NACCHO

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ANNUAL REPORT 2002-03

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NACCHO is the national peak body representing Aboriginal Community Controlled Health Services. It is a public company limited by guarantee, not having a share capital, and was incorporated under the Commonwealth Corporations Law provisions by the Australian Securities Commission in June 1997. ABN 89 078 949 710.

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ABOUT NACCHO

The National Aboriginal Community Controlled Health Organisation (NACCHO) is the national peak body representing some 127 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and well being.

It is governed by a Board of Directors whose members come from the Community Controlled Health Sector and are elected through NACCHO's State/Territory Affiliates. Administration and co-ordination is undertaken by NACCHO's National Secretariat, established in Canberra in 1997.

ACCHSs are primary health care services initiated and managed by local Aboriginal communities to deliver holistic and culturally appropriate care to people within their community. Their Board members are elected from the local Aboriginal community.

Aboriginal communities around Australia have been establishing such services since the early 1970's in response to a range of barriers inhibiting Aboriginal access to mainstream primary health care services, and in recognition of the principles of self determination.

Whilst ACCHSs form a network, each is autonomous and independent of both one another and of Government.

ABOUT NACCHO

NACCHO staff attend a workshop to plan the implementation of the organisation's new business plan.

NACCHO provides the link between ACCHSs, and between ACCHSs and the government. It promotes and supports the provision of holistic and culturally appropriate health and related services to Aboriginal communities through activities including:

- Promoting, increasing, developing, and expanding the provision of culturally valid health care through local Aboriginal community controlled primary health care services.
- Liaising with governments, departments and organisations within both Aboriginal and non-Aboriginal communities on matters relating to the well being of Aboriginal communities.
- Representing and advocating for constituent Aboriginal communities on matters relating to health services, health research, health programs, etc.
- Assisting member organisations to provide their communities with health and related services.
- Assessing the health needs of Aboriginal communities (through research, data analysis, surveys, etc), and taking steps to meet these needs.

ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACCHSs	Aboriginal Community Controlled Health Services
AIDA	Australian Indigenous Doctors Association
AMA	Australian Medical Association
AMSANT	Aboriginal Medical Services Alliance Northern Territory
ACRRM	Australian College of Rural and Remote Medicine
ADGP	Australian Divisions of General Practice
ARRWAG	Australian Rural and Remote Workforce Agency Group
ACIR	Australian Childhood Immunisation Register
AH&MRC	Aboriginal Health and Medical Research Council of NSW
AHCSA	Aboriginal Health Council of South Australia
AHMAC	Australian Health Ministers Advisory Council
AHW	Aboriginal Health Worker
AMS	Aboriginal Medical Service
ATSIC	Aboriginal and Torres Strait Islander Commission
CDA	Chronic Disease Alliance
CEO	Chief Executive Officer
CEAF	Community Experts Advisory Forum (Suicide Prevention)
CDA	Chronic Disease Alliance
CSHTA	Community Services and Health Training Australia
DHAC	Department of Health and Aged Care
DETYA	Department of Education, Training and Youth Affairs
FBT	Fringe Benefits Tax
GP	General Practitioner
GPPAC	General Practice Partnership Advisory Council
GST	Goods and Services Tax
HIC	Health Insurance Commission
HREOC	Human Rights and Equal Opportunity Commission
IGCD	Intergovernmental Committee on Drugs
IME	Improved Monitoring of Entitlements
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NATSINSAP	National Aboriginal & Torres Strait Islander Nutrition Strategy & Action Plan

ABBREVIATIONS

NAGATSIHID	National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data
NHMRC	National Health and Medical Research Council
NPHP	National Public Health Partnership
NGO	Non Government Organisation
OATSIH	Office of Aboriginal and Torres Strait Islander Health
PBS	Pharmaceutical Benefits Scheme
PGA	Pharmacy Guild of Australia
PHEPC	Population Health Education Program for Clinicians
PHD	Population Health Division
PIAC	Public Interest Advocacy Centre
QAIHF	Queensland Aboriginal and Islander Health Forum
RACGP	Royal Australian College of General Practitioners
RCIADIC	Royal Commission into Aboriginal Deaths in Custody
SAR	Service Activity Reporting
SBOs	State Based Organisations
SEWB	Social and Emotional Well Being
UNE	University of New England
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
WAACCHO	Western Australian Aboriginal Community Controlled Health Organisation
WHO	World Health Organisation

CHAIRMAN'S REPORT

As interim Chairperson, I am pleased to present the annual report for the National Aboriginal Community Controlled Health Organisation (NACCHO) for the 2002-2003 financial year. 2002-2003 was another successful and challenging year for NACCHO and its Affiliates.

