NACCHO

National Aboriginal Community Controlled Health Organisation

Annual report 2011-2012

From NACCHO the national authority in Aboriginal primary health care.

Aboriginal health in Aboriginal hands | www.naccho.org.au

Stay connected, engaged and informed with NACCHO www.naccho.org.au/connect

Production: Dreamtime Public Relations, www.dreamtimepr.com

NACCHO Corporate Identity: Artist - Tahnee Edwards (Yorta Yorta) and Toby Dodd (Ngarrindjeri/Narungga/Kaurna). Dreamtime Public Relations, 2010. http://www.dreamtimepr.com/our-story

Acknowledge: Additional photography www.waynequilliamphotography.com.au

Story: The waves in the pattern mimic those in ochre pits. The colours represent Aboriginal and Torres Strait Islander peoples. The meeting places represent NACCHO affiliates and the larger meeting place is NACCHO.

ABN 89 078 949 710. NACCHO acknowledges the financial support of the Department of Health and Ageing.

Contents

About NACCHO

the national authority in Aboriginal primary health

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 (ACCHS) across the country on Aboriginal health and wellbeing 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 ACCHS 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 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 comprehensive primary health care model adopted by ACCHSs is in keeping with the philosophy of Aboriginal community control and the holistic view of health. Addressing the ill health of Aboriginal people can only be achieved by local Aboriginal people governing and driving 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 Affiliates represent local Aboriginal community control at a state level and 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 wellbeing outcomes through ACCHSs.

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

NACCHO's work is focused on:

- Promoting, developing and expanding the provision of health and wellbeing services through local ACCHSs.
- Liaison with organisations and governments within both the Aboriginal and non-Aboriginal community on health and wellbeing 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 wellbeing.

"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

It's now just over 40 years since the first Aboriginal Medical Service, Redfern, opened its doors to provide a community health service for Aboriginal people run by Aboriginal people.

This inspired what is now an incredible network of community controlled health services which is advocating for, and achieving, better health outcomes for Aboriginal and Torres Strait Islander people around Australia.

Despite the odds and many ongoing challenges over those 40 years, the sector has continued to grow and provide quality, culturally appropriate services to thousands of our people.

Over the last 12 months, we have had cause to stop and remember where we came from and celebrate the innovative thinking and foresight of those who came together to make the Redfern AMS a reality all those years ago.

In January, we joined with the Canberra Tent Embassy to celebrate their 40th Anniversary and their significant ongoing contribution to Aboriginal affairs in Australia.

Aside from these significant milestones though, it has been another busy year in Aboriginal community controlled health with many new developments and challenges facing our sector.

At NACCHO, we elected a new Board of Directors and I was honoured to be re-elected to the position of Chairperson for another three years.

We also said a reluctant farewell to our CEO Donna AhChee in May and we will all miss the strong leadership and professionalism she brought to the organisation. The Board and myself greatly appreciated Donna's work with developing the new NACCHO Strategic Plan and the complementary Secretariat Review and restructure.

Following an extensive recruitment process and a strong field of applicants, NACCHO is very pleased to welcome Lisa Briggs as our new CEO. Lisa is a Gunditjmara Aboriginal woman from Victoria and an Aboriginal Health Worker by trade. She has worked in Aboriginal health for the last 25 years predominantly within the Aboriginal Community Controlled Health Sector. She will be a great addition to the NACCHO team.

There have been some other significant changes to our personnel over the last 12 months. Our long standing Public Health Medical Officer Dr Sophie Couzos left to take up a position as an Associate Professor at James Cook University where we know she will continue to influence and advocate on the sector's behalf. Yet we are excited that we have been able to attract two very experienced and influential Aboriginal doctors to the NACCHO team in Dr Mark Weintong and, more recently, Dr Ngaire Brown. We are very excited about their future with NACCHO.

While this important recruitment has been occurring, we have been building and strengthening our partnerships with some of the key Aboriginal and non-Aboriginal organisations in the sector. These critical relationships are ensuring our voice is heard and we continue to play an active role in shaping the direction of Aboriginal health in this country.

As such, we have been able to provide input into Aboriginal health provision and leadership to both government and non-government committees and forums such as the National Health Leadership Forum of the National Congress of Australia's First Peoples, Close the Gap Steering Committee, and the Aboriginal and Torres Strait Islander Workforce Working Group. We have also had some success in having changes made to the consultation around the National Aboriginal and Torres Strait Islander Health Equity Plan and have met with Ministers Plibersek and Snowdon on a regular basis.

In addition, NACCHO has been working to bolster our presence more broadly where it is relevant to improving Aboriginal health by giving keynote addresses, facilitating consultations and workshops across the broader health agenda, producing and lodging submissions, and developing policy at a national and international level. To name just a few, NACCHO has been involved in the Deadly Choices NRL Cup, NRL Close the Gap Round, ASHM Conference, United Nations Permanent Forum on Indigenous Issues, the National Ear and Hearing Symposium, and the development of Governance Support Frameworks with and for our sector.

We have also been busy in aligning and consolidating the skills we know we have within our sector's workforce by creating a structured and measured approach to training which we know will build long term capacity.

Of course, NACCHO has been continuing to carry the torch for Aboriginal community controlled health through the national reform process and making real inroads into securing better outcomes for our members and communities. This is a real opportunity to have community health better recognised at the national level and, while there have been some road blocks, we will not give up.

Over the last 12 months, the Board and I have also made it a priority to get out and see our Affiliates and member services, and wherever possible holding strategic meetings and workshops within organisations. These visits include the metropolitan and regional districts in the majority of our states and territories, with additional visits planned in November this year.

NACCHO has also undertaken a major overhaul of our communications to ensure our stakeholders, members and the broader community are kept as up to date as possible with activities and news affecting our sector. This has included a higher level of engagement with the traditional media, the launch of a new more user-friendly website, and a greater presence in social media with electronic communiqués and more regular use of Facebook and Twitter.

Internally, we are continuing to focus on governance and working with our Affiliates to ensure we can all shine under the heavy scrutiny of government and registrars.

Overall, it has been a challenging but satisfying year. As NACCHO continues to deliver, we are sought out more by government and others in the sector which in itself brings the pressure of more responsibility. We welcome this challenge and look forward to fulfilling our strategic objectives in the coming 12 months and beyond – shaping health reform, promoting Aboriginal community controlled health care and research, and working with our Affiliates and members to ensure a better health outcome for our people.

– Justin Mohamed
Chairperson

Pictured a number of NACCHO board members participating in the Smoke Free workshop in Cairns.

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 were 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 2012 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.

Matthew Cooke – Deputy Chairperson

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.

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

Mrs Corby is a Gamilaraay woman from north-western New South Wales (NSW). She was born in Sydney but later returned to her mother's country in Walgett, where she has lived for the past 37 years.

Mrs Corby was the Legal Secretary for the NSW Aboriginal Legal Service (Walgett office) for eleven (11) years. When funding was announced in 1986 for the establishment of a local Aboriginal Medical Service in Walgett, she commenced in the role of CEO, a position she has held for twenty six (26) years. She also holds the position of CEO of Brewarrina Aboriginal Health Service Limited.

Mrs Corby is the Chairperson of the Aboriginal Health and Medical Research Council of NSW (AH&MRC), is one of the NSW representatives on the National Aboriginal Community Controlled Health Organisation (NACCHO) Board and also attends NSW Aboriginal Health Partnership meetings and NSW Aboriginal Health Forum meetings.

Mrs Corby is also the Chairperson of Bila Muuji Aboriginal Health Service Incorporated (representing ten member services of the AH&MRC) in the (former) Greater Western Area Health Service region. She is a Justice of the Peace and holds a Graduate Diploma of Health Service Management, Diploma of Management and Diploma of Health Sciences. She was awarded the Order of Australia Medal in 2005, the Centenary Medal in 2003, and received the NSW Health Hall of Fame Award in Aboriginal Health in 2005.

Ms Corby's other board positions include:

- Chairperson of the Walgett Gamilaraay Aboriginal Community Working Party (WGACWP)
- Member of NSW Health Ministerial Advisory Committee (HMAC)
- Member of NSW Kids and Families Board
- Member of the Far West NSW Medicare Local Limited (FWML) Transitional Board

The NACCHO Board

New South Wales *cont*...

Val Keed

Val was born in Peak Hill, NSW, and is a proud Wiradjuri woman. Val 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 Wagga.

Val serves as the national representative for NACCHO on the Australian Health and Medical Research Council (AH&MRC). Additionally, Val has long been involved in the Aboriginal housing sector and serves on community boards in the NSW Lower Central West region that oversight drug and alcohol and social and emotional well-being programs.

Val currently holds the position of Treasurer of the Weigelli Drug and Alcohol Centre.
Val Keed replaced David Kennedy as a NACCHO Board member for NSW in November 2009.

Northern Territory

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 of which is 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.

Ian Woods

Ian is well known and respected for advocacy on a wide range of issues, mainly focused on the poor state of Indigenous health. He is a strong voice for all of the Katherine community, including non-Indigenous community members.

Initiatives that Ian has contributed to include the establishment of the acclaimed Katherine Strong Bala Male Health Program, delivered by Wurli-Wurlinjang Health Service. He has also taken a leading role in substance abuse issues in Katherine, as witnessed by his work with the Katherine Indigenous Alcohol Reference Group (KIARG), the Katherine Alcohol Management Plan, and volatile substance strategies.

Ian is also actively involved with the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT).

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.

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

South Australia *cont...*

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.

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.

Victoria *cont...*

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 and has been involved in Aboriginal Health for 33 years, Aboriginal Affairs since the late seventies.

Lyn is the Aboriginal Hospital Liaison Officer in the Department of Aboriginal Health, Geelong Hospital, Barwon Health, with 30 years service in the program which is community driven in a mainstream, best practice setting.

Some of the positions Lyn has held include being a ASTIC Regional Councillor, Tumbukka 1990-1993, a 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 Services, Chair and Vice Chair of Mirimbiak Nations Aboriginal Corp, Chairperson/Vice chair of Wathaurong Aboriginal co-operative and a director for over 30 years. Lyn is involved in various other committees on a local, state and national level.

An elder/leader in her community 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.

She is 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 and the Monash University Aboriginal elders health forum/Melbourne University elders committee

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

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.

The NACCHO Board

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 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.

Cape York

Bernie Singleton

Mr Bernie Singleton is passionate about the health and well being of his people. For over 10 years, Mr Bernie Singleton has been the chairman for Apunipima Cape York Health Council.

He has also been a Board Member of the Queensland Aboriginal Islander Health Council (QAIHC) for more than six years, representing Cape York and the Torres Strait region.

His engagement with Far North QLD communities and his understanding of their history, politics and culture, brings a wealth of experience to the NACCHO board.. Mr Singleton grew up in Yarrabah and now resides in Weipa, Cape York with his wife Verna and is the father to Cleveland, Jason, Roydon, Louise, Bernie and Anna (deceased).

Tasmania

Wendy Moore

Wendy is a Palawa women born and bred in Tasmania, and is a mother of two young children. She has been working in the Health Policy team at the Tasmanian Aboriginal Centre since 2006, and joined the NACCHO Board in 2012.

Her grandmother "Aunty Ida West", an Aboriginal matriarch, was born on the Aboriginal reserve at Cape Barren Island. Her grandmother and father, Darrell West, were tireless advocates for the Tasmanian Aboriginal community's rights to land and social justice. A huge part of her inspiration to make improvements in Aboriginal health comes from her family.

Sector Chart

Chairperson – Justin Mohamed

Deputy Chairperson – Mathew Cooke

ACT Board Rep
Julie Tongs

ACT Member
Winnunga Nimmityjah

Tasmanian Board Rep
Wendy Moore

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

Bernie Singleton

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
Ian Wood

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

Having started my position as the NACCHO Chief Executive Officer at the beginning of this financial year, I feel very satisfied with what we achieved in just 12 months. We made the most of every opportunity and worked hard at strengthening our relationships. Here is a snapshot of what our collective efforts have made possible.

The Secretariat is much better resourced and the budget is back in the black. We have new senior policy positions and a Public Health Medical Officer position. Over $2 million of funding was secured for the critical governance project. NACCHO signed off on the national KPIs and will be given very substantial resources to lead the development of these indicators in our sector.

There is a stronger working relationship with the Affiliates; the new CEO and PHMO meetings are an important development in this regard, along with the high level of collaboration being demonstrated through the governance project.

The Secretariat was restructured following an internal management review which resulted in the recruitment of skilled personnel including Dr Mark Wenitong to the position of Senior Aboriginal Public Health Medical Officer. As the Secretariat review highlighted, we have a number of highly skilled staff but nowhere near enough to meet the demand generated from the workload coming through the CEO.

NACCHO also endorsed several key policy directions that I think are very important for Aboriginal health and consistent with our Strategic Plan. The business plan was finalised in accordance with the Strategic Plan and is being implemented.

As a result of these outcomes, the next CEO will take over a better resourced organisation with the internal public health and additional policy support that was lacking until recently.

The level of internal public health support to the CEO has greatly improved and will get even better as new positions are recruited. I knew when I took on the job that the first 12 months would be difficult and require a period of development within NACCHO, which has now been achieved.

In fact, during my time with NACCHO I have become more convinced about the importance of making services and programs work on the ground in Aboriginal Community Controlled Health Services and using this to shape the national policy agenda. You cannot beat the power of a good example of something that is actually working.

– Donna Ah Chee

NACCHO CEO

"The Secretariat is much better resourced and the budget is back in the black. We have new senior policy positions and a Public Health Medical Officer position."

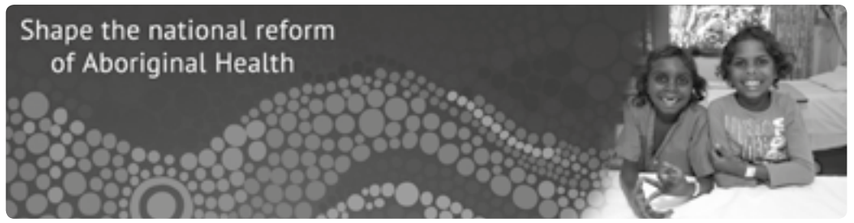
At the Launch in May 2012 Parliament House Canberra of the National guide to preventative health assessment for Aboriginal and Torres Strait Islander people: Second Edition: Pictured from left Justin Mohamed (NACCHO Chair), Dr Sophie Couzos (NACCHO), Hon Warren Snowdon MP ,CEO of NACCHO Donna Ah Chee and, Associate Professor Brad Murphy, Chair of the RACGP National Faculty of Aboriginal and Torres Strait Islander Health

Donna Ah Chee was farewelled at the May board meeting:
pictured from left, John Paterson, Justin Mohamed, Donna Ah Chee, Julie Tongs, Mathew Cooke

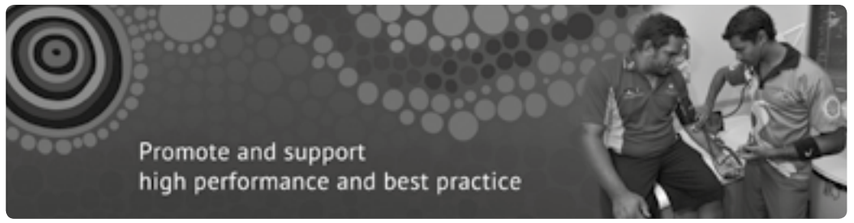
Reporting on Strategic Priorities

NACCHO's Strategic Plan 2011-2014 has three Strategic Directions which are equally important in taking the sector forward:

Strategic Direction 1: Shape the national reform of Aboriginal health.



Strategic Direction 2: Promote and support high performance and best practice models of culturally appropriate and comprehensive primary health care.



Strategic Direction 3: Promote research that will build evidence-informed best practice in Aboriginal health policy and service delivery.

Each Strategic Direction has objectives as well as several key strategies that will be implemented to achieve the objectives over the three years.

The indicators, which are divided into process and impact indicators, will determine how well NACCHO is progressing under each Strategic Direction.

Process indicators determine the effectiveness and appropriateness of strategies, and focus on issues of satisfaction, quality, audience and reach. Impact indicators assess progress toward or achievement of objectives and focus on difference or change.

Strategic Direction 1: Shape the National Reform of Aboriginal Health

Objective 1: To increase the ACCH sector's involvement and authority in determining how Aboriginal health is funded, managed and monitored in the national health reform process.

Impact Indicator 1.1: The ACCH sector is regularly involved in decision-making on how Aboriginal health is funded, managed and monitored through the national health reform process.

Impact Indicator 1.2: The authority of the ACCH sector in how Aboriginal health is funded, managed and monitored is consistently recognised and respected by government and other health stakeholders.

As a NACCHO guiding principle, the right to self-determination means having the authority to determine how health services and related activities are designed, managed and monitored for Aboriginal peoples. NACCHO is the only remaining legitimate and truly representative national organisation for Aboriginal communities serviced by ACCHSs covering remote, rural and urban areas.

This enables NACCHO to clearly articulate the health concerns of Aboriginal Australia, propose culturally appropriate and relevant models of service delivery, and determine whether reported health outcomes represent real and substantial change for Aboriginal communities.

NACCHO offers a vital resource to the national health reform process that has yet to be fully realised. It can be involved more effectively in a consistent and ongoing manner to set the public health agenda and determine how to fund, monitor and report on health activities and outcomes. The authority vested in NACCHO's voice will be a critical factor in achieving Australia's shared aspirations to close the gap in life expectancy.

In order to 'Shape the national reform of Aboriginal health', it is clear that we need to embark on a new process of reform at the national level. The last major national reform was the transfer of responsibility for Aboriginal health to the Department of Health and Ageing in 1995. Our sector led the advocacy for this change and it was the springboard required to increase the amount of funding now available for Aboriginal health service delivery. This included better access to the MBS and PBS as well as grant funding.

Unfortunately, these funds have not systematically flowed into the creation of new and enhanced existing ACCHSs, even though this is the best practice model agreed in the national strategic plan. There are systemic barriers within government to transforming the health system in favour of Aboriginal community controlled comprehensive primary health care. National reform is needed to address these barriers 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. This requires existing health funds to be better invested.

Strategic Priorities
1: Shape the National Reform of Aboriginal health

National Health Reform

NACCHO continues to take a leading and proactive role in the national health reform agenda. In May, NACCHO recruited and appointed a Senior Policy Advisor to drive our strategic and operational response to the formation and rollout of the 62 Medicare Locals (MLs) as well as the formation of Local Hospital Networks (LHN) across the country.

The NACCHO ML and LHN engagement strategy is currently in development but will take a basic three-pronged approach. At the 'macro' level, we will work collaboratively with the Australian Medicare Local Alliance (formerly the Australian General Practice Network) to develop a joint approach to engagement with MLs as well as best practice models that can be used as templates for engagement between ACCHSs and individual MLs. Similarly, we will partner with the Australian Healthcare and Hospitals Association (AHHA) to develop a parallel approach to engaging LHNs.

Also at this level, NACCHO is working to influence the policy settings in the health reform agenda. We are represented on the reference group to the consortium with responsibility to develop accreditation standards for MLs and have been successful in having indicators relating to Aboriginal health included. We are also engaged with the National Health Performance Authority to ensure the engagement of MLs and LHNs with the ACCHS sector and their performance in Aboriginal health overall.

At the 'meso' level, the Policy Advisor will be working actively with Affiliates to identify and engage with MLs that are able to demonstrate a commitment to comprehensive primary health care based firmly in a social determinants of health philosophy and to establish jurisdictionally-specific 'rules of engagement' that can guide individual ACCHSs as they build their relationships with the MLs within their boundaries.

At the 'micro' level, we will lend support, in partnership with the relevant Affiliates, to any ACCHS seeking to build a partnership or relationship with their ML. This may include assistance with negotiations and, in rare cases hopefully, conflict resolution services.

