provisions	9	**216,482**	247,913
Other	10	**2,630,266**	1,564,660
TOTAL CURRENT LIABILITIES		**3,444,767**	2,260,263
NON CURRENT LIABILITIES			
Provisions	9	**-**	-
TOTAL NON CURRENT LIABILITIES		**-**	-
TOTAL LIABILITIES		**3,444,767**	2,260,263
NET ASSETS		**219,130**	183,534
EQUITY			
Retained profits		**219,130**	183,534
TOTAL EQUITY		**219,130**	183,534

Statement of Change in Equity

For The Year Ended 30 June 2011

	Retained Earnings	Total Equity
	$	$
Balance at 1 July 2009	**181,138**	181,138
Net Surplus/(Loss) for the year	**2,396**	2,396
Balance at 30 June 2010	**183,534**	183,534
Balance at 1 July 2010	**183,534**	183,534
Net Surplus/(Loss) for the year	**35,596**	35,596
Balance at 30 June 2011	**219,130**	183,534

Statement of Cash Flows

For The Year Ended 30 June 2011

	Notes	**2011**	2010
		$	$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		**64,969**	61,053
Operating grant receipts		**7,956,436**	4,831,669
Payments to suppliers and employees		**(6,681,064)**	(4,635,356)
Interest received		**49,191**	16,947
Net cash provided by/(used in) operating activities	14 (b)	**1,389,532**	274,313
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		**1,142**	19,000
Payment for property, plant and equipment		**(43,166)**	(75,084)
Net cash used in investing activities		**(42,024)**	(56,084)
Net increase/(decrease) in cash held		**1,347,508**	218,229
Cash at beginning of financial year		**617,496**	399,267
Cash at end of financial year	14 (a)	**1,965,004**	617,496

Notes to the Financial Statements

For The Year Ended 30 June 2011

Note 1: Statement Of Significant Accounting Policies

The financial report is a general purpose financial report that has been prepared in accordance with Accounting Standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board and the Corporations Act 2001.

Australian Accounting Standards set out accounting policies that the Australian Accounting Standards Board has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and are consistently applied unless otherwise stated.

The financial report has been prepared on an accruals basis and is based on historical costs, modified, where applicable, by the measurement at fair value of selected non current assets, financial assets and financial liabilities.

The following is a summary of significant accounting policies adopted by the Company in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Income Tax

No provision for income tax has been raised as the company is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

(b) Property, Plant and Equipment

Each class of property plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation.

Property

Freehold land and buildings are measured on the fair value basis being the amount which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction. It is the policy of the company to have an independent valuation every three years, with annual appraisals being made by the directors.

Plant and equipment

Plant and equipment is measured on the cost basis.

The carrying amount of plant and equipment is reviewed annually by the directors to ensure it is not in excess of the recoverable amount from those assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets employment and subsequent disposal. The expected net cash flows have not been discounted to present values in determining recoverable amounts.

Depreciation

The depreciable amount of all fixed assets including buildings and capitalised leased assets, but excluding freehold land, are depreciated over their estimated useful lives to the company commencing from the time the asset is held ready for use. Properties held for investment purposes are not subject to a depreciation charge. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates and useful lives used for each class of depreciable assets are:

Class of fixed asset	Depreciation rates/useful lives	Depreciation basis
Office Equipment	3 – 18 %	Straight Line
Furniture Fixtures and Fittings	9 – 15 %	Straight Line
Computer Equipment	10 – 24 %	Straight Line
Improvements	10 – 24 %	Straight Line

Notes to the Financial Statements

For The Year Ended 30 June 2011

Note 1: Statement Of Significant Accounting Policies (continued)

(c) Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year together with benefits arising from wages and salaries, annual leave and sick leave which will be settled after one year, have been measured at the amounts expected to be paid when the liability is settled plus related on costs. Other employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the company to an employee superannuation fund and are charged as expenses when incurred.

(d) Cash

For the purposes of the Statement of Cash Flows, cash includes cash on hand and at call deposits with banks or financial institutions, investments in money market instruments maturing within less than two months and net of bank overdrafts.