A great number of developments and changes took place to ensure that NACCHO continues to maintain and enhance the Organisation's efficiency and professionalism.

I also wish to take this opportunity to acknowledge my predecessor, Ms Pat Anderson, who was Chairperson for the first seven months of the financial year, for her contribution and expertise in providing a pathway for forward planning and strategic development.

As is evident in this report, NACCHO strongly continued to uphold its philosophy and maintain its position as an Aboriginal Community Controlled Organisation controlled by Aboriginal people, particularly reflecting this philosophy when employing new staff and in its dealings and negotiations with Government and non-Government agencies. NACCHO focuses on the holistic health care approach, as health does not just mean the physical well being of the individual, but refers to the social, emotional and cultural well being of the whole community.

NACCHO, through its State and Territory Affiliates, continued to ensure delivery of effective and appropriate health care services for Aboriginal people were maintained at the highest possible levels of service not just in primary health care but also in such areas as health education, health promotion and public health awareness. This has to be so as given the ill health of our people. We all know that what we do and what we deliver plays a very major roll in nurturing the wellbeing of the individual in our communities.

NACCHO continued to maintain strong representation at local, state and national forums to ensure the voice of Aboriginal communities and the Aboriginal Community Controlled Health Sector was heard while also ensuring the maintenance of a collaborative relationship at all levels of government. It is essential this type of leadership is shown wherever health issues are being discussed and policies developed that will have an impact on Aboriginal people and their communities.

NACCHO worked at all levels to influence the development, growth and influx of funding to Community Controlled Health services across the country. It also saw the need to continue to highlight that there needed to be a national policy approach to ensure the delivery of more programs to improve male health and more programs for Aboriginal youth.

NACCHO is also playing a significant role on the national policy development front. This has included:

- The redevelopment, for Aboriginal health workers, of National Health Worker competencies training packages and the development of Aboriginal Health Worker education programs;

- The redrafting of the National Emotional and Social Well Being strategy;
- Reinforcing its partnership with the Australian Medical Association (AMA); and
- Developing a positive engagement and MOU with the Australian Divisions of General Practice.

For Aboriginal Health Workers, NACCHO felt it was essential that there was a framework that gave everyone confidence that Aboriginal Health Workers were properly skilled in primary health care to undertake these duties in ways that Aboriginal communities require and that the opportunities are provided for the training of ever increasing numbers of trained Aboriginal Health Workers.

On the development of the Aboriginal and Torres Strait Islander Mental Health and Emotional and Social Well Being National Strategic Framework, NACCHO has worked hard to ensure that at all levels it has a productive and collaborative input into ensuring recommended national policies do reflect an Aboriginal viewpoint and meet the needs of our people.

I see greater and ongoing co-operation with the AMA as essential and it was reassuring to have the AMA's full support for a meaningful consultation process for the establishment of a Treaty. In its 2003 Report Card the AMA stressed it was "time for action" by government to review the current estimates of funding needed to ensure all Aboriginal people have access to essential health care. The AMA, while acknowledging that funding levels have increased in some areas, agrees with NACCHO that current funding levels still fall short of what is really needed to meet the need and demand for primary health care prevention and to educate additional Aboriginal Health Workers.

Our engagement with the Australians Divisions of General Practice goes beyond a willingness to sign an MOU. It also encompasses agreement to develop an annual work plan to identify a range of ways that Divisions can effectively engage with our health services in providing access to health care to Aboriginal people and communities where Aboriginal Health Services don't exist. The signing of an MOU and an agreed work plan will be the best way forward in progressing a real partnership and ensuring the involvement by ADGP in the delivery of comprehensive primary health care to Aboriginal people and communities while adhering to and recognising management principles that work under our philosophy of Aboriginal community empowerment and equity.

I also want to highlight the importance of the completion of the NACCHO ear trial. As member may be aware, this was the largest clinical trial undertaken in Australia on the management of what is commonly known as runny ears. The aim was to find out how effective ear drops were in cleaning the ear infection given that oral antibiotics are not effective. The trial was a landmark in Australia for many reasons as it was the largest of its kind undertaken by Aboriginal Community Controlled Health Services across the country. It was a clinical trial, not a survey reporting on whether treatment is effective on an important Aboriginal problem. It adopted a gold standard clinical research design (double blind, randomized and controlled). The success of the trial result will be reported in the Medical Journal of Australia.