Justin Mohamed (NACCHO Chair) at the United Nations Caucus of indigenous Peoples Rights, in New York

International

In May 2012, NACCHO Chairperson Justin Mohamed, Deputy Chairperson Matt Cooke, and Director Sheryl Lawton travelled to New York to attend the UN Permanent Forum on Indigenous Issues.

This was a unique opportunity to see how Indigenous people and organisations from around the world are working with governments and corporate citizens to address social disadvantage.

Both Aboriginal and non-Aboriginal Australians have a lot to learn from the international arena. As a first world nation, our Indigenous people have a health and social status worse than those living in third world countries, with some 17-25 years difference in life expectancy between Aboriginal and non-Aboriginal Australians.

It has been acknowledged by both sides and all levels of government that the time has come to close the gap and move forward together as a prosperous and healthy Australian community.

NACCHO Chairperson Justin Mohamed addressed the Permanent Forum about Joint Intervention on behalf of the Indigenous People's Organisation (IPO) of Australia and NACCHO, presenting the following recommendations.

1. Urge states to investigate and promote models of community control for health, social, legal and other sectors, and service providers.
2. Urge states that do not already do so to identify senior indigenous political and bureaucratic positions and develop capacity building pathways into those positions in health and other portfolios.
3. Encourage the World Health Organization (WHO) to revisit the report of the 'WHO Commission on the Social Determinants of Health' to address the cultural determinants of health - such as land, language, ceremony and identity - which are essential to the health and wellbeing of Indigenous peoples.
4. Requests that states, as part of their reporting activities, provide information on progress towards national/regional/local systems which respect, protect and promote the principles of the right to health.

Due to the treatment and experiences of indigenous peoples across the world, the United Nations has worked over many years to develop and gain endorsement at the General Assembly on the Declaration on the Rights of Indigenous Peoples (DRIP). Although endorsed in September 2007, Australia only became a signatory in 2009 and, therefore, is only in its infancy of implementation. The Australian IPO Network's broader intervention outlined the need for the Australian Government to honour their responsibilities to implement this UN instrument.

Several articles are highly relevant to the health and social determinants of Indigenous peoples.

Article 21(1): Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.

Furthermore, the ability of indigenous peoples to determine their own health priorities incorporates a strength-based and self-determination approach.

Article 23 outlines a position consistent with what has been developed in Australian ACCHSs whose governance structure and service provision is the embodiment of the right to self-determination.

Article 23: Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programs affecting them and, as far as possible, to administer such programs through their own institutions.

This is expanded in Article 24(1), which also acknowledges indigenous peoples' rights to traditional

medicines and health practices. It states that: 'Indigenous individuals also have the right to access, without any discrimination, all social and health services'.

Article 24 then outlines the responsibilities of states to enable these rights to be realised:

Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

Further to this, Article 29(3) states: States shall also take effective measures to ensure, as needed, that programs for monitoring, maintaining and restoring the health of indigenous peoples, as developed and implemented by the peoples affected by such materials, are duly implemented.

This underpins the creation of the ACCH sector. A human rights based approach is what Aboriginal peoples have promoted and advocated for since working to create the first Aboriginal community controlled organisations eg the establishment of the Aborigines Advancement League in 1931. It is well documented that ACCHSs not only achieve improvements in our peoples health outcomes and reach those in our population who are in most need but also serve as a place of gathering and pride in our communities.

There are two seminal documents from the WHO that sought to articulate a commitment and approach to addressing the inequalities in health status between and within nations (Alma Ata Declaration from the 1978 International Conference on Primary Health Care) which commences with:

I: The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

II: The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

At the 1986 First International Conference on Health Promotion, the Ottawa Charter for Health Promotion was developed and endorsed. It names 'social justice and equity' as one of several fundamental conditions and resources for health. Six commitments were made at the conference, two of which were: to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies.

Although the Ottawa Charter has been built on by several further WHO Declarations, it remains the defining document for all health promotion practise. It is consistent with the approach to community control, the delivery of holistic comprehensive primary health care and respect for Indigenous leadership.

In any process of decision-making and possible negotiation with Indigenous peoples, states must ensure that Indigenous peoples' leadership have sufficient time and information to make decisions. Whether these decisions are made through traditional authorities or other frameworks, such a process is consistent with Free, Prior and Informed Consent (FPIC). In the absence of such processes, we will continue to suffer from a well documented high burden of mortality and morbidity and a life expectancy gap of approximately 17 years less than the rest of our nation.

As described by these international instruments, Indigenous voices and leadership are required at all decision-making levels to address the poor health status of Indigenous peoples. Community control supports this concept, however, our presence is not sufficiently reflected nor ensured in state structures. It is for this reason, we propose states create senior Indigenous political and bureaucratic positions.

Furthermore, while there have been well intentioned national strategies in the past, more of the same approach will not improve Aboriginal and Torres Strait Islander health outcomes.

Within Australia, the national plan to address Indigenous health is being developed to ensure alignment of the COAG 'Closing the Gap' actions, along with broader Australian health reforms.

Previous Australian government strategies and plans have documented both risk factors and service level approaches that have been the core focus. The key challenges to addressing Indigenous health in the new plan revolve around ensuring there is real structure for the development and implementation of new strategies, which ensure both high level Indigenous leadership and accountability of government structures tasked with implementation.

Indigenous health leaders must be equal partners with government in both driving and evaluating the new plans for all states.

The United Nations Permanent Forum on Indigenous Issues adopted recommendations 1 and 3 from the NACCHO Chairperson's address: States (Nations Governments) to support and promote community control; and the WHO to revisit the Commission on Social Determinants of Health to address the cultural determinants of health.

This is a very notable achievement by NACCHO as many of the interventions submitted did not make the report or be endorsed.

Telehealth Support and Delivery

Telehealth is the use of communications and information technologies to deliver health services and transmit health information. It comprises video-conferencing and the transmission of data, images and other information and has a potential role in diagnostic, treatment, educational and curative services.

Telehealth has huge potential to facilitate greater overall access to health services for Aboriginal people, particularly to important specialist services. It can overcome the distance barrier, improve access to Medicare rebates, decrease the time and stress associated with travel outside communities to consultations, and improve health outcomes through better access to services.

Medicare provides rebates to the patient end services of $32 as well as the medical specialist's rebate and in 2012-13 has an incentive of $4800 for the establishment of Telehealth in services. Aboriginal Medical Services are eligible for rebates no matter where they are located.

To equip services with the training and information required to undertake Telehealth, NACCHO commenced a Telehealth Support Project in June 2012, with the appointment of Dr Suzanne Jenkins as the Telehealth Support Officer. Outputs from the project will include: guidelines for undertaking Telehealth consultations; an accredited online training module; a virtual community of Telehealth practitioners for discussion and problem solving; information on technical requirements; training materials for workshops to train practitioners; and a series of training videos. Funding will be provided to Affiliates to stage workshops for their members in each of the states and in the territory.

The project is being implemented in association with the Australian College of Remote and Rural Medicine which will ensure standardisation of work across sectors.

Guidance is being received from a working party made up of members from each Affiliate.

NACCHO is finalising discussions with the funder, DoHA, regarding a second Telehealth project which will assist member services to analyse the costs and benefits of TH implantation and support investment in equipment and infrastructure. This project is expected to begin in September 2012.

eHealth: Personally Controlled Electronic Health Record Program

NACCHO and Affiliates have established the NACCHO eHealth Expert Group (eHEG) to focus on development of an ACCH sector eHealth strategy and PCEHR implementation plan. The NACCHO Board approved the Terms of Reference for the eHEG on 15 November 2011 and elected John Paterson, CEO of AMSANT, as Chair.

The eHEG has focused and advocated on a number of key areas:

- Governance – Privacy, security, access and secondary use of information.
- Infrastructure - Information communications technology, hardware, software and connectivity.
- Education and training - Services and the community.
- Registration and consent.

On 23 and 24 May 2012, the eHEG and representatives from the National eHealth Transition Authority and OATISH (DoHA) developed the National eHealth strategy. All parties agreed that the strategy is both solid and achievable, and on 1 June 2012 the NACCHO board unanimously endorsed it. The strategy provides a framework for adoption of eHealth initiatives over the next 10 years, with a specific focus on implementation of the PCEHR System to 2015. It considers current government investments, scalability and sustainability. The eHEG agreed that execution is best achieved through a three staged approach:

- Stage 1 - eHealth governance: strategic direction and governance for eHealth initiatives, specifically focusing on the PCEHR System over the next three years.
- Stage 2 - eHealth foundations: establishment of policies and procedures; tailored communications and education and training; technology foundations (eHealth readiness); benefits realisation and evaluation.
- Stage 3 - eHealth delivery in services.

DoHA, through National E-Health Transition Authority (NEHTA), have granted $1,140,000 to NACCHO to execute stages one and two of the NACCHO eHealth Strategy.

Dr Mark Wenitong was ministerially appointed to the PCEHR Independent Advisory Council (IAC) which will advise the PCEHR System Operator on matters relating to the operation of the system including participation and consumer security as well as privacy and clinical matters.

Close the Gap Program

The Close the Gap Program is funded by OATSIH to support NACCHO's membership in accessing and implementing the Indigenous Chronic Disease Package (ICDP).

NACCHO coordinated and supported the Indigenous Health Project Officer (IHPO) National Network at two face to face meetings this year.

We continue to promote key components of the ICDP to the membership and showcase best practice models from across the membership.

Indigenous Chronic Disease Complementary Plan

The IHPO National Network has been developing a complementary plan of shared strategies nationally and jurisdictionally that will set the priorities going forward in supporting the membership in accessing and implementing the ICDP.

Outreach Worker Orientation

NACCHO has engaged Clear Horizons to undertake an evaluation of the Aboriginal and Torres Strait Islander Outreach Worker Orientation that has been developed and delivered by Affiliates in partnership with General Practice state based organisations. The training has been delivered to both ACCHSs and MLs Aboriginal and Torres Strait Islander Outreach Workers.

Tobacco Technical Reference Group

NACCHO is represented on DoHA's Technical Tobacco Reference Group and provides input and strategic direction on work pertaining to the ICDP components relevant to tackling smoking and healthy lifestyle initiative.

Practice Incentive Payment Advisory Group

NACCHO has recently been re-engaged to participate on DoHA's Practice Incentive Payment Advisory Group that contributes to the implementation of the incentivising that is being deployed.

Alcohol and other Drugs

NACCHO has continued to engage with and have a presence on the National Indigenous Drug and Alcohol Committee (NIDAC) via the former CEO Ms Donna Ah Chee. During this period, the AoD Policy Officer provided advice via monthly planning meetings to the NIDAC 2012 Conference organising committee. NIDAC 2012 took place in June 2012 in Fremantle, Western Australia.

NACCHO promoted the conference to ACCHSs and encouraged them to showcase their work and commitment. For more on this conference, including the list of recommendations please visit the NIDAC website.

Discussion Paper on Needle & Syringe Programs

NACCHO in partnership with the Australian Injecting & Illicit Drug Users League (AIVL) developed a discussion paper to raise awareness of and the need for support of Needle & Syringe Programs (NSPs) for people who inject drugs (PWIDs), particularly Aboriginal people who inject drugs (APWIDs).

As peak national organisations, one of both NACCHO's and AIVL's key roles is to encourage and support critical discussion on issues of national significance for the health and wellbeing of constituents – ultimately, and in this instance Aboriginal PWIDs. In this context, it was beyond the scope of this discussion paper to provide a detailed examination of all the issues which impact on and are derived from the provision of new injecting equipment through NSPs.

The provision of new injecting equipment through NSPs is an important harm reduction strategy to reduce the spread of blood borne viruses (BBVs) such as Human Immuno-deficiency Virus (HIV), Hepatitis C (HCV) and Hepatitis B (HBV). While NSPs have a broader role than that of BBV prevention, the remainder of this document maintains this focus.

In addition, misinformation in relation to the role, purpose and viability of NSP as a legitimate public health initiative must be addressed. Support for NSPs in ACCHSs, as in the larger community, is frequently undermined by fear, misinformation and apprehension. The discussion paper addressed some of these concerns including provision of an evidence-based rationale in favour of some of the more common misapprehensions regarding NSPs.

The document aims to inform further discussion and examination of the reform that may be necessary to address the key barriers to NSP access for APWIDs. However, any process to identify the specific strategies and actions would need to be developed in consultation with local communities and in the context of their needs and issues.

NACCHO Discussion Papers are developed to provide the Board, Chair, CEO and other interested parties with information that allows them to discuss an issue from an informed standpoint and thus helps the development of a formal NACCHO position on the issue.

There should be no inference taken from this discussion paper that it would be appropriate for every ACCHS to implement a NSP. It should also be noted that 24 Aboriginal and Torres Strait Islander primary health care services provide needle exchange programs (2008-09, AIHW). It is unclear how many of these were members.

Sexual and Reproductive Health and Blood Borne Viruses

The Australian Society of HIV Medicine (ASHM) and Australasian Sexual Health conferences were held in Canberra in September 2011.

Aboriginal presenters and speakers were in both plenary and breakout sessions. James Ward delivered the 'Gollow Lecture' which was the main plenary for both conferences and this was the first time that an Aboriginal and/or Torres Strait Islander person had been invited to do this.

The NACCHO Chair and CEO attended the conferences, and the Ngarra Exhibition was launched by the then CEO Donna Ah Chee and Levinia Crooks CEO of ASHM. The exhibition brought together a wide range of health promotion as well as community education projects and resources from around Australia, showcasing the diversity and creativity of programs focusing on the sexual health of Aboriginal and Torres Strait Islander population groups. It included an impressive display from workers based in the ACCH sector and a booklet with images and information on all of the exhibits has been published. The Ngarra Exhibition booklet can be obtained by contacting ASHM.

The Djiyadi (Can we talk) resource manual for Aboriginal and Torres Strait Islander sexual health workers and other professionals was launched at the ASHM conference by NACCHO Chair Justin Mohamed and the ASHM President. The resource, developed by both NACCHO and ASHM, aims to promote positive sexual health among Aboriginal and Torres Strait Islander young people. It will help workers to give meaningful, accessible, and culturally appropriate sexual health advice and care, and can be obtained by contacting ASHM.

In December 2011, NACCHO lodged a funding submission to support this valuable work, however the submission was unsuccessful. As a result, NACCHO is no longer able to continue this work.

Aboriginal Male Health

Two presentations on NACCHO's Aboriginal Male Health Policy were delivered by Dr Mick Adams and Mr Charlie Knight at the Aboriginal and Torres Strait Islander Male Health Convention and the National Men's Health Conference held in Perth in September.

A NACCHO Roundtable on Aboriginal Male Health was also held in Brisbane to discuss how NACCHO might strategically develop this area as part of an overarching gender/culture based approach to ACCHS service provision (Photo of working group above).

The Roundtable was opened by NACCHO Chair Justin Mohammad and hosted by QAIHC. Dr Mark Wenitong facilitated discussions with key Aboriginal male health experts on how best NACCHO can continue to show policy leadership for the sector in the male health area, and build on the NACCHO Aboriginal Male Health Position Paper (2010).

NACCHO's position paper describes the key policy areas and programs in male health including physical health, strong minds, brother care, healing and men's business, as well as Aboriginal male health workforce development. It summarises that Aboriginal male health should be a core primary health care service provided by ACCHSs. NACCHO has always supported gender based approaches to health service provision and this fits within current approaches of primary health care service quality, and research and evaluation.

While there has been little internal development of this policy position within NACCHO, the new national male health strategy has adopted the national Aboriginal and Torres Strait Islander male health framework developed in 2009. Program funding for male health has been expanded under the federal minister for Aboriginal health in line with the national strategy (Strong Fathers).

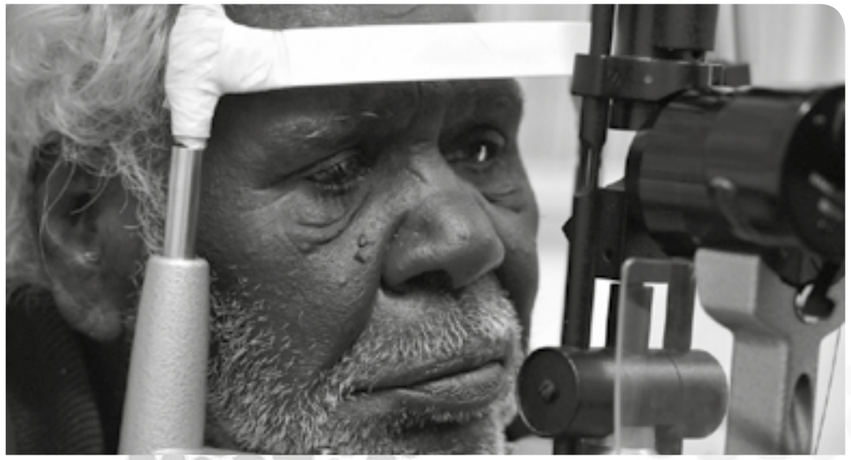
The outcomes from the Roundtable will guide and inform an internal NACCHO strategy/policy framework for:

1. Positioning and supporting Aboriginal male health.
2. Scanning the current policy/program environment.
3. Looking for the potential articulations with current policy and funding to best position NACCHO to take advantage of such strategic opportunities to support member services and Affiliates to develop programs for males who have the highest premature mortality in our communities.

Strategic Priorities
1: Shape the National Reform of Aboriginal health

In discussing the role of ACCCHSs, It was agreed that NACCHO should further explore and include the following points in any rewrite of the position papers:

- Connecting male health checks with men's groups and services.
- Mobile health clinics/workers going to where the men are.
- ACCHSs working in partnership with allied health professionals.
- Development of health promotion campaigns in partnership with Affiliates to empower males with knowledge.
- Explore the opportunity for mobile health vans to run health checks for males at men's group meetings and sports carnivals.
- Cultural activities to be better connected to health.
- Partnerships with mainstream organisations ie Beyond Blue and the Australasian Men's Shed Association.
- Develop and submit a funding proposal to the Commonwealth to support a National Aboriginal Male Health Policy Officer located within the NACCHO Secretariat.
- Develop an awareness raising activity to be known as 'White Ochre Day' (discussions have begun with the event scheduled for the second half of 2013).



Smoke Free Project

A key part of the National Partnership Agreement (NPA) on Closing the Gap in Indigenous Health is reducing the burden of tobacco related chronic disease by reducing Indigenous smoking rates. One strategy to achieve this is mandating smoke free ACCHS workplaces.

To assist all ACCHSs to become smoke free, DoHA funded a Smoke Free Project Officer who commenced at NACCHO in November 2011. The project receives funding of $733,750 (GST inclusive) over three years and is focused on:

- Providing leadership and support to all ACCHSs as they develop and implement effective smoke free policies and become smoke free workplaces.
- Disseminating successful smoke free workplace models across the ACCHS sector.
- Building and maintaining relationships with internal and external stakeholders in smoking cessation programs including NACCHO state and territory Affiliates, Quit organisations, the Centre for Excellence in Indigenous Tobacco Control (CEITC) and community groups to encourage a coordinated approach to tackling smoking strategies.
- Promoting awareness of the risks associated with smoking and passive smoking including the links between tobacco and chronic disease.
- Assisting with culturally secure social marketing campaigns that aim to encourage quitting, smoke free environments and healthy lifestyles.
- Developing and implementing strategies to assist health service board members and staff to quit.
- Contributing to the evaluation of the NPA on Closing the Gap in Indigenous Health Outcomes.
- Working with the National Coordinator Tackling Indigenous Smoking including developing a program specifically to assist key personnel, and disseminating support materials on quitting smoking.
- Working with DoHA.

The Smoke Free Project Officer has been assisted by the NACCHO Tackling Smoking Advisory Committee (NTSAC) which comprises representatives from the Affiliates, CEITC, QUIT Victoria and DoHA.

The role of the committee is to provide advice and information relating to smoking cessation programs in the Affiliates and ACCHSs; smoke free related activities in the communities; tackling smoking strategies; and to capture relevant information to assist in the development of a national package resource kit to promote smoke free workplace policies in ACCHSs.