(e) Revenue

Grants are recognised as revenue to the extent that the monies have been applied in accordance with that conditions of the grant. Grant funds received prior to year-end but unexpended as at that date are recognised as unexpended grants (other current liabilities).

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets and all other revenue is recognised when the right to receive the revenue has been established.

All revenue is stated net of the amount of goods and services tax (GST).

(f) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

Note 2: Profit from Ordinary Activities

Profit (losses) from ordinary activities has been determined after:	**2011**	2010
	$	$
(a) Expenses		
- Consultancy fees	**1,295,794**	370,852
- Loss on disposal of non current assets	**-**	893
- AGM & board meeting costs	**163,085**	124,970
- Meetings, workshops & seminar costs	**311,390**	282,318
- Provision for debtful debts	**(25,520)**	-
- Rent & other occupancy costs	**387,075**	226,700
- Telephone	**82,210**	64,728
- Travel expenses	**904,825**	816,979
- Other expenses	**304,693**	217,745
	3,423,552	2,105,185
Depreciation of non current assets		
- Plant and equipment	**43,321**	28,708
(b) Revenue		
Grant funding	**6,167,518**	4,221,770
Other Income	**59,063**	55,503
Interest Income	**49,191**	16,947
	6,275,772	4,294,220
(c) Auditors Remuneration		
- Audit Services	**14,000**	13,500
- Other Services	**-**	-
	14,000	13,500

Note 3: Cash & Cash Equivalents

Cash on hand	**456**	2,829
Cash at bank	**1,860,052**	575,654
Term Deposits	**86,058**	39,013
Corporate Credit Card	**18,438**	-
	1,965,004	617,496

Note 4: Trade & Other Receivables

CURRENT		
Trade & other debtors	**1,389,676**	1,638,417
Provision for Doubtful Debts	**-**	(25,520)
	1,389,676	1,612,897

Notes to the Financial Statements

For The Year Ended 30 June 2011

Note 4: Trade & Other Receivables – continued

(i) Credit Risk — Trade and Other Receivables

The company does not have any material credit risk exposure to any single receivable or group of receivables.

The following table details the company's trade and other receivables exposed to credit risk with ageing analysis and impairment provided for thereon. Amounts are considered as 'past due' when the debt has not been settled within the terms and conditions agreed between the association and the customer or counter party to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there are specific circumstances indicating that the debt may not be fully repaid to the association.

The balances of receivables that remain within initial trade terms (as detailed in the table) are considered to be of high credit quality.

	Gross Amount	< 30 days	Past Due 31–60 days	Past Due 61–90 days	Past Due > 90 days	Past Due and Impaired
		$	$	$	$	$
2011						
Trade and other receivables	**$1,389,676**	977,706	103,256	-	308,714	-
2010						
Trade and other receivables	**$1.638,417**	1,508,664	10,000	-	94,233	25,520

Note 5: Other Assets

	2011	2010
CURRENT		
Prepayments	**196,693**	99,584
Other current assets	**720**	720
Total Other Assets	**197,413**	100,304

Note 6: Property, Plant and Equipment

PLANT AND EQUIPMENT	2011	2010
(a) Plant and equipment		
At cost	**112,050**	77,637
Less accumulated depreciation	**(70,163)**	(63,965)
	41,887	13,672
(b) Motor vehicles		
At cost	**27,967**	27,967
Less accumulated depreciation	**(6,412)**	(120)
	21,555	27,847
(c) Office equipment		
At cost	**75,077**	76,219
Less accumulated depreciation	**(66,836)**	(62,194)
	8,241	14,025
(d) Computer equipment		
At cost	**117,769**	211,400
Less accumulated depreciation	**(77,648)**	(153,844)
	40,121	57,556
Total property, plant and equipment	**111,804**	113,100

(a) 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

	Plant & equipment	Motor vehicles	Office equipment	Computer equipment	Total
	$	$	$	$	$
2011					
Balance at the beginning of the year	13,672	27,847	14,025	57,556	113,100
Additions	34,413	-	-	8,753	43,166
Disposals	-	-	(1,142)	-	(1,142)
Depreciation expense	(6,198)	(6,292)	(4,642)	(26,188)	(43,320)
Carrying amount at end of year	**41,887**	**21,555**	**8,241**	**40,121**	**111,804**