Section 100, the project NACCHO undertook in partnership with the Pharmacy Guild of Australia, continues to provide and increase support to Aboriginal Community controlled Health Services and pharmacies involved. NACCHO will continue to work with the pharmacy guild and government to progress the project and ensure the significant benefits it brings to the Aboriginal Health services and communities are maintained.

It also evident that NACCHO is able to achieve and demonstrate its ability in health policy outcomes for its members. I believe we have achieved a more productive relationship with government and other stakeholders as well as achieving much greater flexibility for our member services.

It is NACCHO's intention not only to maintain this productive relationship, but to build on it to better inform government and/or other Health agencies of Aboriginal health priorities and how we can have a coordinated approach in dealing with problems and issues effecting our communities' health and well being.

Most importantly, what has impressed me as chairperson over the past months is how the board strongly commits to ensuring NACCHO stay within the guidelines in its business plan in delivering on our core business of how best to meet the needs of our members while maintaining the principle of community control in advocating for better health for our community. It has been encouraging in witness to Board's total commitment to moving NACCHO forward while maintaining its very important leadership role.

Also, this year we have not only seen a number of new Aboriginal Health services being opened across the country, but also a great number of Aboriginal Health services celebrating their 30 years of operation in delivering health care to the Aboriginal communities. It makes you proud to be a part of that success and the Sector's achievement over the years. I congratulate you and your services.

It is so encouraging to see Aboriginal people and communities wanting to take control of their health and establishing community controlled Aboriginal health services within their community. It's what we are all about.

In closing, I would like to thank all the staff, past and present, for their hard work, dedication, loyalty and commitment in assisting NACCHO to provide a quality and first class service to the NACCHO member services. I believe NACCHO's successes can only be achieved through its staff and board of directors working in a collaborative and supportive environment.

I also would like to take this opportunity to express my gratitude and appreciation to the board of directors and our state and territory affiliates for their contribution and expertise. I thank you all for your support throughout the year as it has played a major role in another successful year for NACCHO as your peak representative body.

Yours in the struggle.

Henry Councillor > Chairperson

BOARD OF DIRECTORS

Pat Anderson - Chairperson *1 July 2002 until February 2003*

Pat Anderson is an Alyawarr person whose heritage is the Stolen Generations – her mother was taken as a girl from Alpurrulum (near Lake Nash Station on the Queensland border) and incarcerated in Kahlin Compound in Darwin. Her father was prominent in the early days of the establishment of the union movement in the Northern Territory.

Pat grew up in Darwin at Parap Camp and began work as a legal secretary at the age of sixteen. She has worked in Aboriginal affairs since the early 1970s – on the Woodward Royal Commission into Land Rights in the Northern Territory, for the Tasmanian Aboriginal Education Consultative Committee, and for the Australian Education Union as their Aboriginal Education officer. She represented the ACTU at many forums and was a founding member of the Coalition of Aboriginal Organisations.

She has travelled extensively and lived overseas in Europe and the United States. In 1988 she won an Overseas Study Award and spent four months working at the International Labour Organisation, Geneva when she participated in revising an ILO Convention focusing on Indigenous peoples.

In 1994 she became the Director of Danila Dilba Aboriginal Medical Service in Darwin and was a founding member of the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT). She was a key participant in the transfer of Aboriginal Health from ATSIC to the Commonwealth Health Department in 1996. She was elected Chairperson of the National Aboriginal Community Controlled Health Organisation in November 2001.

Pat has a Bachelor of Arts degree from the University of Western Australia. She believes that the great strengths of the Aboriginal community are adaptability and flexibility. These strengths, combined with the principles of local Aboriginal community control and self-determination, can lead to substantial improvements in the health status of Aboriginal peoples.

Pat resigned as Chairperson at the end of February, 2003 and is now CEO of the NT Affiliate, AMSANT.

Henry Councillor - Chairperson *February 2003 to present*

Henry is a Jaru man from the Kimberley Region of Western Australia. His family are from the Mt Dockwell area in the south west of Halls Creek.

Henry has been employed with the Kimberely Aboriginal Medical Service's Council Inc (KAMSC) for 17 years, including with the Broome Regional AMS, Yura Yungi Medical Service – Halls Creek and the East Kimberely AMS. Henry is currently the Chief Executive Officer for KAMSC.

Henry is actively involved in a range of local, state and national committees and aims to progress partnerships with mainstream services for the betterment of the health of Aboriginal people in the Kimberley Region.