The committee has also established their 'Terms of Reference' and a communications strategy.

Strategic Priorities
1: Shape the National Reform of Aboriginal health

NACCHO is committed to providing a healthy and safe workplace for all employees, volunteers and visitors and so developed a smoke-free workplace policy.

The policy was launched on 31 May 2012 World No Tobacco day at Winnunga Nimmityjah Health Service in Canberra. The NACCHO Board, staff and local community members attended. NACCHO's Smoke Free workplace policy includes:

- Providing a workplace that is smoke free to ensure a safer, pleasant, cleaner environment for all. The policy's goal is to reduce the health risks associated with smoking and exposure to environmental tobacco smoke.
- Smoking will not be permitted in any area of the NACCHO facilities including vehicles.
- Staff/volunteers and visitors to the NACCHO office, premises and grounds are requested to not smoke on or within 20m of NACCHO premises and vehicles. By doing this, the organisation aims to eliminate possible exposure to tobacco on NACCHO property and facilities.

As of 1 July 2012, all member services, as part of their contractual agreements with DoHA must become smoke free workplaces.

Good new stories about the Smoke Free Project have been compiled and published in the NACCHO Communiqué. This is an opportunity for all member services and Affiliates to share their success stories and best practice models in their services.

The Smoke Free Project Officer is currently developing surveys for member services to complete to capture information relating to smoke free activities and smoke free workplace policy issues. This information will assist NACCHO when researching population health planning and evidence based approaches.

The Smoke Free Project has been branded with its own logo. The branding has been used on various promotional materials which were distributed during NAIDOC week activities in Canberra; NAIDOC on the Peninsula, NAIDOC family day at Boomanulla oval, and the Aboriginal Hostels Limited luncheon. The promotional items will also be distributed throughout member services and at various workshops, conferences and symposiums where permitted.

Priorities for the next 12 months include:

- Providing leadership and support to all ACCHSs to develop and implement effective smoke free policies.
- Developing strategies for CEOs and Board Members of NACCHO and Affiliates to support quit smoking.
- Building evidence based approach to the project objectives.
- Assisting with culturally secure social marketing campaigns that aim to encourage quitting.
- Communication of project progress via newsletters, website and various social media.

Reporting on Strategic Priorities

Strategic Direction 2: Promote and Support High Performance and Best Practice Models

Objective 2a: To increase the profile of the ACCH sector's comprehensive primary health care model and achievements.

Objective 2b: To improve the capacity of the ACCH sector to provide best practice comprehensive primary health care, and monitor and report the outcomes of care.

Impact Indicator 2.1: The ACCH sector comprehensive primary health care model is consistently recognised and supported by government and other health stakeholders as the best practice model for providing culturally appropriate services for Aboriginal peoples.

Impact Indicator 2.2: Australian Government funding decisions and allocations in Aboriginal health reflect the achievements and capacity-strengthening needs of the ACCH sector.

Impact Indicator 2.3: The ACCH sector has ready access to data and information on the impact and value of comprehensive primary health care for Aboriginal peoples.

NACCHO's commitment to Aboriginal concepts of health as holistic, recognition of diverse communities and different needs, and the right to have universal access to basic health care has resulted in members developing a culturally appropriate comprehensive primary health care model that is adaptable to a variety of locations.

Members' ability to service areas in which few or any access to health care is available has increasingly been used as the recommended model for the delivery of services in difficult to access and often forgotten or hidden areas of Australia.

This model is a critical part of achieving health equity for all Aboriginal people throughout Australia as recognised by the recent report from the National Health and Hospital Reform Commission.

While there is increasing evidence about the effectiveness of the model, the model and its achievements need to be profiled on a broader basis so it is recognised and supported more effectively. Opportunities to enhance the model and ensure that the ACCH sector has the capacity to deliver, monitor and report on best practice health services are also required. This aligns with NACCHO's guiding principle of ensuring Aboriginal people have access to high quality health care services.

It is time for a more effective pathway to community controlled primary health care to enhance the quality and effectiveness of the health system for our people.

NACCHO's Strategic Plan makes it clear that the gap cannot be closed by the health system alone, even if we achieve our goal of reforming the health system so that there is a greater focus on Aboriginal community controlled health services.

The social determinants of health beyond access to health services must also be addressed. This is possibly the sector's biggest challenge and it has been addressed in NACCHO's Strategic Plan. This includes the need to ensure that we have strong research to build an evidence base to guide our policy development.

Governance and Member Support

NACCHO successfully negotiated the establishment and implementation of the Governance and Member Support (GMS) Initiative funded by OATSIH (DoHA).

This followed a request from the Minister for Indigenous Health, Warren Snowdon, that OATSIH establish a Governance Enhancement Working Group (GEWG) to discuss governance improvement and capacity across the ACCH sector.

The project commenced in February and recognises that NACCHO is best placed to enable a conducive and supportive environment in which good governance practices can occur more consistently across the ACCH sector.

A Sector Governance Network (SGN) comprising of membership from all Affiliates is overseeing the development of a nationally consistent approach to good governance practices.

NACCHO is currently undertaking a range of activities including:

- Development of 'National Principles and Guidelines for Good Governance'.
- Review of governance training and development programs.
- Scoping exercise of expertise support services.
- Scoping exercise of resources and tools to support good governance.

In addition, NACCHO is undertaking a scoping exercise to identify good practice in CEO recruitment and performance appraisal within the ACCH sector as well as how current areas can be strengthened.

NACCHO is supporting Affiliates to design and implement governance and support services within their own membership.

Accreditation Program EQHS Continuation Measure 2011-2015

In the 2011-2012 Federal Budget, $35 Million was allocated over four years under the Establishing Quality Health Standards – Continuation Measure (EQHS C) to continue accreditation support for eligible Aboriginal Health Services. The EQHS C Measure builds on the work undertaken through the original 2007-2011 EQHS Measure and seeks to ensure that, by the end of the four years:

- 100% of eligible primary health care organisations with GPs achieved 1st time clinical accreditation through the RACGP.
- At least 80% of all eligible organisations (ie primary health care, substance use, and social and emotional wellbeing organisations) achieve 1st time organisational accreditation through the Quality Improvement Council Health and Community Services Standards (QIC), International Organisation for Standardised Quality Management Systems-Requirements (ISO) or the EQuIP Australian Council of Healthcare Standards.
- Accredited or certified eligible organisations maintain their status.

The main changes in the implementation approach adopted under the EQHS C Measure include:

- NACCHO Affiliates will be able to offer facilitation support (see National Initiatives).
- Independent comprehensive gap assessment, previously undertaken by facilitators, will now be undertaken by an assessing agency.
- Facilitation support will be available from the beginning of the process until the organisation achieves accreditation or certification.
- Payments to facilitators will be based on organisations achieving milestones for both organisational and clinical accreditation or certification.
- Accreditation Support Funding, to address essential barriers to achieving accreditation or certification, can be assessed by organisations anytime during the year instead of waiting for specific funding rounds.

Sector EQHS C Measure National Initiatives include:

1. Jurisdictional Workshops: NACCHO in collaboration with Affiliates and member services identified the necessity to conduct EQHS Continuation Measure Workshops. This idea was raised and supported by members of the Indigenous Health Services Accreditation Implementation Group meeting held in February 2012.

The workshops were aimed at promoting awareness of EQHS C Measure 2011-2015, in particular the updated guides including outlining requirements for services and stakeholders.

This will also be an opportunity to outline the new administration and management arrangements of EQHS C Measure with the engagement of a Delivery Partner as per OATSIH Request for Tender.

Our sector was also able to demonstrate initiatives being undertaken by NACCHO and Affiliates in partnership with agencies involved in accreditation ie RACGP in providing resources to assist eligible services in achieving accreditation.

NACCHO and Affiliates also identified the opportunity to provide professional development activities for member services including Continuous Quality Improvement, Auditing Processes and Procedures, Regulatory and Statutory Requirements, and Quality Systems and Services.

2. Affiliate Facilitator Capacity Building Initiative: This initiative aims to develop the knowledge, understanding and skills across NACCHO and Affiliates to provide the necessary qualifications and expectations to undertake the role and responsibility of OATSIH Facilitators.

As per the EQHS Sector Support Strategy and EQHS National Implementation Framework, it was anticipated that Affiliates are able to perform the functions of OATSIH Facilitators for eligible services that have nominated the relevant Affiliate as their preferred provider through the 'opt-in' model.

This model provides Affiliates with the opportunity to deliver the support and development required by services to achieve accreditation as per their relevant accreditation framework. The following outlines the 2 Stages for this project with 'Stage 3: National Peer Learning and Mentoring Symposium' being proposed for our sector with further consultations and negotiations with OATSIH.

Stage 1: Building the Foundation: The sector identified the need to build its capacity to effectively measure and monitor outcomes being achieved by services participating in EQHS Budget Measure 2007-2011.

Building the Foundation provided an opportunity for Affiliates' Accreditation Officers to gain an awareness and knowledge by providing a broader scope of core auditing principles and to assist them in working with accreditation licence providers and facilitators as a requirement of Affiliates through the Local Sector Support element as part of EQHS – Continuation Budget Measure 2011-2015.

The Lead Auditor Training Course also provided an opportunity in up-skilling the Accreditation Officers to assist them in working with Affiliate Facilitator Support Teams either directly or indirectly as part of the Affiliate Support proposal to be submitted by Affiliates to OATSIH for funding under EQHS – Continuation 2011-2015.

Stage 2: Affiliate Facilitator Support Team: Training Packages – Skills Sets: The second stage provides an opportunity for Affiliates to up-skill and train potential members of their Facilitator Support Team to work with groups to provide the necessary advice, assistance and guide to services within their jurisdictions.

Funding will be provided to Affiliates to conduct appropriate capacity building training that is consistent and relevant to the requirements as identified by their Facilitator Support Team.

The members participating in the Affiliate Facilitator Support Teams would vary due to the scope and structure of an Affiliate and could involve both internal and external officers.

The Sector EQHS C Measure Accreditation Resources include:

1. RACGP Interpretive Guide: In April 2010, the RACGP released the Interpretive Guide to the RACGP Standards for general practices (3rd edition) for Aboriginal and Torres Strait Islander health services, funded by OATSIH.

The purpose of the guide is to support ACCHSs to implement the RACGP Standards for general practices (3rd edition) in a way that is clinically and culturally appropriate for the sector.

In 2011, the RACGP received funding from OATSIH to develop a new edition of the Interpretive Guide to the RACGP Standards for general practices (4th edition), in partnership with NACCHO and Affiliates.

The establishment of a National Working Group gave stakeholders involved in Clinical Accreditation an opportunity to be consulted and contribute to the development of the guide. Members were:

- RACGP: Aboriginal and Torres Strait Islander Health Faculty
- OATSIH
- NACCHO
- NACCHO Affiliates
- NACCHO Members
- National Standing Committee on Standards for General Practices (NSCSGP)
- Accreditation Agencies: AGPAL and GPA Plus
- RACGP Program Manager (Standards for General Practices)

It is anticipated that the official launch of the RACGP Interpretive Guide will be at NACCHO's General Members Conference being held in Brisbane in November 2012.

2. ISO Toolkit: It has been identified by our sector that we should develop information that can provide answers to our ISO Frequently Asked Questions (ISO FAQ's) across these accreditation frameworks. It is expected the ISO Toolkit will consist of (i) How to Guide to ISO Certification, (ii) ACCHSs ISO Sample Audits, (iii) ACCHSs ISO Flow Charts and Diagrams, and (iv) ISO Risk Assessment Profile.

The purpose of the toolkit is to develop accreditation resources to assist services that are experiencing difficulties in understanding the quality systems required when undertaking ISO Certification.

The development of the toolkit is supported by QAIHC, AHCWA, AMSANT and VACCHO with a significant number of services within these jurisdictions undertaking ISO Certification.

This project is also supported by OATSIH as an interim resource while the development of an ISO Interpretive Guide (in line with RACGP and QIC Interpretive Guides) is being pursued by OATSIH on behalf of our sector.

Alatell Pty Ltd has be recognised by Affiliates as the company to be engaged by NACCHO to develop the resource as well as develop and deliver Quality Management Systems training and development sessions for the EQHS C Jurisdictional Workshops being conducted in May and June 2012.

3. Accreditation Frameworks and Risk Assessment Profile (RAP): The sector's EQHS C Measure Jurisdictional Workshops identified the significant linkages and relevance of Accreditation Frameworks and OATSIH Risk Assessment Profile. There was overwhelming support for NACCHO, as part of EQHS C Measure Resources, to develop a comparison document for the relevant Accreditation Frameworks and Risk Assessment Profile such as, (i) RACGP : RAP, (ii) QIC : RAP and (iii) ISO : RAP.

The following table provides an overview of the three different categories that OATSIH has determined in relation to organisations participation and eligibility in accessing elements within EQHS C Measure in line with their accreditation or certification status.

Affiliate	Accreditation Type	Category 1	Category 2	Category 3	Total
VACCHO	Clinical	1	2	22	88%
	Organisational	2	13	10	40%
AHCWA	Clinical	0	2	15	88%
	Organisational	22	3	8	21%
QAIHC	Clinical	0	0	18	100%
	Organisational	1	22	12	34%
AHCSA	Clinical	0	1	9	90%
	Organisational	4	11	0	0%
AH&MRC of NSW	Clinical	3	2	33	86%
	Organisational	14	24	12	24%
AMSANT	Clinical	3	1	19	87%
	Organisational	12	5	6	18%
Winnunga	Clinical	0	0	1	100%
	Organisational	0	0	1	100%
TAC	Clinical	0	0	1	100%
	Organisational	0	1	0	0%

Category 1 - Organisations not participating in EQHS-C for this framework for 1st time accreditation or certification.

Category 2 - Organisations participating in EQHS-C for this framework for 1st time accreditation or certification.

Category 3 - Organisations accredited or certified against this framework.

QUMAX

NACCHO remains an active participant in shaping health policy to enable and promote equitable access to medicines for Aboriginal and Torres Strait Islander people.

The Quality Use of Medicines Maximised for the Aboriginal Population (QUMAX) Program provides funding for better access to medicines and pharmacist support to registered ACCHSs in non-remote areas.

This year, we have 78 registered services participating in QUMAX. This has been managed through a partnership between NACCHO, the Pharmacy Guild of Australia (Guild) and DoHA. This is the first full year under the 5th Community Pharmacy Agreement and has been termed 'the transition year'. Funding under the 5th Community Pharmacy agreement continues until 30 June 2015 with $11.8 million allocated over the four years until 2015.

The stability in funding and no impending program changes means that after this transition year QUMAX will proceed with a program that is recognised for its success in improving access to medications for Aboriginal and Torres Strait Islander people.

The main change during this transition period has been the shift in direction from the department requiring all programs, including QUMAX, to reduce funds allocated to program support rather than directly into patient services. This was agreed by both the Guild and NACCHO in the view that it was QUMAX's 5th year of operation and resulted in the decision to cease the Guild employed support pharmacists and the NACCHO funded state Affiliates at 30 June, 2012. NACCHO thanks the services of the QUMPs and Affiliates for being critical to QUMAX during these years.

Progress reporting against the annual work plan was also introduced during this transition year. Six monthly reports are due in December and June. As a result of this new requirement, the Guild and NACCHO successfully lobbied for an extension to 31 December 2012 for support from the support pharmacists and state Affiliates to ensure that services became familiar with this new requirement. This extension also provided additional time for the development of support tools at a national level to assist ACCHSs.

The NACCHO Communication Network (NCN) was upgraded during the year to a more modern, user friendly, tab based web interface. The response from services has been positive in that the lodging work plans and progress reports is much easier and more intuitive thus facilitating their involvement with QUMAX.

Of the seven areas funded under QUMAX, the bulk of the funding continues to go towards Dose Administration Aids (DAAs) for clients, or to transport costs, to assist ACCHSs clients' access their medicines. Provision is made in the Pharmacist Support section for ACCHSs to contract and pay local pharmacists for QUMAX assistance.

The biannual QUMAX Section 100 and CTG Forum was held in March this year in Melbourne. This forum is a joint event supported by the three key stakeholders: NACCHO, the Guild, and DoHA. Valuable feedback on the programs was gathered from the workshops and networking.

Upon the departure of Ms Vicki Sheedy from the QUMAX management role at NACCHO in June 2011, the position was filled by Ms Jo McMahon, Ms Marilyn Wright and currently by Ms Heather Volk.

CTG Pharmaceutical Benefits Scheme Co-payment Measure

This program commenced on 1 July 2010 to assist in improving access to medicines for Aboriginal and Torres Strait Islander people of any age who present with a chronic disease.

NACCHO's QUMAX Program Manager continues to have input and feedback from the combined forum is being used to guide the program. Figures for the last three months of the financial year are tabled above. They demonstrate the steady growth of the program and increasing numbers of pharmacies that are dispensing CTG prescriptions.

Consistently, the 5 top medicines dispensed under the initiative are Atorvastatin (cardiovascular), Metformin Hydrochloride (diabetes), Salbutamol Sulphate (asthma), Perindopril (cardiovascular) and Codeine Phosphate with Paracetamol (chronic pain).

	Number of Patients Benefiting from CTG Co-payment	Total Number of Prescriptions	Total Number of Pharmacies Dispensing CTG Co-payment
April 2012	133,140	2,205,026	4,837
May 2012	139,546	2,404,440	4,972
June 2012	150,005	2,729,929	5,127

Issues such as consistency between the processes for access and payment of medications between hospitals, CTG co-payment and Section 100 Supply continue to cause challenges and confusion for clients, and NACCHO continues to work in this area to provide input into the program.

Section 100 Supply

NACCHO continues to be involved with the Section 100 Supply program to remote Aboriginal Health Services. We are currently providing feedback into an update of the S100 Pharmacy Support Allowance Information Kit to the Pharmacy Guild of Australia.

Ear and Hearing Health Workforce

July 2011 marked the final stage of Phase 1 and Phase 2 of the Ear and Hearing Health Workforce Project for Aboriginal and Torres Strait Islander Health Workers. Achieving the objectives and goals within 13 months is a great milestone and sets a continuous momentum into the implementation of Phases 3 and 4 for the next two years.

Implementation of activities began in September 2011. Interested members of ATSIHRTONN were contracted to deliver a National Aboriginal Ear and Hearing Health Skill Set which included NACCHO purchasing a set of ear health equipment to assist RTOs to deliver the training. Five RTOs that have delivered the skill set to date are AHCWA Perth, Booroongen Djugun College Kempsey NSW, KAMSC Broome, QATSIHWEPAC Cairns, and AH&MRC Sydney. Each RTO can deliver in two separate blocks of smaller class sizes of up to 12 AHW students where they receive comprehensive culturally appropriate training and assessment from NACCHO's ear health trainers. To date, up to 55 Aboriginal and Torres Strait Islander ear health workers have completed the training. The National Skill Set was endorsed on 7 May 2012 and connected to the Aboriginal and Torres Strait Islander Primary Health Care Certificate 111 or Certificate 1V.

While training is scheduled and delivered, an evaluation process is in place. AHW students are tracked along the way as well as RTOs through interviews. The evidence collected through the evaluation will inform NACCHO of how the delivery of the training is travelling towards its aims of having a sector-supported and sustainable good practice model for ongoing delivery of Ear and Hearing Health Workforce.

NACCHO produced a promotional document and DVD of AHWs in training, and distributed it to all ACCHSs, Community Health Care Services and members of ATSIHRTONN to assist in the promotion of the National Skill set and its uptake.

The professional development through ongoing continuous improvement now includes a local ACCHS sharing their ear health program with participants. The program now includes a local ACCHS sharing their ear health program with participants. A guest speaker, such as an ear health specialist, is invited to provide their experience in ear health with Aboriginal and Torres Strait Islander families. As the National Summit identified that there is only a small pool of ear health trainers, a trainee is now invited to work alongside the trainers to encourage participants to become a future ear health trainer.