Note 7: Trade & Other Payables

	2011	2010
	$	$
CURRENT		
Trade creditors and accruals	**321,953**	128,523
Sundry creditors (ATO)	**270,036**	275,555
	591,989	404,078

Notes to the Financial Statements

For The Year Ended 30 June 2011

Note 8: Financial Liabilities

	2011	2010
CURRENT		
Corporate Credit Cards	**6,071**	43,612

Note 9: Provisions

	Notes	2011	2010
CURRENT			
Annual Leave Provision		184,168	182,213
Long Service Leave Provision		32,314	65,700
Employee benefits	10 (a)	216,482	247,913
NON CURRENT			
Employee benefits	10 (a)	-	-
(a) Aggregate employee benefits liability		216,382	247,913

Note 10: Other Liabilities

	2011	2010
CURRENT		
Income in Advance	**2,630,266**	1,564,660

Note 11: Related Party Transactions

The names of directors who have held office during the financial year are:

Justin Mohamed
Glenda Humes
Lynn McInnes
John Singer
Yvonne Buza
Julie Tongs
Andrew Gardiner
Raylene Foster
Christine Corby
Paula Arnol
Sheryl Lawton
Valda Keed
Ian Woods (appointed August 2010) (ceased February 2011)
Sandy Davies (appointed April 2011)
Matthew Cooke (appointed December 2010)
Elizabeth Adams (ceased December 2010)
Phillip Matsumoto (ceased November 2010)
Lorraine Whitby (ceased November 2010)
Vicki O'Donnell (appointed November 2010)
Stephanie Bell (ceased August 2010) (appointed February 2011)

Note 11: Related Party Transactions - continued

	2011	2010
Key Management Personnel	**$**	$
Key management personnel comprise directors and other key persons having authority and responsibility for planning, directing and controlling the activities of the organization.		
Key Management Personnel Compensation Summary		
Short Term Employee Benefits	**533,514**	481,906
Long Term Employee Benefits	**6,887**	14,483
	540,401	496,389

Note 12: Economic Dependence

Economic dependency exists where the normal trading activities of a company depends upon a significant volume of business. The National Aboriginal Community Controlled Health Organisation is dependant on grants received from the Department of Health and Ageing to carry out its normal activities.

Note 13: Segment Reporting

The Company operates in the Community Services Segment.

Notes to the Financial Statements

For The Year Ended 30 June 2011

Note 14: Cash Flow Information

	2011	2010
	$	$
(a) Reconciliation of cash		
Cash at the end of the financial year as shown in the statement of Cash Flows is reconciled to the related items in the statement of financial position as follows:		
Cash on hand	**456**	2,829
Cash at bank	**1,860,052**	575,654
Term Deposits	**86,058**	39,013
Corporate Credit Card	**18,438**	-
	1,965,004	617,496
(b) Reconciliation of cash flow from operations with profit from ordinary activities after income tax		
Gain/(Loss) from ordinary activities after income tax	**35,596**	(2,396)
Non cash flows in profit from ordinary activities		
Depreciation	**43,321**	28,708
Net (gain) / loss on disposal of property, plant and equipment	**-**	893
Changes in assets and liabilities		
(Increase)/decrease in receivables	**223,221**	(1,419,193)
(Increase)/decrease in other assets	**(97,109)**	(77,558)
Increase/(decrease) in grants received in advance	**1,065,606**	1,460,831
Increase/(decrease) in payables & credit card liabilities	**150,412**	199,634
Increase/(decrease) in provisions	**(31,431)**	78,602
Cash flows from operations	**1,389,532**	274,313

Note 15: Leasing Commitments

	2011	2010
	$	$
(a) Operating leases		
Operating leases commitments payable:		
- not later than 1 year	**336,275**	353,169
- later than 1 year, but not later than 5 years	**617,288**	953,563
Total operating lease liability	**953,563**	1,306,732