A Project Advisory Group with members from ACCHSs, ATSIHRTONN and NATSIHWA has been established to provide overall advice on the delivery of the National Skill Set. The first meeting was held in March 2012 and members also attended the National Trainers Workshop the next day to hear about and be involved in developing the preliminary mentoring and support with other interested AHWs who are interested in becoming a trainer.

In May, NACCHO partnered with the OMOZ 2012 Committee to plan and jointly conduct the OMOZ/ NACCHO 2012 Australian Otitis Media Conference. This was held in Fremantle on 2-4 May. NACCHO sponsored up to 63 health professional participants with the majority coming from the ACCHS sector.

Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network

The Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN) continued to build its status as a network of training professionals in Aboriginal and Torres Strait Islander primary health care. The ATSIHRTONN Coordinator and NACCHO Workforce Information Policy Officers (WIPO) work collaboratively and attend both networks meetings.

The core business this year included:

- Development of the ATSIHRTONN Action Plan from the Strategic Plan.
- Tendering submissions to the Aboriginal and Torres Strait Islander Health Practice Board of Australia to provide input on the make-up of the Accreditation Committee.
- Input to the development of the Equitable Funding Project Report conducted by the Lowitja Institute.
- The Good Medicines Better Health Reference Group.

New activities included:

Aboriginal and/or Torres Strait Islander Primary Health Care Training Learning Resources Review

Following two workshops and several teleconferences, ATSIHRTONN members completed a full review of the learning resources for core units within the Cert III and Cert IV (Practice and Community Care). Subsequently, a consultant was engaged to rewrite the reviewed learning resources with the corrections and changes identified by the Learning Resources Review working group. A steering group meets monthly by teleconference to monitor progress of the write-up process and to provide support and advice when required. As at 30 June 2012, the consultant met the first milestone of the contract agreement and it is anticipated that the write-up will be completed by November 2012.

Needs Analysis of Simulated Learning Environments in Aboriginal and/or Torres Strait Islander Primary Health Care Training

ATSIHRTONN has successfully negotiated funding through HWA to conduct a needs analysis of the Simulated Learning Environment (SLE) in Aboriginal and/or Torres Strait Islander primary health care training.

ATSIHRTONN has engaged a consultant to undertake the project under the guidance of a Project Board and Expert Reference Group. The Project Board is a requirement of the funding agreement and will consist of decision makers and persons with knowledge and experience in SLEs from university, VET sector, Aboriginal and Torres Strait Islander Health Registered Training Organisations (RTOs), Community Services and Health Industry Skills Council and HWA. The Expert Reference Group will comprise trainers employed in ATSIHRTONN member organisations with knowledge of SLEs. It is anticipated that this project will be complete by December 2012.

Committee and Group Representation

ATSIHRTONN continues to receive external requests for nominations on advisory committees and groups; to attend meetings, seminars and conferences; and for feedback on proposals, papers and reports. This includes but is not limited to the following:

- HWA Aboriginal and Torres Strait Islander Health Workforce Advisory Committee - ATSIHRTONN has been asked to provide feedback on the Implementation Plan for the National Health Workforce Innovation and Reform Strategic Framework for Action 2011-2015. The ATSIHRTONN Secretariat disseminates the information provided by HWA throughout the network and collates feedback.
- Rheumatic Heart Disease (RHD) Australia - RHD Australia sought an ATSIHRTONN representative for the RHD Education and Training Reference Group. This request was circulated to members seeking nominations.
- Aboriginal Ear and Hearing Health Training - The ATSIHRTONN Coordinator met with NACCHO to discuss the rollout of the Ear Health Training. ATSIHRTONN has invited the NACCHO Ear and Hearing team to present at the next ATSIHRTONN meeting.
- Community Services and Health Industry Skills Council (CS&HISC) - NACCHO sought and successfully received a nomination from the ATSIHRTONN membership for a representative to sit on the CS&HISC IRG to provide technical advice and expertise to the NACCHO representative who sits on the Training Packages Advisory Committee.

ATSIHRTONN has also been involved in:

- Member site visits (Canberra, Sydney and Cairns), January 2012.
- Attend NATSIHWA AGM, January 2012.
- GMBH, 30 November – 1 December.
- LRRG Workshop, 24-25 November.
- NACCHO AGM/Members Meeting, 15-18 November.
- Equitable Funding Project Workshop, 14 November.
- ABS Training, 15 December.
- DOHA National Training Package Evaluation meeting.
- Progress Report, 30 December.
- Alzheimer's Training, 10-13 October.
- NATSIHWA Meetings with CEO.
- CSHISC workforce development fund application meetings.
- ATSIHRTONN Secretariat planning day.
- National Skills Recognition Project meetings (with DEEWR).
- DEEWR Funding Processes meeting.
- Teleconference with DoHA, ATSIHWs, and HWD staff.

WIPO National Network

The Workforce Information Policy Officers (WIPO) network meets twice yearly and continues to work on the following priorities.

Aboriginal and Torres Strait Islander Health Worker Practitioner Registration

NACCHO with the WIPO network tendered submissions to the Australian Health Practitioner Regulation Agency (AHPRA) regarding consultations on Guidelines in relation to Continuing Professional Development, Grand Parenting Registration, Recency of Practice, and the membership of the Boards Accreditation Committee. NACCHO disseminated the communiqué's from AHRRA through the WIPO network.

Call for registration of the AHW Practitioner has now commenced. As a result, a number of initiatives are being implemented with the goal of up-skilling the existing AHW workforce, educating other health professions regarding the AHW Practitioner, and assist with the uptake of registration of AHWs. NACCHO Affiliates have been attending workshops and meetings in regards to these changes. More work needs to be done to inform and advise employers of the benefits of registration.

Dispensing and the administration of medicines by AHWs is still an issue which requires further exploration of legislative restrictions.

Aboriginal Community Controlled Health Sector Complementary Workforce Plan: 2011-2015

The Aboriginal Community Controlled Health Sector Workforce Complementary Plan 2011-2015 is an adjunct to the National Aboriginal Torres Strait Islander Health Workforce Strategic Framework (NATSIHWSF) and aligned to the NACCHO Strategic Plan. It was developed over a six-month period from September 2011 to February 2012, to support the work of NACCHO and Affiliate WIPOs. The WIPO network met with the consultant during this period to develop the plan framework and to ensure the national and Affiliate plans were incorporated. This work included but was not limited to:

- Analysis of the national and jurisdictional documents.
- Continual refinement of the plan.
- Integration of WIPO material.
- Identification of relevant jurisdiction documents and plans.

The purpose of the plan is to support national coordination of workforce development activity across the ACCH sector using the NATSIHWSF to create greater coherence and efficiency of effort. It will facilitate WIPOs in undertaking joint efforts to address shared priorities across jurisdictions and enhance collaboration for the mutual benefit of Affiliates.

The plan can be used at the WIPOs network meetings to track the progress of the NATSIHWSF Key Priority Areas (KPA's) and the key priority strategies. It will also assist when:

- Reporting internally and externally.
- Identifying sector needs and priorities.
- Development and implementation of policy.

This plan provides structure to work together as a national network and identifies jurisdictional similarities. It also allows and invites input from Affiliates. In addition, it will provide a clear articulated direction for the WIPO network that they can adhere to and address throughout the next three years and is complementary to the NACCHO Strategic Plan.

Workforce Units Proposal

The growth of the workforce for the Aboriginal and Torres Strait Islander Health sector has been immediate and time consuming for the WIPOs. It is, therefore, imperative if these initiatives are to be implemented and managed successfully that the capacity of the national and Affiliate WIPOs has to be expanded. The WIPO network developed a submission paper to address workforce capacity at the Affiliates and the NACCHO Secretariat.

General Practice Employment and Training

NACCHO attends the General Practice Employment and Training (GPET) Aboriginal and Torres Strait Islander Health Training Advisory Group meetings to provide the network with issues and challenges specific to Aboriginal Community Controlled Health Training Posts.

Items discussed at these meetings include but are not limited to:

- Background to the Aboriginal and Torres Strait Islander strategic plan including structure and purpose.
- Capacity Assessment Project - Role of the Assessment Panel-Assessment criteria.
- 'The Guide'.
- Timeframes, tools and tasks.

GPET recently evaluated their funding arrangements regarding the Affiliate GPET Officers and subsequently this funding will cease. Work continues to ensure that the valuable work of the GPET Policy Officers continues.

Community Services and Health Industry Skills Council Training Packaging Advisory Committee

The Community Services and Health Industry Skills Council (CS&HISC) is responsible for the review of training packages. The packages are to be streamlined to ensure they target the objective, focus on industry and provider needs, and are responsive to a number of Commonwealth reforms.

CS&HISC formed the Training Packages Advisory Groups (TPAC) to undertake a continuous review of the training packages. TPAC is a joint advisory group of both community services and health, and is assisted by the newly formed Industry Reference Groups (IRG) who provides advice to TPAC whose role is more strategic. The IRG for the Aboriginal and Torres Strait Islander health worker sector provides advice on relevant HLT07 changes to the components and on the process of consultation with industry stakeholders to gain feedback to inform the review.

This first meeting of Aboriginal and Torres Strait Islander Health Workers IRG took place in May 2012. As a resulted, the IRG are looking at training packages and advising the TPAC to ensure that changes:

- Simplify and streamline.
- Units have value.
- Are consolidating.

In addition, the CS&HISC has been funded by HWA to support the establishment of the Subject Matter Expert Group (SMEG) on which ATSIHRTONN members sit. The SMEG will assist the IRG.

Health Workforce Australia

Aboriginal and Torres Strait Islander Health Worker Report

HWA and NACCHO worked closely on the Aboriginal and Torres Strait Islander Health Worker Report. The purpose of the report is to inform the development of policies and strategies that will strengthen and sustain the ATSIHW workforce to deliver care in response to the known burden and distribution of disease in the Aboriginal and Torres Strait Islander population.

An inclusive consultation process was undertaken to appreciate the existing ATSIHW workforce and the challenges it faces, and to collaboratively identify opportunities for future action.

The WIPO network held a workshop in Adelaide to unpack and progress the implementation of the recommendations from the report. HWA consulted with the WIPO network to ascertain how and who should be considered to progress the individual recommendations. The responsibility for implementation will be shared amongst a number of key stakeholders as HWA continues to progress the 27 recommendations identified in the report as priority areas.

Implementation Plan for the National Health Workforce Innovation and Strategic Reform for Action 2011-2015

HWA sought advice and input into the development of the Implementation Plan. Initial discussions were held at the HWA Aboriginal and Torres Strait Islander Health Workforce Advisory Committee meeting on 1 March 2012. The document has been circulated to the WIPO network to gather input. In addition, the NACCHO Chair and executive staff were nominated to be part of the Leadership for a Sustainable Health System Project.

Rural Health Education Foundation Health Workforce Project Plan

HWA funded the project to promote and increase awareness of the significant role of ATSIHWs. This project will endeavour to raise the profile and professional respect of ATSIHWs with other health professions via a multimedia package which will be completed by February of 2013.

While undertaking the Aboriginal and Torres Strait Islander Health Worker Report, findings mention the relationships between ATSIHWs and other health professions. While, in some situations, it was a mutually respectful and beneficial working relationship, in others there was little understanding of the role resulting in underutilisation of the position, person, skills and knowledge.

The project will target, amongst others, non-Aboriginal persons working in AMSs and ACCHSs to promote the role of ATSIHWs and how they can be used to complement service delivery. The theme and focus is to improve career professions awareness and understanding of the pivotal and professional role of ATSIHWs.

National Workforce Development Fund

NACCHO and Recognition First submitted a tender on behalf of NACCHO member organisations for areas of current and future skills need. Government funding will be supplemented by a co-contribution from industry with the government contributing at higher levels for small business.

NACCHO listed the following areas of crucial need within our sector:

- Retention of existing workers: identifying the skill requirements of Aboriginal health and community employees holding coordinator/management positions in ACCHSs nationally. Many of these employees have not had access to formal management training which will allow real career pathways using nationally accredited training that will improve the quality and management of these services.
- Increasing participation of an Aboriginal workforce that will have access to nationally accredited training and skill sets.
- Training to support new and emerging Aboriginal job roles that will increase Aboriginal participation across the 150 ACCHSs.
- Innovative and responsive training delivery that will target urban, rural and remote ACCH workforce nationally.

NACCHO, together with Registered Training Organisations, were successful in gaining 542 places for the following qualifications and skills sets:

- Advanced Diploma of Community Sector Management CHC60312
- Diploma of Management BSB1107
- TAE40110 Certificate IV in Training and Assessment
- Cert IV Practice (HLT43907)
- Cert IV Community (HLT44007)
- Ear and Hearing Skill set (HLT41307)

Once informed of the tender success, NACCHO and Recognition First had only a matter of weeks to develop a communication strategy to disseminate information to and advise ACCHSs of this opportunity for training.

Over 250 expressions of interest were received from Aboriginal people from ACCHSs wishing to apply for training and of those 145 (from approximately 18 ACCHSs) were eligible and are now enrolled. The initial period for enrolments was late June but NACCHO was recently advised this has been extended until December 2012.

Health Heroes

NACCHO has been an active participant of the Health Heroes Campaign since its inception, with senior executive staff being key representatives on the Campaign Reference Group. This representation has facilitated the distribution of Health Heroes packs for the ACCHSs.

A number of ACCHSs have been called upon to assist with the local delivery of the campaign. Health Heroes was designed to encourage Aboriginal and Torres Strait Islander secondary school students to pursue a job in the health sector and make them more aware of the opportunities in health including the range of jobs, training options, career pathways, and financial and other types of support available.

ACCHSs have been happy to take part in worthwhile projects such as Health Heroes and those delivering the campaign have been asked to consider giving ACCHSs appropriate notice of upcoming events in consideration of ACCHSs capacity.

Reporting on Strategic Priorities

Strategic Direction 3: Promote Research that will Build Evidence-Informed Best Practice

Our strategic plan 2011-2014 plan has three main strategic directions that are as vital as each other in taking us forward.

Strategic Direction 3: Promote Research that will Build Evidence-Informed Best Practice

Objective 3: To increase the quantity and application of relevant research and evaluation in Aboriginal health.

Impact Indicator 3.1: The quantity of available research and evaluation that reflects ACCH sector priorities increases over the next three years.

Impact Indicator 3.2: There is increasing evidence that ACCH sector conducted, commissioned or initiated research and evaluation is used to shape decisions about the funding, management and monitoring of Aboriginal health.

Research and evaluation in Aboriginal health that is conducted, commissioned or initiated by the ACCH sector will fulfil important functions defined in the NACCHO Constitution. Specifically, these are to: increase NACCHO's influence over the collection and analysis of Aboriginal health information and research; and undertake both collaborative and stand-alone research.

Research and evaluation projects must have a clear purpose that respond to ACCH sector priorities and help identify improvements in health experiences and outcomes for Aboriginal peoples. The learning gained must have the capacity to shape decisions about service delivery needs and models, funding, management, and monitoring in Aboriginal health. NACCHO will work with relevant organisations to source funds to undertake collaborative, independent and commissioned research and evaluation, as well as recommend how research institutes allocate existing funds.

Research Excellence in Aboriginal Community Controlled Health

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.

The Research Excellence in Aboriginal Community Controlled Health (REACCH) collaboration is a virtual organisation focusing on research in sexually transmitted and blood borne viral infections. The collaboration is made up of members from NACCHO, the Kirby Institute (Kirby), five ACCHSs; Aboriginal Medical Service Western Sydney (AMSWS), Durri Aboriginal Corporation Medical Service, Goondir Health Services, Nunkuwarrin Yunti of South Australia Inc., the Victorian Aboriginal Health Services (VAHS), and four NACCHO Affiliates: AH&MRC, AHCSA, QAIHC and VACCHO. REACCH is a substantial outcome of a Memorandum of Understanding signed between NACCHO and Kirby in 2008.

REACCH will enhance the clinical research capacity of individual ACCHSs participating in the program as well as develop a new clinical research network involving services that will have the ability to expand its scope of activities beyond the initial funding period.

The aims of REACCH are to:

- Bring together the leading Australian institution dedicated to clinical research on sexually transmitted and blood borne viral infections and the peak national representative body for ACCCHSs.
- Work with ACCHSs to conduct innovative research that will identify new approaches to diagnosing and managing these infections, while at the same time supporting quality improvement, developing improved clinical guidelines, and research capacity within the sector by:

1. Supporting clinical research with the potential to lead to improved health outcomes for the community.
2. Foster training of clinical researchers, particularly those with a capacity for independent research and future leadership roles.
3. Ensuring effective translation of research outcomes into clinical practice.

REACCH is currently working on two projects across a number of services and several projects that have been initiated by services that Kirby and NACCHO staff support:

- MESHH: The MESHH project (monitoring and evaluation for sexual health and hepatitis) is a long term project that involves feedback on testing and positivity to clinic team members and support in quality improvement to increase testing where appropriate. This project has similar aims to the clinical audits currently being conducted but is envisioned as a long-term undertaking with feedback every six months. There has also been a standardised template used across all projects utilizing GRHANITE. This will assist with more consistent reporting and an easier format to provide to services during the feedback stage. A Continuing Quality Improvement (CQI) Protocol has been developed for MESHH in order to provide an overview of the GRHANITE data collection and implementation of a successful CQI program for sexually transmissible infections and blood borne viruses testing and management within primary health care services. This project has been approved by ethics.
- Chlamydia Project: This is a multi-faceted project aimed at increasing testing for sexually transmitted infections in REACCH services. The aim of this project is to increase Chlamydia testing, treatment, and management of young people and antenatal clients aged 16-29, and interventions to increase opportunistic testing within REACCH services. The project will include a prevalence survey to determine the extent of chlamydia in the community, clinical audits of patient records for a detailed examination of clinic practice, feedback of data and staff interviews to get buy-in on

practice improvement. This project has been submitted to AH&MRC ethics and is in the final stages of approval.

There are a number of service led projects currently underway:

- Nunkuwarrin Yunti of South Australia Inc. is currently involved in the Healthy Liver Project, which is a retrospective evaluation of Hepatitis C treatment at the service. The team at the service has been working hard to collect previous clinical data and completing clinical audits for this project. They have also recently submitted a research proposal for funding to the Lowitja Institute to look at a model of care targeting patients at the risk of contracting blood borne viruses.
- Aboriginal Medical Service of Western Sydney has recently completed the Young Person Camp Study, which focuses on the engagement of young people in health service delivery in Western Sydney. The service has also completed a retrospective audit of patients diagnosed with Hepatitis B. The findings were presented at the Victorian Hepatitis B Alliance spotlight on Hepatitis B on 26 July 2012.
- Goondir Health Services Inc. has appointed Sid Williams as the REACCH Research Officer. The service will be involved in the Chlamydia Project and focus on capacity development and research training.

REACCH is governed by an Executive Board of Management which makes the key administrative and policy decisions. The board consists of five members; a NACCHO nominee is the Chairperson and there are 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 NACCHO and Kirby Research Officers.

REACCH provides funding for two research coordinator positions, one based within NACCHO and the other with the Kirby Institute. Maurice Shipp, the previous NACCHO REACCH Officer left in September 2011 and the new NACCHO REACCH Officer, Susan Huang commenced in May 2012. 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 have been visited between July 2011 and July 2012. The aim of the next year is that the site visits will focus on capacity development training and data feedback surrounding continuing quality improvement around treatment and intervention.

The NACCHO Communication Network (NCN) has been launched for the REACCH project. The NCN can be used to communicate between REACCH staff, REACCH services, and members of REACCH working groups by providing one point access to project information and enabling real time communication through discussion forums. The library within the NCN will be used as a central repository for documents and guidelines related to REACCH.

REACCH holds an annual face-to-face meeting each year. The next meeting will be held on 27-29 August 2012 in Adelaide, and will be hosted by Nunkuwarrin Yunti of South Australia Inc. Representatives from each ACCHS, NACCHO and Kirby meet to review progress and to plan for future research to be undertaken during the coming year.

Talking About the Smokes

The Talking About the Smokes (TATS) research project, is a joint initiative of the Menzies School of Health Research, NACCHO, QAIHC, AH&MRC, Cancer Council Victoria, and the Centre for Excellence in Indigenous Tobacco Control at the University of Melbourne. The project will involve 40 ACCHSs across Australia and aims to survey 2000 smokers and 1000 non-smokers. Staff from ACCHSs will also be surveyed.

Surveys will be conducted over a six week period at each ACCHS and then again a year later. Local results will be provided to each ACCHS. Some examples of what the project will provide information about include smoking behaviours and attitudes, knowledge about harms from smoking, impact of policies and activities, and attitudes toward the use of quit methods and services.

The project will build research skills in each participating community by employing, training and mentoring local research assistants to conduct the survey interviews. NACCHO has three staff coordinating the skills and resources that health services will need to take part in the project and to support these health services.

Excellent progress is being made toward the project aims. The subcontract between Menzies and NACCHO was signed in September 2011. A combined meeting of the Research Team, the Project Reference Group (with members from Affiliates) and project staff was held in March at AH&MRC in Sydney. Data collection commenced in the first site in May 2012. At the time of writing, data collection had commenced in a further four sites with another thirteen ACCHSs signing agreements to take part. Research processes and instruments have been refined and the feedback of local results to health services is about to commence.

Priorities for the next 12 months for NACCHO include recruitment of additional sites to reach the target of 40 sites, ongoing site support and training of local research assistants, and communication of project progress via newsletters, the NCN, website and various social media.

NACCHO's Public Health Medical Officer Dr Mark Wenitong checks out the Smoke Free Campaign in the Cairns Region

Media and Communication

In 2011-2012, the NACCHO corporate identity was rebranded and external communications moved from the traditional media networks and printed products to online distribution networks and platforms using social media and other web based applications.

Corporate Branding and Identity

NACCHO adopted the blue swirls into a new corporate brand with a complete range of new products including business cards, letterhead, reports, powerpoint and social media.

The origins of the NACCHO corporate identity has been formally acknowledged on our new website for the information of members and stakeholders:

Artists: Tahnee Edwards (Yorta Yorta) and Toby Dodd (Ngarrindjeri/Narungga/Kaurna), Dreamtime Public Relations, 2010.

Story: The waves in the pattern mimic those in ochre pits. The colours represent Aboriginal and Torres Strait Islander peoples. The meeting place circles represent NACCHO affiliates and the larger meeting place is NACCHO.

Social Media

In promoting NACCHO's Strategic plan 2011-14, social media was identified as an effective means of communicating key corporate objectives to connect, engage and inform members, their communities and stakeholders into the future. NACCHO has developed a social media communications strategy and policy to support these objectives.

An official NACCHO policy guideline for media/social media use was also developed and will be reviewed at the end of the 2012 implementation trial period.

NACCHO Communique

All press releases and stakeholder information was distributed through a new platform at www.nacchocommunique.com. To 30 June 2012, there had been over 15,000 page views nationally and internationally. The system is integrated with Twitter, Facebook and LinkedIn to generate media. After four months of development, 95% of our media coverage is now through the following social media platforms.

Twitter

Twitter has been an amazing success during this period, raising the profile of NACCHO, issues and information to over 1,000 followers.

A good example is our recent employment vacancy and Governance 'Expression of Interest' advertisements that generated hundreds of enquiries through Twitter.

Facebook

Our new Facebook site continues to generate widespread interest.

LinkedIn

The new LinkedIn site has been very successful in promoting employment opportunities and partnerships with stakeholders especially on the 'Close the Gap' campaign.

Other Social media

To support these new media, we have also introduced NACCHO TV and a new SKYPE network.

Daily Aboriginal Health News

In partnership with FaHCSIA, NACCHO has a daily Aboriginal health news email service for staff, Affiliates, members, and the Board which has proven to be very successful and well received.

New Website

In 2011-12, NACCHO developed a new website that can be read on all platforms from mobiles and tablets to large screen TVs, and will once again integrate all social media channels for connectivity and engagement.

Stay connected, engaged and informed with NACCHO

www.naccho.org.au/connect

Photos above of member services in the Northern Territory members of AMSANT

State and Territory Affiliate Reports

Australian Capital Territory Affiliate

Winnunga Nimmityjah Aboriginal Health Service

In 2011-2012, Winnunga continued to lobby governments on behalf of the Aboriginal and Torres Strait Islander community of the ACT. CEO, Julie Tongs, met regularly with politicians and senior bureaucrats to ensure that the needs of the community remain at the forefront of the political agenda. The CEO attends the ACT Aboriginal Health Forum and other ACT and national committees. This year, the CEO particularly focused on looking for funding sources to build new clinic rooms that are required to house the expanding clinical services at Winnunga. The CEO also attended NACCHO Board meetings and provided ongoing input into NACCHO national policy.

Winnunga is represented on the Board of the ACT Medicare Local by the Senior Medical Officer and we have been working to strengthen this relationship. We have provided input into many local policy developments and consultations such as the proposal to provide a needle and syringe exchange program at the ACT prison, the ACT Chronic Disease Strategy, The ACT Primary Health Care Strategy, and the ACT Aboriginal and Torres Strait Islander Tobacco Control Strategy.

Winnunga has continued to advocate for better recognition of the role the health service plays in providing health care to clients from outside the ACT. While Winnunga is the biggest provider of primary health care to Aboriginal and Torres Strait Islander people in the surrounding areas of NSW, as well as the ACT, this regional service delivery is not recognised in our funding structures. The 2011 ABS Census identified that the ACT Aboriginal and Torres Strait Islander population had grown by 34% since the 2006 census. In the same period, from 2006-2011 the Winnunga Aboriginal and Torres Strait Islander client population increased by 46%.

The Public Health Medical Officer and Data Officer have been involved in the national developments in reporting and IT: the Web Based Reporting Tool (Ochrestreams), National Key Performance Indicators, the on-line OSR, telehealth and the Personally Controlled Electronic Health Record. We are trying to ensure these systems are effective and work for ACT in the best possible way. The Public Health Medical Officer has supervised quality improvement research which has been undertaken by medical students and a GP registrar at Winnunga. These research projects have looked at improving Pap smear rates and the use of the prescription medicine varenicline (Champix) in smoking cessation.

The Workforce Implementation Policy Officer has been working in collaboration with the ACT Health Forum to obtain an up-to-date overview of the needs, resources, gaps and priorities documented in the ACT Action Plan 'A New Way'. In consultation with the ACT Health Forum, we have been identifying funding sources to meet the funding needs of individual projects. We have also undertaken a training needs analysis for staff within Winnunga to identify gaps and up-skilling requirements. In addition, we have continued to support Aboriginal and Torres Strait Islander people to join and remain in the health workforce, and continued to promote opportunities and pathways in the wider community to build workforce capacity within the Aboriginal health sector.

New South Wales Affiliate

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

Over the past year, the AH&MRC has continued to deliver in a number of strategic areas/objectives aimed at achieving important outcomes for our member ACCHSs through the implementation of numerous programs and initiatives.

We have consolidated our achievements within all of the key areas of our Strategic Plan 2011-2014, namely to:

- Increase the effectiveness of the AH&MRC's active involvement in decision-making regarding Aboriginal health in NSW.
- Improve the quality and effectiveness of relationships with all stakeholders;
- Strengthen the capability and competence of the Aboriginal health workforce;
- Ensure Aboriginal health programs and services are effective, sustainable and reflect local Aboriginal community needs.

Decision-Making regarding Aboriginal Health

The AH&MRC believes that in order to achieve these outcomes, the recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal people must be acknowledged.

The United Nations Declaration on the Rights of Indigenous Peoples reinforces this imperative and emphasises the role of self determination in any processes to address disadvantage within the Aboriginal community. Adopted in 2007, the Declaration upholds the rights of Indigenous peoples and calls on states to consult and cooperate in good faith with the peoples concerned through their own representative institutions in order to obtain their 'free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them'.

Achieving health equity for NSW will require governments, the Aboriginal Community Controlled Health Sector and other health services to work together towards the goal of a NSW health system that provides good access and good care for Aboriginal people. To achieve sustainable progress in addressing health inequities, Aboriginal people must be recognised as distinct and equal partners not only in words but in action.

Relationships with all Stakeholders

During the past year, a great deal of our efforts were spent working with the NSW Government, which in 2011 reaffirmed its commitment to Aboriginal health by pledging to collaborate with Aboriginal organisations and communities and advocates to devise a 10-year Aboriginal Health Plan for the State.

The AH&MRC, in collaboration with the Centre for Aboriginal Health, participated in the consultation process to support the development of this 10-year Aboriginal Health Plan for NSW. The AH&MRC helped to organise many of the 250 interviews that were conducted with key stakeholders including many health providers from the Aboriginal Community Controlled Health Sector, and also assisted with the regional consultation workshops.

The AH&MRC and the NSW Government subsequently co-hosted a Health and Wellbeing Forum in November 2011 at the AH&MRC's Aboriginal Health College, where a select group of senior leaders and key decision makers from across the health system gathered to offer insights into the Plan's development. This work, and feedback from web based submissions, culminated in the release of the discussion paper 'Towards an Aboriginal Health Plan for NSW' on National Close the Gap Day, 22 March 2012. The AH&MRC made two formal submissions during this process.

The AH&MRC was also invited by the NSW Ministry of Health to write an article for publication in the NSW Public Health Bulletin on the importance of partnership in improving Aboriginal health.

The AH&MRC is also participating in a review of the NSW Aboriginal Health Framework Agreement which was originally designed to bring about partnership between the Commonwealth and State governments and the Aboriginal Community Controlled Health Sector. We also continue to renew and build our relationships with non-government organisations which can contribute to improving Aboriginal health in NSW.

Aboriginal Health Programs and Services

As always the work of the AH&MRC has involved the delivery of programs and services to support the important role that our member services play in the improvement of Aboriginal health in NSW. Supporting business quality of ACCHSs is the primary focus of our Member Services Support Unit and in 2011-2012 the AH&MRC has provided valuable support to members in the form of consultations, site visits and one-on-one activities - all tailored to the specific needs and requirements of our member services.

The Member Services Support Unit's Accreditation Team also supported our members to achieve both clinical and organisational accreditation under the Commonwealth's 'Establishing Quality Health Standards Continuation' measure. The AH&MRC has met with government bodies in respect of the ACCHSs model and regulatory obligations.

Assisting our members to build sustainable and effective continuous quality improvement systems of their own is an important priority of the AH&MRC to strengthen capacity and quality in service delivery into the future within the changing policy and service delivery landscape.

In 2011-2012, through the establishment of our AH&MRC Continuous Quality Improvement (CQI) program, we have laid the foundations for this to happen by conducting detailed assessments of needs during site visits to members and also through delivering workshops to support each organisation's use of the Clinical Audit Tool (CAT) for ongoing quality improvement.

This year, the AH&MRC Public Health Unit has also been promoting Aboriginal health through a number of vibrant campaigns, conferences and activities, using innovative approaches to bring critical health messages to Aboriginal communities. These include:

- 'It's Your Choice, Have a Voice: Rights, Respect and Responsibility'. This campaign aimed to empower young Aboriginal people to make informed choices about sexual and reproductive health and related alcohol and other drug issues. The campaign was rolled out to 14 communities in NSW and reached at least 4000 young people aged 12-19.
- 'Where's the Shame, Love Your Liver', which aimed to increase Aboriginal people's knowledge and awareness of hepatitis C in an environment where stigma and shame are prevalent. This campaign was rolled out to 10 communities across NSW in partnership with award winning hip hop group The Last Kinection. So far, the campaign has produced some 13 posters, 36 songs and 31 film clips that were developed by participants and distributed as educational resources throughout NSW.
- 'Living Longer Stronger: The AH&MRC Chronic Disease Conference 2012', held in Sydney in June 2012, focused on building skills and knowledge for Aboriginal communities to better address chronic disease, particularly through ACCHSs. It was an outstanding success, with over 120 participants who attended over the course of the two-day event. A range of expert presentations, educational workshops and interactive planning sessions were delivered, providing an excellent opportunity for attendees to exchange ideas and develop productive relationships.
- 'Kick the Habit' campaign, which involved working with local Aboriginal communities to develop resources including short films, posters and brochures featuring local identities with messages encouraging their community members to quit smoking.

The A-TRAC program continues to roll out a range of activities to address smoking in Aboriginal communities in NSW. The inaugural A-TRAC Symposium, held in Sydney in 2011, was the first state wide gathering of its kind, for the Aboriginal community to showcase their programs aimed at addressing tobacco resistance and control.

New South Wales Affiliate *cont*...

Research into Aboriginal health is steadily growing and places increasing demands on ACCHSs for participation at different levels. During 2011-12, the AH&MRC, through its Research Program, initiated a project to develop and improve the capacity within ACCHSs to initiate or respond to requests for research, including creating with members, a tool to assist with decision making about their involvement in research. AH&MRC is also called upon to support or participate in research projects at the state level and as at 30 June 2012, the AH&MRC was actively involved in supporting 44 research projects with a further 16 proposed projects under consideration.

Finally, the Human Research Ethics Committee, which is auspiced by the AH&MRC, also continued to play an invaluable role in the promotion of high quality health research affecting Aboriginal people in NSW by ensuring that all research was conducted in an ethical manner and was consistent with all relevant guidelines.

Aboriginal Health Workforce

The AH&MRC was busy laying the foundation for the future of the Aboriginal Community Controlled Health Sector workforce. In August 2011, the Aboriginal Health College, which was founded by the AH&MRC in 2003 and achieved status as a Registered Training Organisation in 2004, saw over 70 students graduate with Certificate III, IV, Diploma and Advanced Diploma qualifications, as well as a similar number of students with related Statements of Attainment, in the presence of Her Excellency Professor Marie Bashir AC CVO, Governor of New South Wales and other honoured guests. The Aboriginal Health College currently has over 380 student enrolments within the financial year 2011-12 in a mix of both short courses and courses offering full qualifications.

Supporting workforce in ACCHSs, the AH&MRC held a number of gatherings including:

- In March 2012, the AH&MRC facilitated a two-day workshop for Aboriginal mental health workers from ACCHSs and Local Health Districts on the topic of 'Collaborative Partnerships'. Attended by more than 80 people from mental health and social and emotional wellbeing programs around NSW, these workshops showcased successful examples of service delivery and collaborative projects, all with the aim of helping to identify ways to move forward for the benefit of clients and communities.
- The ninth 'NSW Aboriginal Drug and Alcohol Network (ADAN) Symposium' was convened by the AH&MRC in March. Ninety delegates attended the symposium, held in Coffs Harbour, where they shared information through presentations and discussed the many issues affecting the ADAN workforce and the Aboriginal communities they serve. This year, for the first time, ADAN presented Awards for Excellence and also established an ADAN 'Hall of Fame'.
- The fifth annual 'AH&MRC GP Forum and Clinical Update' in August 2011. Supported by the NSW Rural Doctors Network, this event attracted 26 GPs and GP Registrars from 14 different ACCHSs throughout the state and included a mix of clinical updates and workshop sessions, as well as opportunities for ACCHS GPs to network and share information, experiences and ideas.

Finally, a significant achievement by the AH&MRC team in 2011-2012 was achieving QIC Organisational Accreditation through QMS as part of our own continuous improvement journey.

"Achieving health equity for NSW will require governments, the Aboriginal Community Controlled Health Sector and other health services to work together towards the goal of a NSW health system that provides good access and good care for Aboriginal people."

Northern Territory Affiliate

Aboriginal Medical Services Alliance Northern Territory (AMSANT)

From the moment the Northern Territory Emergency Response (NTER) - the Intervention was announced on 21 June 2007, the challenge for the Aboriginal community controlled comprehensive primary health care sector was clear: we would either unilaterally oppose the huge raft of changes the Intervention would bring, or we would critically engage in the process.

In the event, and not without considerable internal debate, we chose the latter course of action. While there were many aspects of the Intervention we condemned, we also took the opportunity to take the then Federal Government at its word in pushing for significant investments into Aboriginal comprehensive primary health care in the Northern Territory, which we argued was critical to any success in Closing the Gap of Aboriginal health outcomes.

In AMSANT's view, our critical engagement with the Intervention has started to pay dividends - but with a long way to go.

That engagement was not without problems in the last year. There was considerable uncertainty about funding beyond 1 July 2012 and a number of our services lost key staff through doubts that were held about the future.

However, AMSANT maintained, separately and in conjunction with Aboriginal Peak Organisations Northern Territory (APO NT), high-level discussions about the post-NTER landscape over the 17 months leading up to the announcement of Stronger Futures in May 2012.

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

Regionalisation activities continued to progress but with difficulties due to funding uncertainty as EHSDI drew to a close, and a substantial cut in funding to AMSANT from December 2011. The structures supporting regionalisation and primary health care reform were also redesigned between the partners as EHSDI entered its final phase, with a redesigned program to replace it under Stronger Futures in 2012-2013.

There was significant progress in regionalisation throughout the year. In West Arnhem, the Red Lily Final Regionalisation Proposal was progressed and the Red Lily Clinical and Public Health Advisory Group (CPHAG) were established. AMSANT supported the transfer of service delivery to NT DoH under the oversight of Red Lily, while the new health board establishes itself. Funding for further development has now been transferred to Red Lily.

In East Arnhem, Miwatj Health was endorsed by the Regionalisation Steering Committee to become the regional health board, and the Miwatj auspiced East Arnhem Regionalisation Planning Unit proceeded to develop the Final Regionalisation Proposal for submission in July 2012. Responsibility for regionalisation activities has also been transferred from AMSANT to Miwatj.

AMSANT has continued to support Anyinginyi to progress regionalisation in the Barkly including supporting the development of the Barkly CPHAG, which is now well established.

In 2012, after clarification of boundaries, substantial progress was made in establishing steering committees and executives for the three Central Australian HSDAs. In 2012-2013, regionalisation activities for AMSANT funded under the primary health care component of Stronger Futures will focus on Central Australia.

Other milestones include the completion of the NT Aboriginal Health Comprehensive Primary Health Care Core Services Framework, which has been approved by the NTAHF, and the establishment of three regional Clinical and Public Health Advisory Groups bringing together health professionals from different providers within regions, with community members, to facilitate more effective regional coordination and planning of health services.

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 later in 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 CQI being an important part of health practice across the entire primary health care sector. CQI Coordinators are now in place at 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.

In response to a submission made to the Bath Inquiry into Child Protection in the Northern Territory, AMSANT auspiced the establishment of a peak Aboriginal community controlled agency for Aboriginal children, youth and families. It will be up and running in 2012-2013.

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 encouraged by the establishment this year of the APO NT. This collective comprises 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 Government on the post-NTER landscape for Aboriginal people in the Northern Territory.

AMSANT played a major role in the establishment of the Northern Territory Medicare Local. As a rare achievement in Aboriginal affairs, we have strong influence over the future of a mainstream organisation, let alone a mainstream health organisation.

This has been a victory won through strong leadership from the AMSANT Board and its staff. Achieved to date is:

- A Medicare Local controlled by three shareholders: AMSANT, the Northern Territory Department of Health and the Territory's Division of General Practice's successor grouping.
- A Medicare Local which has included as principle objectives in its constitution, support for the expansion of Aboriginal community control and the primacy of Aboriginal health.
- A needs based approach to funding along the lines of the NT AHF formula.
- An independent board of directors (7-9) of which at least three shall be Aboriginal.
- A skills matrix for Board selection in which critical listed skills are:
  - › knowledge of Aboriginal comprehensive primary health care, and
  - › knowledge of/experience in Aboriginal community control,

and an Aboriginal Health Committee which reports directly to the Board.

AMSANT and its membership are thus far the only Aboriginal organisation to succeed in getting a physical ownership share in a Medicare Local. It is fair to regard this a significant victory for our sector - let's celebrate it!