Note 16: Financial Risk Management

(i) Financial risk management policies

The company's financial instruments consist mainly of cash and deposits at bank, trade debtors, trade creditors and secured commercial credit facilities. The Board of directors meet on a regular basis to assist the company in meetings its financial targets, whilst minimising potential adverse effects on financial performance. The total of each category of financial instruments, measured in accordance with AASB139 as detailed in the accounting policies to these financial statements, are detailed below:

	2011	2010
	$	$
Financial Assets		
Cash and cash equivalents	**1,965,004**	617,496
Trade and Other Receivables	**1,389,676**	1,612,897
Other	**197,413**	100,304
	3,552,093	2,330,697
Financial Liabilities		
Trade and other payables	**591,948**	404,078
Corporate Credit Cards	**6,071**	43,612
Income in advance	**2,630,266**	1,564,660
	3,228,369	2,012,350

(ii) Interest rate risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at reporting date whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments.

(iii) Liquidity risk

Liquidity risk arises from the possibility that the company might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The association manages this risk through the following mechanisms:

– preparing forward looking cash flow analysis in relation to its operational, investing and financing activities;

– maintaining a reputable credit profile;

– managing credit risk related to financial assets;

– investing only in surplus cash with major financial institutions; and

– comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

The tables on next page reflect an undiscounted contractual maturity analysis for financial liabilities.

Notes to the Financial Statements

For The Year Ended 30 June 2011

Note 16: Financial Risk Management – continued

	Within 1 Year		1 to 5 Years		Over 5 Years		Total Cash Flow	
	2011	2010	**2011**	2010	**2011**	2010	**2011**	2010
	$	$	**$**	$	**$**	$	**$**	$
Financial liabilities due for payment								
Trade & other payables	**591,948**	404,078	**-**	-	**-**	-	**591,948**	404,078
Corporate credit cards	**6,071**	43,612					**6,071**	43,612
Income in advance	**2,630,266**	1,564,660	**-**	-	**-**	-	**2,630,266**	1,564,660
Total expected outflows	**3,228,369**	2,012,350	**-**	-	**-**	-	**3,228,369**	2,012,350
Financial assets — cash flows realisable								
Cash and cash equivalents	**1,965.004**	617,496	**-**	-	**-**	-	**1,965.004**	617,496
Trade & Other Receivables	**1,389,676**	1,612,897	**-**	-	**-**	-	**1,389,676**	1,612,897
Other	**197,413**	100,304	**-**	-	**-**	-	**197,413**	100,304
Total expected inflows	**3,552,093**	2,330,697					**3,552,093**	2,330,697
Net (outflow)/ inflow on financial instruments	**323,724**	318,347	**-**	-	**-**	-	**323,724**	318,347

(iv) Credit risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counter parties of contract obligations that could lead to a financial loss to the company.

Credit risk is managed through the maintenance of procedures (such procedures include the utilisation of systems for the approval, regular monitoring of exposures against such limits and monitoring of the financial stability of significant customers and counter parties), ensuring to the extent possible, that customers and counter parties to transactions are of sound credit worthiness. Such monitoring is used in assessing receivables for impairment.

Risk is also minimised through investing surplus funds in financial institutions that maintain a high credit rating, or in entities that the executive committee has otherwise cleared as being financially sound.

The maximum exposure to credit risk at balance date to recognised financial assets is the carrying amount as disclosed in the statement of financial position and notes to the financial statements. The company does not have any material credit risk exposure to any single debtor or group of debtors.

Note 17: Company Details

The registered office of the company is:

National Aboriginal Community Controlled Health Organisation
Level 2, 3 Garema Place
CANBERRA ACT 2601

Note 18: Contingent Liabilities

The company had no known contingent liabilities as at 30 June 2011.

Note 19: Events Occurring After Balance Date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in future financial years.

Directors' Declaration

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 66 to 80 are in accordance with the Corporations Act 2001:

   (a) comply with Accounting Standards and the Corporations Regulations 2001; and

   (b) give a true and fair view of the financial position as at 30 June 2011 and of the performance for the financial year ended on that date of the company.