Northern Territory Affiliate *cont...*

The AMSANT eHealth Unit has had a very busy year. Not only have we maintained the work we do with our members but have also completed joint projects with NT DoH. In addition, we have been proud to support NACCHO on the national stage. The frenetic pace of eHealth developments this year highlights the critical role that data and technology are playing in primary health care delivery.

There is no doubt that one of the biggest eHealth challenges to our membership into the future is going to be access to both affordable and appropriate communications networks. We have come to the realisation that it will be difficult for ACCHSs to maintain their place in the vanguard of the eHealth revolution on consumer grade data connections. We see many of our members having no choice but to turn to commercial grade connections without the budgets to support that in the long term. AMSANT will continue to advocate at all levels of government to seek a solution to this critical issue. The ability for the National Broadband Network (NBN) to provide solutions appears to exist, but at this stage remain in the future for our remote membership.

Over the last year, we have seen a big focus on TeleHealth technologies and the benefits that they can bring to remote primary health care delivery. Our CIS support staff have been working with member services to support them with this emerging field and to develop TeleHealth policy and protocols which will enable successful uptake in the future. We have seen some of the successful implementations achieved by NT DoH and hope to be able to leverage off their achievements. The eHealth Unit has sourced funding to work on TeleHealth next year, however, our success will be dependent on the ability to source appropriate data connections.

The data centre contracts that were entered into five years ago as a result of DoHA funding for the AMSNet managed health network come to an end in September 2012. In its original form, it was intended that at the end of the contract period, the AMSNet concept would be transitioned to a fully private sector offering. The idea being that ICT providers could see a demand for secure data management services from our sector and tailor solutions that could be delivered both sustainably and profitably. In June 2012, we saw the first of the pioneer AMSNet user health services transition to an integrated data storage, network management and ICT support arrangement. Proudly, this service is supplied by an NT company. It is a measurement of the success of the AMSNet eHealth solution to see the uptake of data centre solutions by private providers.

The AMSANT eHealth Unit has continued its busy schedule of member service CIS support visits. In 2011-12, we saw the first health services report on National Key Performance Indicators (NKPI) through the OchreStreams web portal. We have provided support to a number of members on report generation and have been actively feeding back to OATSIH on aspects of the system that needs further development. Our regular eHealth workshops have been conducted to bring clinicians together to ensure that new eHealth developments are relevant to those people working at the front-line of primary health care delivery.

Over the past year, the eHealth unit has worked with NT DoH on several eHealth initiatives. The largest of these has been the Advancing the NT Shared Electronic Health Record (SEHR) to the National PCEHR. In this project, we have been part of a consortium with the NT Department of Health, the General Practice Network of the NT (GPNNT), ACHSA and the WA Country Health Service.

The consortium has been successful in securing a further two years funding from DoHA through the agency of NEHTA to continue to assist NT ACCHSs to transition to the PCEHR.

AMSANT has managed the implementation of Communicare into the four NT DoH health centres in East Arnhem at Yirrkala, Gapuwiyak, Ramingining and Milingimbi. A single Communicare database for the four health centres was established at the NT DoH data centre at the Royal Darwin Hospital. This has been a first step towards implementing a single database for the East Arnhem region.

Through the assistance and funding of NEHTA, NACCHO has been able to form an eHealth expert group. This group contains two high level representatives from NACCHO and each state affiliate with John Paterson nominated as the Chairperson. The role of the group is to advise NACCHO on supporting a National eHealth strategic approach for the ACCHS sector. AMSANT hosted the first meeting of the group in Darwin and Katherine to showcase the MeHR. Once again, NT ACCHSs in the Katherine region impressed national representatives by their advanced use of information management and secure information sharing procedures. In May, we took part in a NACCHO strategic planning workshop that developed a national strategic eHealth plan for the Aboriginal community controlled health sector. This document has been endorsed by the NACCHO Board and funded by DoHA. We look forward to working with all NACCHO members to keep our sector abreast of eHealth.

Finally, AMSANT Board celebrated 2011-2012 as the Year of the Aboriginal Health Worker. Although the Northern Territory is the only jurisdiction in which AHWs are registered practitioners, the profession faces a crisis in which numbers have fallen by 30% in the last decade, and 76% of current registered AHWs are over the age of 40. The Year was 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.

The Year of the Aboriginal Health Worker culminated in a highly successful Summit over the May Day weekend, which finished with AHWs and their supporters leading the annual May Day March. It was also celebrated by the induction of two long serving, now retired AHWs Jack Little and Kathy Abbott, into the Aboriginal Health Worker Hall of Fame.

" In AMSANT's view, our critical engagement with the Intervention has started to pay dividends - but with a long way to go."

Queensland Affiliate

Queensland Aboriginal and Islander Health Council (QAIHC)

This last year for Queensland Aboriginal and Islander Community Controlled Health Services (AICCHSs) has seen some significant developments across the state, at both local and regional levels. Against the backdrop of a shifting landscape in policy developments relating to National Health Reform involving the creation of Medicare Locals and Health and Hospital Services, AICCHSs have continued to be a significant provider of primary care services to Aboriginal and Torres Strait Islander people in Queensland.

Over this period, it has been important for QAIHC to facilitate the consolidation of efforts across all AICCHSs and build upon the existing success stories to support greater consistency of practice and outcomes. Statewide initiatives have included:

- Launching the 'Blueprint for Reform of Aboriginal and Torres Strait Islander Health in Qld'.
- Implementing the Policy Statement on Sector Self-Regulation.
- Commencing implementation of the Sector Regionalisation Strategy.
- Implementing the QAIHC Comprehensive Primary Health Care Model.
- Developing and rolling out the QAIHC Members' Charter and Services Charter.
- Negotiating multi-year agreements with all members.
- Participating in the APCC Close the Gap Collaboratives - a QAIHC/General Practice Queensland initiative:
  - › 69,040 active patients in database
  - › 61,092 in AICCHS, as at 30 June 2012.
- Undertaking accreditation compliance:
  - › 100% participation rate of member services in accreditation programs.
- Commencing consultations on 'Pathways to Community Control' for remote and discrete communities across Qld.
- Setting up the QAIHC Business Quality Centre:
  - › Commenced full operations on 1 June 2011
  - › Generating revenue through operations by April 2012.
- Progressing implementation of the NACCHO Governance Project.
- Establishing the Smoke-Free Workplace Policy for QAIHC and member services.
- Establishment of new clinic at Oxenford on the Gold Coast through Kalwun Medical Service in partnership with the Institute for Urban Indigenous Health (IUIH).

At a local and regional level, QAIHC member services have achieved success with numerous undertakings and initiatives such as:

- Continued growth of IUIH.
- Establishment of the new Capalaba Clinic with Yulu-Burri Ba and IUIH.
- Commencement of planning for a new clinic to be built on Stradbroke Island for Yulu-Burri Ba.
- Expansion of the Logan Clinic with Brisbane ATSICHS and IUIH.
- Commencement of the Morayfield Clinic as a partnership between IUIH and the Independent Practitioners Network (IPN).
- Establishment of the Laidley Clinic as an outreach of Kambu Medical Service.
- Commencement of Mobile Medical Services from Goondir Health Service in Dalby.
- Opening of Galangoor Duwalami Primary Health Clinic in Hervey Bay.
- Establishment of the Central Qld Regional Aboriginal and Islander Health Organisation supporting services across Central Qld and Wide Bay.
- Opening of new premises for Nhulundu Wooribah Indigenous Health Organisation in Gladstone.
- Successful tendering for a contract to establish the Indigenous Child and Family Centre in Rockhampton for the Bidgerdii Health Service.
- Establishment of a new clinic in Tully by the Mamu Health Service.
- Progress with the establishment of an Indigenous Child and Family Centre in Mareeba for the Mulungu Health Service.
- Progress with the establishment of an Indigenous Child and Family Centre in Cairns for the Wuchopperen Health Service.
- Initiating planning for the building of new clinic facilities in Hopevale, Kowanyama, Aurukun, Coen and Pormpuraaw for the Apunpima Cape York Health Council.

Community controlled services continue to be a major provider of primary health care services to our people across Queensland and are developing strong capacity at local and regional levels to support the ongoing needs of our communities into the future.

There are some very real challenges and risks for the community controlled sector over the coming 12 months and enhancement of services will involve a strong focus on progressing regionalisation across the state, demonstrating outcomes from AICCHSs through data collection, continuing governance improvement and marketing AICCHSs to the broader community.

The fundamental goal for community controlled services in Queensland is to be the main provider of comprehensive primary health care to our own people. With current strategies and initiatives, we are well on the path to achieving this desired outcome over the coming years.

South Australian Affiliate

Aboriginal Health Council of South Australia (AHCSA)

AHCSA maintained 19 member services during 2011-12. The Annual General Meeting was held in November followed by a full Council meeting. The main 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.
- AHCSA continues to be a member of the COAG Implementation Advisory Group which comprises SA Health, the Department of Health and Ageing, General Practice SA (GPSA) and the Rural Doctors Workforce Agency.
- The GP Workforce Team to enhance the uptake of Aboriginal Health Checks in ACCHSs is a SA Government funded Closing The Gap (CTG) initiative. It has increased the GP workforce in ACCHSs in SA due to provision of GP supervision and GP Registrar placements. There has been a resulting increase in the number of Aboriginal Health checks and GP Management plans performed.
- The COAG Workforce Liaison Officer (CWLO) is involved in networking, meetings, information sharing, joint planning and priority setting with GPSA and other organisations and stakeholders and is in the process of developing formal and accountable commitment to collaboration eg partnership agreements and MOUs.
  - › The CWLO, with the workforce team leader and senior management of AHCSA continue to participate on the COAG IAG. The CWLO advocates for better collaboration and partnership with the departments and ACCHO sector, to improve access to primary health care for Aboriginal and Torres Strait Islander Communities across South Australia.
  - › The CWLO continues work with ACCHO's on the use of MBS items and incentives under the ICDP package and is in the process of developing an MBS resource poster and toolkit with all relevant item numbers, information about provider numbers and chronic disease items.
  - › The CWLO has been visiting member services with the Medicare Field Officer and AHCSA Communicare Officer to support a systems approach for members to access incentives under the package. The program continues to work with GPSA to support the CTG network. Four network meetings are held each year to provide an opportunity to share information and network with ATSIOWs across the state.
  - › Funding has been made available by the DoHA Workforce Section to continue the work with ATSIOW orientation workshops in 2012. The program has advocated for members with new ATSIOW positions and supported AHCSA members with the recruitment of the 2012 allocated positions to ACCHOs.
- The Education and Training team has embarked on a new delivery approach in the last year. Students undertaking the Primary Health Care qualifications are travelling to Adelaide for their training in greater numbers than in previous years. AHCSA has invested in an extra training venue to manage the numbers.
  - › In addition to Primary Health Care training, AHCSA's RTO now has four training programs underway: Aboriginal Maternal and Infant Care, Good Medicines Better Health, Indigenous Research Capacity Building and the Training and Assessment programs.
  - › AHCSA has been involved in developing and trialling a new cancer unit for Aboriginal Health Workers (AHWs) and units for burns safety promotion, management of burn injuries, and rehabilitation of burn victims in partnership with the burns units of the Royal Adelaide and the Women's and Children's Hospitals. Training partnerships also exist with Quit SA and Alzheimer's Australia.
- Several other issues that will be a major focus in the next year will be the development of AHCSA's new Strategic Plan, review of the AHCSA key policies and procedures, and organisational accreditation for AHCSA.
  - › The third AHCSA Strategic Plan has begun with the development of a Business Plan to incorporate AHCSA reporting and funding requirements to assist AHCSA with its responsibilities, accountability and transparency, and support AHCSA's accreditation and communication strategy planned 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 ACCHSs. These are well attended and were held in Port Augusta and Adelaide this year.
- The Eye Health Specialist Support Coordinator continues to provide member services with essential eye health services including:
  - › Assisting the Spinifex Health Service to organise 12 to 14 patients, in two groups, to travel and have long awaited cataract surgery in Adelaide. This could not have occurred without the collaborative role with OATSIH, Indigenous and Remote Eye Services (IRIS), Corporate Shuttle, Flinders Eye Centre, South Australian Government Kangawoddli and the Flinders Medical Centre Aboriginal Health Unit.
  - › Delivering, installing and training Oak Valley Health Clinic and Tullawon Health Service staff on the use of Digital Retinal System cameras provided by IRIS and funded by OATSIH.
  - › Attending the Vision2020 CEO briefing on 19 July in Sydney and uniting with Jason King, NACCHO, to continue to promote Aboriginal and Torres Strait Islander peoples eye health issues.
- The Accreditation Support Officer has engaged with NACCHO and Affiliate colleagues to finalise a sector wide Accreditation Implementation Strategy. This was due to the continuation of the EQHS budget measure after the end of the previous four ear program. The strategy was used to lobby OATSIH for greater access by Affiliates to consultant funds to facilitate support for members. The success of the lobbying also saw increased funding for development of support capacity by Affiliates. Unfortunately, the changes to the new EQHS-C budget measure resulted in reduced funding to AHCSA for the EQHS-C program.
- ABCD National Research Partnership (NRP) Project - all participating ACCHSs are well engaged in the ABCD NRP project in SA and are at varying stages of using the One21seventy Continuous Quality Improvement (CQI) program to support improvement in the quality of care:
  - › A local research project has been designed around the CQI program implementation activities since early 2011: 'Investigating the barriers and enablers to CQI within Aboriginal primary health care services in SA'.
  - › During the set up phase of the project, key emerging themes were identified by participating staff and will be addressed with further research over the next six months. CQI tools which support service delivery, strong leadership at all levels, having a shared organisational vision and access to a strong collaborative support system were identified as the primary enabling factors. Competing priorities (acute care, transitioning), workforce issues (staff retention, high turnover) and lack of quality data (needing to improve PIR systems) were cited as the main barriers to implementation.
- The Aboriginal Health Research Ethics Committee's (AHREC) main purpose is to promote, support and monitor quality research which will benefit Aboriginal people in SA. The AHREC also provides advice to communities on the ethics, research approaches, potential benefits and outcomes of research. Each year, the AHREC submits an annual report to the National Health and Medical Research Council (NHMRC) to demonstrate compliance with the NHMRC's ethical guidelines and report on number of research proposals approved for the year. The 2011 annual report showed stability in both the membership of the committee and the number of research proposals approved. From 1 January until 31 December 2011, 52 research proposals had been approved compared with 53 approved for the same period in 2010.

South Australian Affiliate *cont*...

- The Public Health Medical Officer, David Scrimgeour, continues to provide public health advice and support to AHCSA and its member services. This involves a range of activities, which recently included maintaining the AHCSA Public Health Network; supporting health service development; developing sustainable disease control programs integrated with primary health care (especially sexual health, blood-borne viruses, alcohol issues, trachoma and eye health, ear health; and rheumatic heart disease); and supporting data management and quality improvement through improved health information systems and e-health initiatives.
- The Aboriginal Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN) worked on a number of projects during the year:
  - › Aboriginal & Torres Strait Islander Primary Health Care Training Learning Resources review: The ATSIHRTONN membership conducted a review of the learning resources used for the delivery of APHC training. A consultant was engaged to write the changes into the existing learning resources.
  - › Aboriginal Health Worker Upskilling in Certificate IV Training & Assessment (TAE): Through negotiation with HWA, ATSIHRTONN has secured funding to deliver the Certificate IV in Training & Assessment to employed AHWs. The intention is to raise the number of AHWs who possess Certificate IV TAE to assist with the on-the-job training component of other AHWs. The training will be rolled out through the AH&MRC's Aboriginal Health College and where possible delivered in communities or regional centres.
  - › Refresher Workshop for Trainers in Certificate IV TAE: Through negotiation with HWA, ATSIHRTONN has secured funding to run two Certificate IV TAE Refresher Training Workshops for Trainers employed in Aboriginal community controlled health RTOs. The first workshop will be held on 29-30 August 2012 in Sydney at AH&MRC's Aboriginal Health College. The second workshop will be held in November 2012; dates are yet to be confirmed.
  - › Needs Analysis of Simulated Learning Environments in Aboriginal & Torres Strait Islander Primary Health Care Training: ATSIHRTONN successfully secured funding to conduct a needs analysis of the simulated learning environments in ATSIPHC training. The project is being run through AHCSA with beyond...Kathleen Stacey & Associates conducting the project work through a consultancy agreement. ATSIHRTONN will be responsible for coordinating the project through AHCSA.

An Expert Reference Group has been established consisting of ATSIHRTONN members only and it is planned to meet on Wednesday 15 August 2012 to determine which units of competency can be delivered through an SLE.

A Project Board consisting of representatives from ATSIHRTONN, University, VET Sector, and HWA has also been established.

- › Good Medicines Better Health: A recent major project of the GMBH Reference Group has been the review of the learning resources. The review revealed numerous updates required as a result of recent changes to practices for the management of chronic health conditions. At present, the changes are being implemented into a new set of learning resources, however, these resources cannot be used until they have been approved by NACCHO and NPS. More information will be provided following the next meeting on 5-6 September 2012.

GMBH continues to roll-out across the country. Recent new states to the roll-out are Qld and NT. AHCSA's expertise and knowledge in the delivery of GMBH training has been recognised by AMSANT and QAIHC who have asked AHCSA to take on the responsibility for delivering training in both of these jurisdictions.

On 13-14 June, the ATSIHRTONN secretariat and members attended the following GMBH meetings with the Reference Group, Training Sub-Committee, and Evaluation Sub-Committee. As a result of the Reference Group meeting, a GMBH Trainers Network group has been established and will be coordinated by the ATSIHRTONN secretariat.

- › ATSIHRTONN also participates on the HWA Aboriginal & Torres Strait Islander Health Workforce Standing Advisory Committee; Rheumatic Heart Disease Australia; Asthma Australia Asthma Educator Course Advisory Group; AHCSA Strategic Planning (Executive Leadership Group); and ATSIHRTONN Strategic Plan review.
- The Tackling Smoking Coordinator's smoking cessation program for AHWs has been finalised with AHCSA and Quit SA forming a partnership to conduct the training. This is a national accredited three-day training course which is proceeding to expectations.
- The Maternal Health Tackling Smoking program developed and launched the 'Stickin' It Up the Smokes' campaign this year, the only campaign in Australia that is specifically targeted at decreasing smoking rates among pregnant Aboriginal women. It forms part of AHCSA's maternal health tackling smoking project which encourages young Aboriginal women to give up smoking during pregnancy. The next step will be linking in with each mum after they have the baby to continue the support.
- The Good Medicines Better Health project has been rolled across the state and the work with medicines training has been incorporated as part of Certificate IV. Fifty-four students have now completed the QUM workbook.

A number of AHWs are now displaying confidence in QUM and asking the right questions of their clients when working with GPs as well as participating in the delivery of the QUM program. GMBH programs continue to build on partnerships formed with ACCHSs as well as other mainstream health services (government and non-government). GMBH is also building rapport with NPS through quarterly meetings and is representing AHCSA on the Kidney Health committee.

GMBH through AHCSA has also developed an MOU to deliver the GMBH program to NT and Qld in the coming months and before the end of December 2012.

- The Patient Information Management Systems Coordinator achievements this year include:
  - › Development of the 'Aboriginal and Torres Strait Islander adult health checks made easy' resource collaboratively with member services and AHCSA staff guiding ACCHS staff regarding the performance of Aboriginal & Torres Strait Islander Adult Health Checks. The resource won the national 'Excellence in Indigenous Health Award for Improving Access to Primary Health Care'.
  - › Communicare developments and reporting requirements for the Tackling Smoking Program finalised and implemented onto Communicare at the Port Lincoln Aboriginal Health Service and Nunkuwarrin Yunti of SA Inc.
  - › Implementation of clinical items at ACCHOs supported by the AHCSA Eye Health & Chronic Disease Specialist Support Program. This standardises the information recorded by Optometrists and Ophthalmologists visiting ACCHSs in SA and at Tjuntjuntjara in WA, and supports ACCHSs to report on KPIs.
  - › Development of clinical items and reports to enable participating ACCHSs to report on KPIs for the Trachoma Elimination Program.
  - › Development of Procedures and Communicare to support the commencement of Care Planning at Pika Wiya Health Service.
  - › Enabled remote access to Communicare for staff (as per developed protocol) at each of the three KWHA sites to improve management and continuity of care to patients travelling frequently between these communities.
- The Trachoma Elimination Program team aims to reduce the prevalence and transmission of active trachoma by undertaking comprehensive screening for active trachoma in all children aged 1-14 annually in communities where trachoma is endemic, and ensuring that all individuals and families requiring treatment are treated according to 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 information to primary health care services, optometry and ophthalmology services and community representatives about the natural history and transmission of trachoma, local prevalence data

South Australian Affiliate *cont*...

regarding active trachoma and trichiasis, and details of proposed interventions; this will allow informed decisions to be made about the implementation of trachoma control measures.

The program and team supports ACCHSs and health professionals to develop processes to ensure that adults aged over 40 are screened for trichiasis.

- The Aboriginal Social Marketing Project Officer 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 statewide services who work with the SA Aboriginal community.
- The Transition Manager has been assisting with the planning and development of a new ACCHS in the Hills Mallee Southern Region in Murray Bridge. In April 2012, it was decided to replace the Hills Mallee Southern Fleurieu and Kangaroo Island Region Aboriginal Health Services Transition Coordination Committee with the HMSR Aboriginal Health Executive Team. This provides Executive Team members with more power within their portfolios and quicker response times for decision making processes.

This project has now moved from a consultative process into a developmental approach. Working Groups have been established which have the expertise and knowledge to make sound recommendations to the Aboriginal Health Executive Team. The groups are: Governance; Workforce; Infrastructure; Funding and Service Delivery; and Finance and Accounting.

The Working Groups report to the HMSR Aboriginal Health Executive Team in partnership with AHCSA but final sign-off is the responsibility of the HMSR Governance Working Group as per the principles of Aboriginal community control. The Executive Team consists of all the Chairs of the Working Groups as well as OATSIH and the Murray Mallee GP Network.

"AHCSA continues to be a member of the COAG Implementation Advisory Group which comprises SA Health, the Department of Health and Ageing, General Practice SA (GPSA) and the Rural Doctors Workforce Agency."

Tasmanian Affiliate

Tasmanian Aboriginal Centre (TAC)

After a determined campaign by the Aboriginal community, we lost the fight to save 'kutalayna', one of Tasmania's most significant sites – a place where the most extensive and best preserved evidence of human existence dates back 42,000 years, and a place where Tasmanian Aboriginal people continued to occupy for some time after European arrival. The Tasmanian government decided that it was appropriate to build a bridge and highway over this site.

Our health service puts a lot of time and effort into important matters of Aboriginal rights such as this. Whilst we lost the battle to save the site with over 30 arrests for trespass, there were some benefits for our community: the getting together, camping at the site, being self reliant, teaching our children about their history and culture, yarning about old times, reconnecting to the land and each other, and increasing cultural connectedness. These things do support us in achieving improved health as we know the NACCHO definition: '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.'

Whilst we aim to have the best clinical services, great training and workforce development, these broader community based activities on protecting our rights and supporting our community connections contribute so much to improving our community health.

During 2011-12, six trainees graduated with a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Community Care), one AHW successfully upskilled to the new national Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Community Care) qualification and another achieved the practice certificate. TAC continues to lobby for funds to deliver more training as we need to increase the number of qualified AHWs.

The TAC's RTO continues to develop and expand by including into its scope the 'Diploma in Conservation and Land Management' qualification, and the 'Peer Support for Breastfeeding in Aboriginal and/or Torres Strait Islander Communities' course. This short course is based on the successful completion of two units of competency: 'HLTAHW301A Work in Aboriginal Primary Health Care Context', and 'TACPSBF01A Supporting Breastfeeding in Aboriginal and/or Torres Strait Islander Communities'. The TAC developed this unit of competency in collaboration with a Lactation Consultant and this short course has been accredited as nationally recognised training (National Code 69782).

The TAC has organised cardio-respiratory rehabilitation programs in Hobart and Launceston with the support of MSOAP-ICD funding. These programs successfully engaged participation by Aboriginal people with high risk cardiovascular and respiratory conditions, and resulted in measurable improvements in fitness, strength and confidence about self-management. The programs are run by an exercise physiologist and AHWs, and are successfully integrated with the clinical and other health promotion programs at the AHS.

In 2011, the Burnie AHS renovated and extended the building to produce an amazing health and community space, with 15 permanent and 8 casual staff. Some of the services they offer include counselling, AHWs, a doctor, immunisations, nutritional advice, quit smoking assistance, chronic disease information, youth programs, aged care programs, pregnancy support, playgroup, family workers and health promotion activities. They travel to all areas in the north west providing a service to a 1000 strong community.

Also in 2011, the AHS in Burnie and Launceston both gained AGPAL Accreditation.

The Workforce Implementation Policy Officer (WIPO) finalised the first edition of the Tasmanian Aboriginal Community Health Sector Workforce Plan: 2011 – 2015, the Aboriginal Health sector response to the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework

Tasmanian Affiliate *cont*...

(2010-2015). This was endorsed by the Tasmanian Aboriginal Health Forum. The WIPO also developed a position paper with regard to the registration of AHW practitioners from a Tasmanian AHS perspective, and continued to provide support to the current CEO during the restructuring of NATSIHWA, and promoted NATSIHWA activities to AHWs.

The Chronic Disease Project Officer engaged with and offered support to OATSIH funded organisations statewide around the Indigenous Chronic Disease Package, and developed chronic disease resources and disseminated information to member organisations, GPs, other health professionals and the Tasmanian Medicare Local. We continued with our QUIT programs and offered workshops and training to a broad range of staff.

TAC moved our children's services in Hobart into a new Aboriginal Children's Centre on Aboriginal land at Risdon Cove, and we are developing a strong program to ensure the children spend most of their time outdoors including being out in the surrounding bush.

We also developed a new physical activity policy for TAC whereby staff walk more and sit less, and encourage their clients to do the same. If you see TAC staff standing in meetings, you will know they are just following our policies.

Victorian Affiliate

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

VACCHO has had an amazing year. We moved into our new premises which were officially opened on 24 July 2012 by the Premier, Mr Ted Baillieu. All staff are now accommodated under one roof for the first time in many years. The floor of the entrance foyer features an installation, 'Walking on Country, made of soil collected from the locality of all member services and other art works and artefacts are displayed throughout the building. This is a great new home and foundation from which to continue our work with members and partners.

VACCHO has completed developing its Strategic Plan 2012-2016. The strategic directions guiding the organisation over the next four years are:

1. Quality workforce
2. Quality services
3. Quality infrastructure
4. Quality partnerships
5. Aboriginal cultural qualities

Quality Workforce

Our commitment to supporting the development of a skilled and specialised workforce is demonstrated by the training of health service staff through VACCHO's RTO. This has been significantly enhanced by the inclusion of a fully equipped 'simulated clinic' in our new premises. We have also continued to expand our training program to include additional management and administration courses.

VACCHO also continues to provide program support and advocacy through convening a range of statewide networks and forums for workers in the Aboriginal health sector. We support members across a wide range of areas such as social and emotional wellbeing, drug and alcohol, justice, Koori maternity services and chronic disease management as well as accreditation and quality improvement. This year, we have extended our support to member organisations through the Sector Quality Improvement Unit which offers coaching and strategic support for boards and CEOs.

Quality Services

VACCHO is committed to providing quality services to members and our ISO accreditation ensures that we are accountable and continue to improve our practices. As a peak body, our capacity to provide leadership and advocacy on behalf of members is guided by and responsive to member needs. Regular interaction with members through engagement and support of a wide range of programs and activities, keeps us in touch with current and emerging issues within the sector. This enables VACCHO to structure support and advocacy functions within a quality framework.

The concept of 'quality services' also extends to assisting members to achieve recognised quality standards. Victorian ACCHOs have a diverse foundation of services and may have multiple (up to 20) accreditation and compliance standards. New government models of funding which are being introduced in aged care and disability as well as in primary health will impact on the future viability and successful business models of ACCHOs. Optimising ACCHOs' business models requires an all of organisation approach to quality improvement in order to support the holistic health care model unique to ACCHOs, while at the same time demonstrating compliance with the quality standards required by models of government funding and service delivery.

Victorian Affiliate *cont*...

Quality Infrastructure

While VACCHO has attained its infrastructure requirements after a seven year effort, our members continue to struggle. The infrastructure needs of members are under pressure as funding remains limited in the Closing the Gap initiative despite a commitment to adequate infrastructure for Aboriginal Health by 2018 in the 'Statement of Intent'. This means that there is still no strategic or systemic approach to meeting the infrastructure needs of ACCHOs in spite of this bipartisan commitment.

VACCHO continues to improve our collection and use of data. We know our members and our members know their communities. We need the evidence to prove what we know and to make the case for scarce resources in a competitive environment. This means not just making the case for need in the community but making the clear case that a dollar invested in an ACCHS or program is the best investment in health equality and improved health outcomes that a government can make.

Quality Partnerships

Partnerships are crucial to the work we do and VACCHO has been working towards best practice in partnership and to support progress in a positive direction in each of our relationships. VACCHO continues to have cordial relations and build relationships with the appropriate government Ministers and their shadows. We have established positive relations with a number of federal politicians from Victoria, notably the Greens Adam Bandt.

ACCHOs experience high levels of demand for partnership from a range of organisations, government departments and other levels of government. There are some excellent guiding resources which can support this work which VACCHO is able to promote as best practice for both ACCHOs and mainstream services. We have seen many examples where partnerships have led to improved referral and support pathways as well as better models of care and improved health outcomes for community members. However, the capacity of ACCHOs to participate effectively and authoritatively in partnership is limited by the availability of time and people to maintain those relationships.

Aboriginal Cultural Qualities

VACCHO continues to ensure that Aboriginal culture is part of everything we do. It is an outstanding feature of the design and decoration of our building. We have built it into our strategies and relationships and are building our members' capacity to take a leadership role in cultural training in their regions and to do so as a sustainable business.

Challenges and Emerging Issues

At the national level, considerable challenges for the sector are arising from health reform and the rollout of Medicare Locals, the OATSIH review of Aboriginal primary health care funding, and the development of The Aboriginal and Torres Strait Islander Health Plan. The rollout of the new OATSIH contracts, heads of agreement and the OATSIH risk assessment outsourcing are also impinging on the nature and scope of our involvement with members.

At the state level, health reforms are having an impact. Influential reforms include the development of the state Aboriginal health strategy, 'Koolin Balit', and the outcomes of the first Victorian Aboriginal Health Conference which included the signing of the Statement of Intent by over 20 Hospital CEOs. The Victorian government is developing its first Victorian Indigenous Affairs Framework (VIAF) since coming to office. This will be an overarching reporting structure and direction for all state government activities across the social determinants of health and engagement with the Aboriginal community, and will be in effect until 2018. VACCHO will continue to discuss the new VIAF with members to ensure the state recognises the needs and the value of the community controlled sector.

VACCHO also continues to advocate for the next four year forward commitment in the budget to Closing the Gap, the expansion of Aboriginal health funding, and the centrality of ACCHOs to the health systems capacity to address Aboriginal health inequality.

ACCHOs are the champions of Aboriginal health. VACCHO will continue to celebrate, prove and promote member successes, consolidate and ensure their place in the health system, and advocate for sufficient resources to achieve the health equality of our people. Other parts of the health system have their roles and it is important that they do them well. Our role is unique and it is important that we continue to lead in Aboriginal health, to hold the government and service system to account, and ensure the forward commitment to Closing the Gap through advocacy for funding and health system reform.

"VACCHO continues to have cordial relations and build relationships with the appropriate government Ministers and their shadows."

West Australian Affiliate

Aboriginal Health Council of West Australia (AHCWA)

The Aboriginal Health Council of Western Australia (AHCWA) consolidated its position of influence this year, with a number of significant outcomes contributing to increased visibility and success.

Management of corporate governance, both within AHCWA as well as with members, was a key focus. A number of Corporate Governance Training workshops were facilitated by AHCWA with members throughout the state focused on key priorities and outcomes in the ACCHO sector. These workshops had a specific emphasis on issues relating to fiduciary duties and responsibilities, understanding of financial reporting, the role of the Board versus the CEO, and the specifics of the OATSIH RAP around governance.

High-level strategic guidance was also provided to a number of members focusing on matters including accountability and performance audits, financial reporting, executive staff recruitment and induction, MOU negotiations, policy/procedure development and Board structure/training.

Over the course of the year, the AHCWA Board invested time and focus in strategising the role, function and strategic direction of the organisation to ensure AHCWA is well positioned to go forward over the next five-year period. The Board endorsed a draft five-year Strategic Plan in response to member endorsement, and AHCWA identified priorities for action over the 2012-2017 period. This new five-year Strategic Plan will be tabled at the AGM and is the result of a comprehensive process of planning and analysis that was initiated in 2010, and included a critical assessment of each of the key priority areas for action identified by members. The 2012-2017 Strategic Plan identifies three key performance areas for AHCWA underscored by 20 priority areas for action over the life of the plan.

The WA Health Sector Conference, held on 27-28 March at the Esplanade Hotel in Fremantle, was a highlight of 2012 with AHCWA Chairperson Vicki O'Donnell acknowledging the substantial achievements of the sector in becoming a collective state in Aboriginal health.

A different format was adopted for the conference this year whereby the presentations were centred on stories of success and achievement of the various Aboriginal Medical Services in WA, with this state being the largest primary health care focus in Australia by land mass.

The Director General of the Department of Health Western Australia, Mr Kim Snowball, gave a presentation at the conference on COAG issues, outlining five key directions for the WA State Government and affirming the significance of continuing to work collectively as a state to achieve those objectives. NACCHO Chairperson Justin Mohamed gave a well received presentation on the progress of the national body.

Throughout 2011-12, AHCWA's work continued to concentrate on the rollout and evolution of Medicare Locals and local hospital networks including the new state-based Governing Health Councils on which AHCWA has representation. This will ensure AHCWA continues to respond to the developments of policy and legislation on both a national and state basis in a timely and credible manner.

To assist in building the capacity of AHCWA in the lead up to QIC Accreditation, significant activity was focused on implementing, developing and/or delivering and finalising a range of requisite policies, procedures, forms and training. These included an extensive range of organisational forms and registers as well as development of the Board Policy and Procedures Manual and new Staff and Board Induction Manuals; training in and implementation of the 2020 Quality Coordinator System and the Wise Net Student Program; and Risk Assessment Training delivered to all staff teams. Subsequent QIC Accreditation was successfully completed in June with the result of one recommendation for improvement being recorded.

While AHCWA has undergone a significant increase in program activity and consequently staff numbers this year, the increase in activity has highlighted the need to identify and secure new head office premises. With the current office being limited to accommodating only 25 people and staff numbers now totalling 40, a severe under-resourcing issue exists.

Trying to secure suitable office space in the current Perth property market to accommodate not only AHCWA's existing and future needs, within the available budget and timeframe, has proven to be an extremely challenging task. However, against difficult odds, AHCWA has been successful in identifying, negotiating and securing a suitable building for the organisation's future head office requirements.

The contracts for the lease and subsequent purchase of this building were signed on 22 June 2012. An extensive refurbishment process of the building will occur during the remainder of 2012 with AHCWA scheduled to move into its new head office building in December.

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 2012.

Directors

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

Justin Mohamed

Matthew Cooke

Glenda Humes (ceased November 2011)

Julie Tongs

Christine Corby

Valda Keed

John Singer

Sheryl Lawton

Bernie Singleton (appointed April 2012)

Yvonne Buza

Arthur Davies

Ian Wood (appointed December 2011)

Stephanie Bell (ceased December 2011)

Raylene Foster (ceased February 2012)

Wendy Moore (appointed February 2012)

Paula Arnol

Lynn McInnes

Andrew Gardiner (ceased November 2011 & reappointed May 2012)

Jason King (appointed November 2011 and ceased May 2012)

Vicki O'Donnell

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.

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 programs 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	4	4
Matthew Cooke	4	3
Glenda Humes (ceased November 2011)	2	2
Julie Tongs	4	4
Christine Corby	4	1
Valda Keed	4	4
John Singer	4	3
Sheryl Lawton	4	2
Bernie Singleton (appointed April 2012)	1	0
Yvonne Buza	4	4
Arthur Davies	4	1
Ian Wood (appointed December 2011)	2	2
Stephanie Bell (ceased December 2011)	2	1
Raylene Foster (ceased February 2012)	2	1
Wendy Moore (appointed February 2012)	2	2
Paula Arnol	4	2
Lynn McInnes	4	4
Andrew Gardiner (ceased November 2011) (appointed May 2012)	3	3
Jason King (appointed November 2011)(ceased May 2012)	1	1
Vicki O'Donnell	4	1

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 towards meeting any outstanding obligations. At 30 June 2012, the total maximum amount that members of the company are liable to contribute if the company is wound up is $10

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

Director _____ Justin Mohamed

Director _____ Lynn McInnes

Dated: 30 August 2012

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 2012 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: 30 August 2012

Statement of Comprehensive Income

For The Year Ended 30 June 2012

	Notes	**2012**	2011
		$	$
Revenue from ordinary activities	2	**6,822,107**	6,275,772
Employee benefits expense		**(2,550,089)**	(2,773,303)
Depreciation and amortisation expenses	2	**(29,397)**	(43,321)
Other expenses from ordinary activities	2	**(3,856,017)**	(3,423,552)
Profit from ordinary activities		**386,604**	35,596
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		**386,604**	35,596

Statement of Financial Position

As At 30 June 2012

	Notes	**2012**	2011
		$	$
CURRENT ASSETS			
Cash and cash equivalents	3	**5,769,710**	1,965,004
Receivables	4	**974,842**	1,389,676
Other	5	**49,671**	197,413
TOTAL CURRENT ASSETS		**6,794,223**	3,552,093
NON CURRENT ASSETS			
Property, plant and equipment	6	**79,565**	111,804
TOTAL NON CURRENT ASSETS		**79,565**	111,804
TOTAL ASSETS		**6,873,788**	3,663,897
CURRENT LIABILITIES			
Payables	7	**1,124,448**	591,948
Financial Liabilities	8	**19,332**	6,071
Provisions	9	**260,963**	216,482
Other	10	**4,863,311**	2,630,266
TOTAL CURRENT LIABILITIES		**6,268,054**	3,444,767
NON CURRENT LIABILITIES			
Provisions	9	**-**	-
TOTAL NON CURRENT LIABILITIES		**-**	-
TOTAL LIABILITIES		**6,268,054**	3,444,767
NET ASSETS		**605,734**	219,130
EQUITY			
Retained profits		**605,734**	219,130
TOTAL EQUITY		**605,734**	219,130

Statement of Change in Equity

For The Year Ended 30 June 2012

	Retained Earnings	Total Equity
	$	$
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**	219,130
Balance at 1 July 2011	**219,130**	219,130
Net Surplus/(Loss) for the year	**386,604**	386,604
Balance at 30 June 2012	**605,734**	605,734

Statement of Cash Flows

For The Year Ended 30 June 2012

	Notes	2012	2011
		$	$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		**79,059**	64,969
Operating grant receipts		**10,134,378**	7,956,436
Payments to suppliers and employees		**(6,544,372)**	(6,681,064)
Interest received		**147,349**	49,191
Net cash provided by/(used in) operating activities	14 (b)	**3,816,414**	1,389,532
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		**-**	1,142
Payment for property, plant and equipment		**(11,708)**	(43,166)
Net cash used in investing activities		**(11,708)**	(42,024)
Net increase/(decrease) in cash held		**3,804,706**	1,347,508
Cash at beginning of financial year		**1,965,004**	617,496
Cash at end of financial year	14 (a)	**5,769,710**	1,965,004