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 directors.

Director _____ Justin Mohamed

Director _____ Lynn McInnes

Dated: 26 August 2011

Independent Audit Report

To the Members of

National Aboriginal Community Controlled Health Organisation

Report on the Financial Report

We have audited the accompanying financial report of National Aboriginal Community Controlled Health Organisation (the company), which comprises the balance sheet as at 30 June 2011 and the income statement, statement of recognised income and expenditure and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the Directors' declaration.

Directors' Responsibility for the Financial Report

The Directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Act 2001. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001 has been provided to the Directors of National Aboriginal Community Controlled Health Organisation.

Auditor's Opinion

In our opinion, the financial report of National Aboriginal Community Controlled Health Organisation is in accordance with the Corporations Act 2001, including:

i. giving a true and fair view of the company's financial position as at 30 June 2011 and of their performance for the year ended on that date; and

ii. complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.

PKF Di Bartolo Diamond & Mihailaros

Ross Di Bartolo

Partner

Canberra

Dated: 26 August 2011

Disclaimer to the Members of National Aboriginal Community Controlled Health Organisation

The additional financial data presented on pages 85 and 86 is in accordance with the books and records of the company which have been subjected to the auditing procedures applied in our statutory audit of the company for the financial year ended 30 June 2011. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than National Aboriginal Community Controlled Health Organisation) in respect of such data, including any errors of omissions therein however caused.

PKF Di Bartolo Diamond & Mihailaros

GPO Box 588

CANBERRA ACT 2601

Ross Di Bartolo

Partner

Canberra

Detailed Profit and Loss

For The Year Ended 30 June 2011

	2011 $	2010 $
INCOME		
Interest	**49,191**	16,947
Grant funding & Subsidies	**6,167,518**	4,221,770
Other income	**59,063**	55,503
TOTAL INCOME	**6,275,772**	4,294,220
LESS EXPENSES		
Audit fees	**14,000**	13,500
Advertising, Media distribution	**11,619**	8,402
AGM & Board Meetings	**163,085**	124,970
Bank charges	**2,721**	2,247
Cleaning	**22,403**	16,281
Computer expenses	**24,998**	11,384
Consultancy fees, Contract services & Affiliate payments	**1,295,794**	370,852
Consumables	**24,808**	18,643
Depreciation	**43,321**	28,708
Donations	**-**	-
Doubtful debts provision	**(25,520)**	-
Electricity	**13,857**	8,422
Employees' amenities	**9,884**	17,639
Insurance	**4,700**	12,202
Interest paid	**-**	423
Legal costs	**6,824**	1,356
Loss on disposal of non current assets	**-**	893
Meetings, workshops & seminar costs	**311,390**	282,318
Motor vehicle expenses	**3,662**	7,691
Operating expenses	**3,514**	1,417

Detailed Profit and Loss

For The Year Ended 30 June 2011

	2011 $	2010 $
LESS EXPENSES (continued)		
Postage	**9,131**	4,958
Promotional Merchandise	**10,572**	14,225
Printing and stationery	**53,327**	40,163
Recruitment costs	**1,382**	-
Rent	**387,075**	226,700
Repairs and maintenance	**2,880**	7,023
Salaries and on costs	**2,547,432**	2,022,418
Security costs	**1,269**	2,862
Storage fees	**11,576**	12,237
Subscriptions	**10,246**	14,353
Superannuation	**225,871**	135,513
Telephone	**82,210**	64,728
Training & professional development	**61,320**	2,317
Travelling expenses	**904,825**	816,979
TOTAL EXPENSES	**6,240,176**	4,291,824
OPERATING SURPLUS/(LOSS)	**35,596**	2,396

Appendix 1

Contacts/Organisational Details

If you would like to know more about NACCHO's activities please contact:

NACCHO

Level 2, 3 Garema Place
Canberra City ACT 2601
Australia
P: 61 2 6248 0644
F: 61 2 6248 0744
E: admin@naccho.org.au
www.naccho.org.au

NACCHO State and Territory Affiliates:

NSW AH&MRC

Level 3
66 Wentworth Avenue
Surry Hills NSW 2010
PO Box 1565
Strawberry Hills NSW 2012
P: 61 2 9212 4777
F: 61 2 9212 7211
E: ahmrc@ahmrc.org.au
www.ahmrc.org.au

AHCSA

9 King William Road
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PO Box 981
Unley SA 5061
P: 61 8 8273 7200
F: 61 8 8273 7299
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www.ahcsa.org.au

AMSANT

Moonta House
43 Mitchell Street, Darwin
Northern Territory 0800
PO Box 1624
Darwin NT 0801
P: 61 8 8944 6666
F: 61 8 8981 4825
E: reception@amsant.org.au
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QAIHC

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West End QLD 4101
PO Box 3205
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TAC

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VACCHO

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Fitzroy VIC 3065
PO Box 1328
Collingwood VIC 3066
P: 61 3 9419 3350
F: 61 3 9417 3871
E: enquiries@vaccho.com.au
www.vaccho.org.au

AHCWA

Dilhorn House
2 Bulwer Street
PO Box 8493
Stirling Street
Perth WA 6000
P: 61 8 9227 1631
F: 61 8 9228 1099
E: website contact
www.ahcwa.org.au

ACT

Winnunga Nimmityjah
Aboriginal Health Service

63 Boolimba Crescent
Narrabundah ACT 2604
P: 61 2 6284 6222
F: 61 2 6284 6200
E: winadmin@winnunga.org.au
www.winnunga.org.au

Appendix 2

Abbreviations and Acronyms

ABS	Australian Bureau of Statistics
AC	Aboriginal Corporation or Congress
ACCHRTOs	Aboriginal Community Controlled Health Registered Training Organisations
ACCH	Aboriginal Community Controlled Health
ACCHSs	Aboriginal Community Controlled Health Services
ACRRM	Australian College of Rural and Remote Medicine
ADNs	Aboriginal Disability Networks
AF	Asthma Foundation
AGM	Annual General Meeting
AHAC	Aboriginal Health Advisory Committee
AHCSA	Aboriginal Health Council of South Australia
AHCWA	Aboriginal Health Council of Western Australia
AHMRC	Aboriginal Health and Medical Research Council of NSW
AHMAC	Australian Health Ministers Advisory Council
AHS	Aboriginal Health Service
AHW	Aboriginal and Torres Strait Islander Health Worker
AIHW	Australian Institute of Health and Welfare
AIDA	Australian Indigenous Doctors Association
AIDS	Acquired Immune Deficiency Syndrome
AIRC	Australian Industrial Relations Commission
AMA	Australian Medical Association
AMSs	Aboriginal Medical Services
AMSANT	Aboriginal Medical Services Alliance Northern Territory
ANCD	Australian National Council on Drugs
APHC	Aboriginal Primary Health Care
APHCRI	Australian Primary Health Care Research Institute
APY	Anangu Pitjantjatjarra Yunkatjatjarra
ASOS	Asthma Spacers Ordering Scheme
ATSIC	Aboriginal and Torres Strait Islander Commission
ATSIHWWG	Aboriginal and Torres Strait islander Health Workforce Working Group
ATSIHRTONN	Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network
ATSIOW	Aboriginal Torres Strait Islander Outreach Worker
ATQF	Australian Training Quality Framework
BBV	Blood borne virus
CCAHP	Collaborative Centre for Aboriginal Health Promotions
CCHS	Community Controlled Health Services
CCSS	Care coordination and supplementary services program
CEO	Chief Executive Officer
COAG	Council of Australian Governments
CRCAH	Cooperative Research Centre for Aboriginal Health
CRIAH	Coalition for Research to Improve Aboriginal Health
CS&HISC	Community Services and Health Industry Skills Council
CSTDA	Commonwealth, State and Territory Disability Funding Agreement
DAAs	Dosage administration aids
DoHA	Department of Health and Ageing
EPC	Enhanced Primary Care
FACSIA	Department of Family and Community Services and Indigenous Affairs
FTE	Full Time Equivalent
GMBH	Good Medicines, Better Health Project
GP	General Practitioner
HA	Hepatitis Australia
H&DAC	Health and Dental Aboriginal Corporation
HB	Health Board
HC	Health Council
HIV	Human Immunodeficiency Virus
HPF	Health Performance Framework
HREOC	Human Rights and Equal Opportunity Commission