Notes to the Financial Statements

For The Year Ended 30 June 2012

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 2012

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 those 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:	**2012**	2011
	$	$
(a) Expenses		
- Consultancy fees	**2,038,447**	1,295,794
- AGM & board meeting costs	**-**	163,085
- Meetings, workshops & seminar costs	**110,921**	311,390
- Provision for debtful debts	**-**	(25,520)
- Rent & other occupancy costs	**358,997**	387,075
- Telephone	**61,024**	82,210
- Travel expenses	**756,334**	904,825
- Other expenses	**530,294**	304,693
	3,856,017	3,423,552
Depreciation of non current assets		
- Plant and equipment	**29,397**	43,321
(b) Revenue		
Grant funding	**6,602,886**	6,167,518
Other Income	**71,872**	59,063
Interest Income	**147,349**	49,191
	6,822,107	6,275,772
(c) Auditors Remuneration		
- Audit Services	**15,108**	14,000
- Other Services	**-**	-
	15,108	14,000

Note 3: Cash & Cash Equivalents

Cash on hand	**584**	456
Cash at bank	**3,664,322**	1,860,052
Term Deposits	**2,104,804**	86,058
Corporate Credit Card	**-**	18,438
	5,769,710	1,965,004

Note 4: Trade & Other Receivables

CURRENT		
Trade & other debtors	**974,842**	1,389,676
Provision for Doubtful Debts	**-**	-
	974,842	1,389,676

Notes to the Financial Statements

For The Year Ended 30 June 2012

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
		$	$	$	$	$
2012						
Trade and other receivables	**$974,842**	786,264	-	-	188,578	-
2011						
Trade and other receivables	**$1,389,676**	977,706	103,256	-	308,714	-

Note 5: Other Assets

	2012	2011
CURRENT		
Prepayments	**48,951**	196,693
Other current assets	**720**	720
Total Other Assets	**49,671**	197,413

Note 6: Property, Plant and Equipment

PLANT AND EQUIPMENT	2012	2011
(a) Plant and equipment		
At cost	**37,318**	112,050
Less accumulated depreciation	**(9,519)**	(70,163)
	27,799	41,887
(b) Motor vehicles		
At cost	**27,967**	27,967
Less accumulated depreciation	**(12,705)**	(6,412)
	15,262	21,555
(c) Office equipment		
At cost	**7,488**	75,077
Less accumulated depreciation	**(2,348)**	(66,836)
	5,140	8,241
(d) Computer equipment		
At cost	**55,584**	220,153
Less accumulated depreciation	**(24,220)**	(180,032)
	31,364	40,121
Total property, plant and equipment	**79,565**	111,804

(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
	$	$	$	$	$
2012					
Balance at the beginning of the year	41,887	21,555	8,241	40,121	111,804
Additions	-	-	-	11,707	11,707
Disposals	(7,994)	-	(1,655)	(4,901)	(14,549)
Depreciation expense	(6,095)	(6,293)	(1,446)	(15,563)	(29,397)
Carrying amount at end of year	**27,799**	**15,262**	**5,140**	**31,364**	**79,565**

Note 7: Trade & Other Payables

	2012	2011
	$	$
CURRENT		
Trade creditors and accruals	**834,522**	321,953
Sundry creditors (ATO)	**289,926**	270,036
	1,124,448	591,989

Notes to the Financial Statements

For The Year Ended 30 June 2012

Note 8: Financial Liabilities

		2012	2011
CURRENT			
Corporate Credit Cards		**19,332**	6,071

Note 9: Provisions

	Notes	**2012**	2011
CURRENT			
Annual Leave Provision		**218,934**	184,168
Long Service Leave Provision		**42,029**	32,314
Employee benefits	10 (a)	**260,963**	216,482
NON CURRENT			
Employee benefits	10 (a)	-	-
(a) Aggregate employee benefits liability		**260,963**	216,382

Note 10: Other Liabilities

	2012	2011
CURRENT		
Income in Advance	**4,863,311**	2,630,266

Note 11: Related Party Transactions

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

Justin Mohamed
Matthew Cooke
Yvonne Buza
Julie Tongs
Christine Corby
John Singer
Raylene Foster (ceased Feb 2012)
Sheryl Lawton
Paula Arnol
Lynn McInnes
Arthur Davies
Valda Keed
Vicki O'Donnell
Jason King (appointed Nov 2011 and ceased May 2012)
Wendy Moore (appointed February 2012)
Bernie Singleton (appointed April 2012)
Glenda Humes (ceased Nov 2011)
Andrew Gardiner (ceased Nov 2011 and reappointed May 2012)
Ian Wood (appointed Dec 2011)
Stephanie Bell (ceased Dec 2011)

Note 11: Related Party Transactions - continued

	2012	2011
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	**690,389**	760,022
Long Term Employee Benefits	**-**	-
	690,389	760,022

The annual stipend and operational costs paid by National Aboriginal Community Controlled Health Organisation in respect of services provided by the Chairman during the financial year was $130,000.

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 2012

Note 14: Cash Flow Information

	2012	2011
	$	$
(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	**584**	456
Cash at bank	**3,664,322**	1,860,052
Term Deposits	**2,104,804**	86,058
Corporate Credit Card	**-**	18,438
	5,769,710	1,965,004
(b) Reconciliation of cash flow from operations with profit from ordinary activities after income tax		
Gain/(Loss) from ordinary activities after income tax	**386,604**	35,596
Non cash flows in profit from ordinary activities		
Depreciation	**29,398**	43,321
Net (gain) / loss on disposal of property, plant and equipment	**14,549**	-
Changes in assets and liabilities:		
(Increase)/decrease in receivables	**414,834**	223,221
(Increase)/decrease in other assets	**147,742**	(97,109)
Increase/(decrease) in grants received in advance	**2,233,045**	1,065,606
Increase/(decrease) in payables & credit card liabilities	**545,761**	150,412
Increase/(decrease) in provisions	**44,481**	(31,431)
Cash flows from operations	**3,816,414**	1,389,532

Note 15: Leasing Commitments

	2012	2011
	$	$
(a) Operating leases		
Operating leases commitments payable:		
- not later than 1 year	**357,088**	336,275
- later than 1 year, but not later than 5 years	**307,887**	617,288
Total operating lease liability	**664,975**	953,563

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:

	2012	2011
	$	$
Financial Assets		
Cash and cash equivalents	**5,769,710**	1,965,004
Trade and Other Receivables	**974,842**	1,389,676
Other	**49,671**	197,413
	6,794,223	3,552,093
Financial Liabilities		
Trade and other payables	**1,124,448**	591,948
Corporate Credit Cards	**19,332**	6,071
Income in advance	**4,863,311**	2,630,266
	6,007,091	3,228,369

(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 2012

Note 16: Financial Risk Management – continued

	Within 1 Year		1 to 5 Years		Over 5 Years		Total Cash Flow	
	2012	2011	**2012**	2011	**2012**	2011	**2012**	2011
	$	$	**$**	$	**$**	$	**$**	$
Financial liabilities due for payment								
Trade & other payables	**1,124,448**	591,948	**-**	-	**-**	-	**1,124,448**	591,948
Corporate credit cards	**19,332**	6,071					**19,332**	6,071
Income in advance	**4,863,311**	2,630,266	**-**	-	**-**	-	**4,863,311**	2,630,266
Total expected outflows	**6,007,091**	3,228,369	**-**	-	**-**	-	**6,007,091**	3,228,369
Financial assets — cash flows realisable								
Cash and cash equivalents	**5,769,710**	1,965,004	**-**	-	**-**	-	**5,769,710**	1,965,004
Trade & Other Receivables	**974,842**	1,389,676	**-**	-	**-**	-	**974,842**	1,389,676
Other	**49,671**	197,413	**-**	-	**-**	-	**49,671**	197,413
Total expected inflows	**6,794,223**	3,552,093					**6,794,223**	3,552,093
Net (outflow)/ inflow on financial instruments	**787,132**	323,724	**-**	-	**-**	-	**787,132**	323,724

(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 2012.

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 _____ Director _____

Justin Mohamed Lynn McInnes

Dated: 30 August 2012

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 Health Organisation (the company), which comprises the balance sheet as at 30 June 2012 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 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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. Those 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 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 2012 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: 30 August 2012

Disclaimer to the Members of National Aboriginal Community Controlled Health Organisation

The additional financial data presented on page 20 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 2012. 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 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

Dated: 30 August 2012

Detailed Profit and Loss

For The Year Ended 30 June 2012

	2012	2011
	$	$
INCOME		
Interest	**147,349**	49,191
Grant funding & Subsidies	**6,602,886**	6,167,518
Other income	**71,872**	59,063
TOTAL INCOME	**6,822,107**	6,275,772
LESS EXPENSES		
Audit fees	**15,108**	14,000
Advertising, Media distribution	**12,244**	11,619
AGM & Board Meetings	**-**	163,085
Bank debts	**50,000**	-
Bank charges	**5,688**	2,721
Cleaning	**24,021**	22,403
Computer expenses	**25,983**	24,998
Consultancy fees, Contract services & Affiliate payments	**2,038,447**	1,295,794
Depreciation	**29,398**	43,321
Donations	**44,255**	-
Doubtful debts provision	**-**	(25,520)
Electricity	**9,416**	13,857
Employees' amenities	**13,802**	9,884
Insurance	**10,974**	4,700
Interest paid	**67**	-
Legal costs	**-**	6,824
Loss on disposal of non current assets	**14,549**	-
Meetings, workshops & seminar costs	**139,088**	311,390
Minor equipment	**29,955**	-
Motor vehicle expenses	**3,254**	3,662
Operating expenses	**3,815**	3,514

Detailed Profit and Loss

For The Year Ended 30 June 2012

	2012	2011
	$	$
LESS EXPENSES (continued)		
Postage	**4,039**	9,131
Promotional Merchandise	**-**	10,572
Printing and stationery	**59,387**	78,135
Recruitment costs	**126,543**	1,382
Rent	**358,997**	398,651
Repairs and maintenance	**438**	2,880
Salaries and on costs	**2,372,852**	2,547,432
Security costs	**965**	1,269
Subscriptions & memberships	**9,246**	10,246
Superannuation	**177,237**	225,871
Telephone	**61,024**	82,210
Training & professional development	**38,377**	61,320
Travelling expenses	**756,334**	904,825
TOTAL EXPENSES	**6,435,503**	6,240,176
OPERATING SURPLUS/(LOSS)	**386,604**	35,596

Appendix 1

Staff Current

Lisa Briggs	ACT	CEO
Janine Milera	ACT	Manager Projects and Innovation
Dr Mark Wenitong	ACT	Aboriginal Public Health Medical Officer
Marianne Pinnington	ACT	Executive Assistant /CEO /Chair
Colin Cowell	ACT	National Media & Communications Advisor
Andrew Engelhardt	ACT	Chief Finance Officer
Lisa Huang	ACT	Assistant Finance Officer
Lin Lin	ACT	Assistant Finance Officer
James Lamerton	QLD	Senior Policy Advisor-Health Reform
Donisha Duff	ACT	National Governance Project Officer
Dr Suzanne Jenkins	QLD	Telehealth Support Officer
Susan Huang	NSW	REACCH CQI Officer
Heather Volk	ACT	QUMAX National Program Manager
Tricia Elarde	ACT	National Coordinator Ear & Hearing Health
Amanda Allen	ACT	Administrative Officer Ear & Hearing Health
Teletha Elemes-Williams	ACT	Project Support Officer Ear & Hearing Health
Mark Saunders	ACT	Policy Officer
Anthony Carter	NSW	Accreditation Policy Officer
Denise Burdett	NSW	Workforce Policy Officer
Gwen Troutman-Weir	QLD	Facilitator/Assessor Ear and Hearing project
Renee Williams	ACT	Close the Gap Policy Officer
Irene Peachey	ACT	Good Medicines Better Health
Trisha Williams	ACT	Smoke Free Project Officer
Josie May	ACT	National Communication Coordinator Talking About the Smokes
Tav Fox	ACT	Talking about The Smokes (TATS) -Regional Project Coordinator
Arika Errington	ACT	Talking about The Smokes (TATS) -Regional Project Coordinator

Please note you can find all contact details on our website

NACCHO staff who have departed in 2011-12, we thank you for your service

Donna Ah Chee	CEO until 1 June 2012
Jason B King	Acting CEO June 2012
Dewi Leach	Receptionist
Chris Hallet	Media and communications
Dr Sophie Couzos	Public Health Medical Officer
Marilyn Wright	Qumax Project Officer

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
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

Abbreviations and Acronyms

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
NAA	Not Another Acronym
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
TAW	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

Appendix 3

Representation on Committees

NACCHO represents our sector on a wide range of bodies:

- 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
- Centre for Excellence in Indigenous Tobacco Control (CEITC) Advisory Group
- Chronic Disease Campaign (Social Marketing) Technical Reference Group (Tobacco ICDP measure)
- Close the Gap (CTG) Steering Committee
- Close the Gap (CTG) Targets Committee
- COAG (Council of Australian Governments) Mental Health Expert Reference Group
- COAG Workforce Campaign Technical Reference Group
- Conversation Maps Steering Committee
- CS&HISC -Community Services & Health Industry Skills Council (TPAC Training Package Advisory Group)
- Expert Advisory group on Medicines
- General Practice Education and Training (GPET) Board and subcommittee
- Good Medicines Better Health Project Steering Group
- Governance Enhancement Working Group (GEWG)
- Indigenous Chronic Disease Package COAG Evaluation and Monitoring Framework Reference Group
- Industry Skills Council Training Packaging Advisory Committee
- 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
- NACCHO Tackling Smoking Advisory Committee (NTSAC)
- National Aboriginal and Torres Strait Islander Health Equality Council (NATSIHEC)
- National Aboriginal 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 e-Health Independent Advisory Group
- National Health and Medical Research Council Preventative Health Committee
- National Heart Foundation Aboriginal and Torres Strait Islander Health Advisory Committee
- National Indigenous Drug and Alcohol Committee (NIDAC)
- National Indigenous Health Equality Council
- National Key Performance Indicators (NKPI) advisory working group
- National Lead Clinicians Group
- National Medicines Policy Forum
- National Relay Services
- National Rural Health Alliance
- National Rural Health Alliance Board
- NIDAC 2012 Conference organising Committee
- OATSIH Business Improvement Group
- OSR Advisory Group
- Practice Incentive Payment (PIP) Advisory Group
- 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

Appendix 4

Contacts

NACCHO

Level 2, Number 3, Garema Place
Canberra City, ACT 2601
Po Box 5120 Braddon ACT 2612
NACCHO HOUSE
P: 61 2 6246 9300
F: 61 2 6248 0744
E: admin@naccho.org.au
www.naccho.org.au

NACCHO State and Territory Affiliates:

Winnunga Nimmityjah Aboriginal Health Service

63 Boolimba Crescent
Narrabundah ACT 2604
P: 61 2 6284 6222
Freecall: 1800110290 or 1800120859
F: 61 2 6284 6200
E: winadmin@winnunga.org.au
www.winnunga.org.au

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

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
www.amsant.com.au

QAIHC

21 Buchanan Street
West End QLD 4101
PO Box 3205
South Brisbane QLD 4101
P: 07 3328 8500
F: 07 3844 1544
E: feedback@qaihc.com.au
www.qaihc.com.au

AHCSA

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

TAC

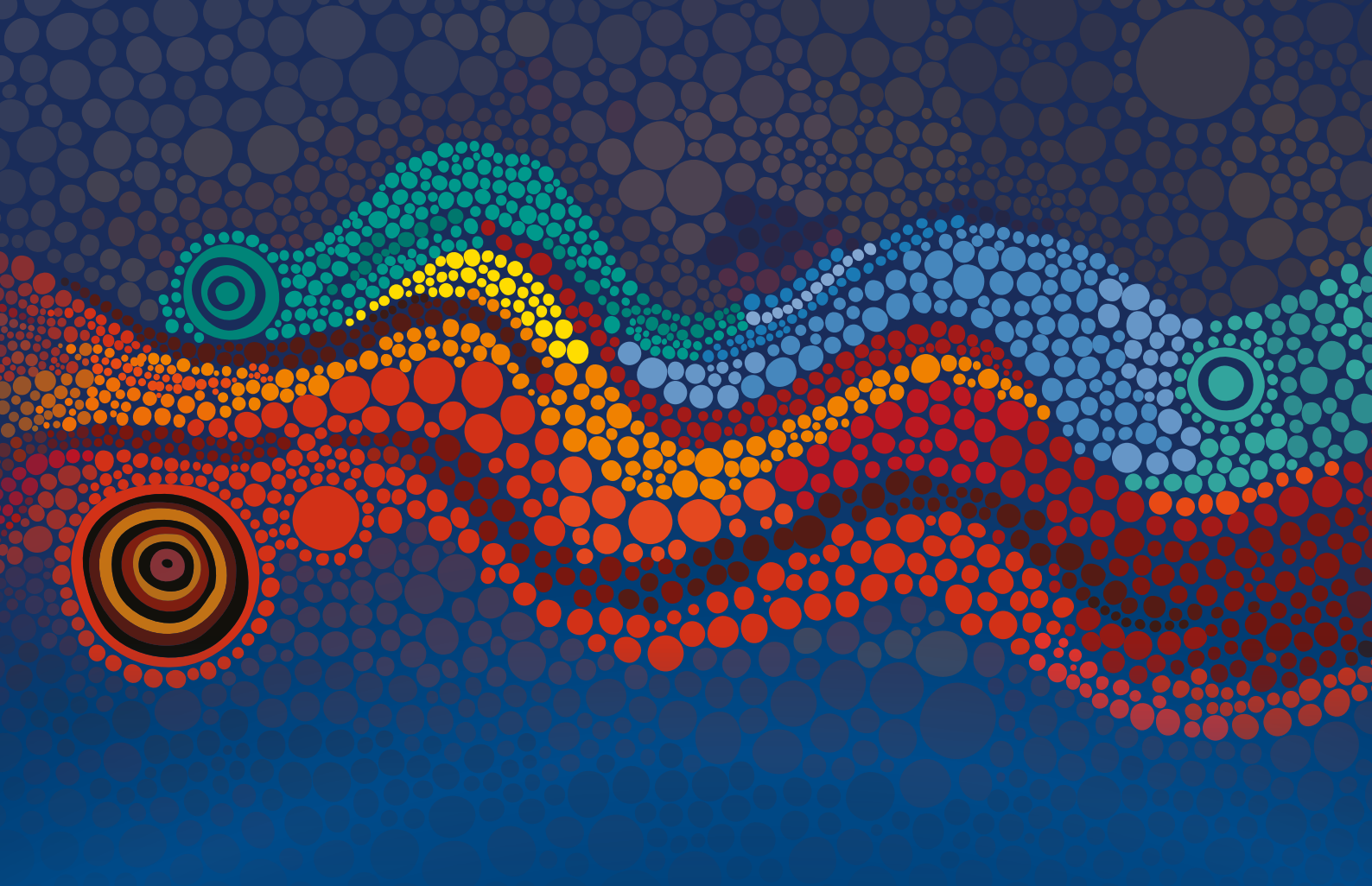
198 Elizabeth Street
Hobart TAS 7001
GPO Box 569
Hobart TAS 7001
P: 61 3 6234 0700
F: 61 3 6234 0799
E: hobart@tacinc.com.au
www.tacinc.com.au

VACCHO

17-23 Sackville Street
Collingwood VIC 3066
PO Box 1328
Collingwood VIC 3066
P: 61 3 9411 9411
F: 61 3 9411 9599
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



NACCHO

National Aboriginal Community Controlled Health Organisation

NACCHO House
Level 2 & 3
3 Garema Place
Canberra City ACT 2601

Ph: (02) 6246 9300
Fax: (02) 6248 0744