Abbreviations and Acronyms

HFL	Healthy for Life
HLSW	Healthy Lifestyle Workers
HOMER	Harmonisation of Multi Centre Ethical Review Project
HREC	Human Research Ethics Committees
HS	Health Service
HSTAC	Human Services Training Advisory Council
HWPC	Health Workforce Principle Committee
ICESCR	International Covenant on Economic, Social and Cultural Rights
IOWs	Indigenous Outreach Workers
ISC	Community Health Services Industry Skills Council
IASHC	Indigenous Australian Sexual Health Committee
INIHKD	International Network of Indigenous Health Knowledge Network
IPON	Indigenous Peoples' Organisations Network of Australia
KPI	Key Performance Indicators
MA	Medicare Australia
MAAPs	Medication Access and Assistance Packages
MACASHH	Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis
MACBBVS	Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmitted Infections
M&DHAC	Medical and Dental Health Aboriginal Corporation
MBS	Medical Benefits Schedule
MSOAP	Medical Specialist Outreach Assistance Program
MSOAP-ICD	Medical Specialists Outreach Access Program-Indigenous Chronic Disease
MOU	Memorandum of Understanding
NACCHO	National Aboriginal Community Controlled Health Organisation
NAGATSIHID	National Advisory Group for Aboriginal and Torres Strait Islander Health, Information and Data
NAHS	National Aboriginal Health Strategy 1989
NAIHO	National Aboriginal and Islander Health Organisation
NAPSAs	Notional Agreements Preserving State Awards
NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
NCHECR	National Centre for HIV Epidemiology and Clinical Research
NCIRS	National Centre for Immunisation Research and Surveillance
NES	National Employment Standards
NHHR	National Health and Hospital Reform
NHMRC	National Health and Medical Research Council
NIDAC	National Indigenous Drug and Alcohol Committee
NIHEC	National Indigenous Health Equality Council
nKPIs	National Key Performance Indicators
NPS	National Prescribing Service
NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health
OATSIH	Office of Aboriginal and Torres Strait Islander Health
OIPC	Office of Indigenous Policy Coordination
OSCAR	OATSIH Support Collection, Analysis and Reporting
PBAC	Pharmaceutical Benefits Advisory Committee
PBS	Pharmaceutical Benefits Scheme
PCEHR	Personally Controlled Electronic Health Record
PGA	Pharmacy Guild of Australia
PHCAP	Primary Health Care Access Program
PIP	Practice Incentive Payment
PIRS	Patient Information Recall System
QAIHC	Queensland Aboriginal and Islander Health Council
QUM	Quality Use of Medicine
QUMAX	Quality Use of Medicines Maximised for Aboriginal peoples and Torres Strait Islanders
RACGP	Royal Australian College of General Practitioners
RACP	Royal Australian College of Physicians
RDAA	Rural Doctors Association of Australia
RTO	Registered Training Organisation
RWA	Rural Workforce Agency
SAMSIS	Secure Aboriginal Medical Services Information Systems
SAR	Service Activity Reporting
SBO	State Based Organisations of the GP Divisions
SCARF	Support, Collection, Analysis and Reporting Function of the Healthy for Life Program
SDRF	Service Development Reporting Framework
SEWB	Social and Emotional Well Being
SFA	Single Funding Agreement
STI	Sexually Transmitted Infection
TAC	Tasmanian Aboriginal Centre
TAC	Tobacco Action Workers
UN	United Nations
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
WACRRM	Western Australian Centre for Remote and Rural Medicine
WELL	Workplace English Language and Literacy
WIPO	Workforce Issues Policy Officer
WSF	Aboriginal and Torres Strait Islander Health Workforce Strategic Framework

NACCHO

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