Dr Naomi Mayers *Deputy Chairperson – February 2003 to present*

A Yorta Yorta/Wiradjuri woman, Naomi was born at the Erambie Mission Cowra, NSW. Her early years were spent on the Murray River at Cummeragunja and at East Shepparton, Victoria. Naomi also spent a few years at St Aidans Orphanage Bendigo, Victoria and attended the Good Shepherd Convent Abbotsford leaving there at 16 years. She was also a member of Harold Blair's choir which used to practice at Uncle Doug's Church in Fiztroy.

Growing up in a family with an active interest in Aboriginal affairs, Naomi became involved with Aboriginal organisations at a young age. These included the Aborigines Advancement League, the Federal Council for the Advancement of Aborigines and Torres Strait Islanders and the National Tribal Council. She commenced nursing at the age of 18 and worked at the Royal Women's and Royal Children's Hospitals in Melbourne, the Home Hill Hospital in Qld, and St Andrews Hospital in East Melbourne.

Naomi was a member of the first ATSIC Regional Council (Metropolitan Sydney) and the Chairperson of the National Aboriginal Health Strategy Working Party 1989. She is a founding member and current executive member of the AH&MRC as well as a founding member of NAIHO (now NACCHO). Naomi commenced working at the AMS Redfern in 1972 and is currently its Chief Executive Officer.

Western Australia

Margaret Culbong

Margaret is the Executive Director of the Geraldton Regional AMS, a position she has held since mid 1996. Margaret trained at the Royal Perth Hospital and Mt Henry Hospital and gained her qualification as an Enrolled Nurse. She has also worked in Carnarvon and Mt Magnet in community health. Margaret has taken a keen interest in Aboriginal affairs since the early 1970s through a variety of positions within both government agencies and Aboriginal organisations. Since 1976 some of the positions she has held include: Chairperson of NAIHO and WAACCHO; elected member of the National Aboriginal Conference (North Central Zone); Chairperson of the Aboriginal Police Relations Committee; member of the Murchison Gascoyne Regional Aboriginal Justice Council; member of the Regional Domestic Violence Committee, Geraldton; member of the Aboriginal Justice Committee; and Founding Member of the Geraldton Regional AMS and the Geraldton Streetwork Aboriginal Corporation.

Greg Stubbs

Gregory Wayne Stubbs is a Wongatha man, born and brought up in Western Australia. He has spent his entire life working for the Aboriginal Communities of the Wongatha region and beyond. Currently he is the Chief Executive Officer of Bega Garnbirringu Health Services Aboriginal Corporation (BGHSAC), which he joined about 12 years ago when it was a small medical service with only four staff members.

Today, under Greg's guidance, BGHSAC runs approximately twenty different projects, including a medical clinic, specialist services like dental, eye, ear, nose and throat programs, healthcare training, Family Violence Prevention Unit, Link-up services, an Emotional and Social well-being Counselling Centre, and Youth Services. BGHSAC services extend from Esperance in the south to Wiluna in the north-west and Laverton in the north-east.

Outside his job as a CEO of BGHSAC, Greg is a Pastor and community voluntary worker, organiser of the Maku Dancers and youth camps and has also been invited to be a member of the Aboriginal Arts Grants Committee of the Australia Council.

Greg's work will have a very long term impact on the Goldfields region. He has set an example for Aboriginal and non-Aboriginal people alike in the Goldfields region in terms of service delivery in holistic healthcare, community care and the social and emotional well-being of the Wongatha people. BGHSAC prides itself in having a sustainable impact on healthcare service in the Goldfields region.

Chris Bin Kali

Chris was born in Derby, Western Australia and lived most of his life between Derby and Broome. He is from the Nimanburr tribe of the Dampier Peninsula region. His mother's family is from the Beagle Bay region and father from Malaysia.

Chris started his working career as a teacher's assistant and then went on to study to gain his Diploma(Primary) of Education degree. He was employed at Milliya Rumurra –Alcohol and Drug Rehabilitation Centre in Broome as bookkeeper and administrator. He then worked for a number of CDEP organisations in the Broome Region as field officer and manager. For the last five years Chris has been employed at Beagle Bay Community Inc as CDEP Manager, Community Safety Officer and relief Chief Executive Officer. During that time he first became a committee member of Kimberley Aboriginal Medical Service Corporation and then, in December 2001, was elected as its Chairperson.

He has taken a particular interest in the implementation of PHCAP in the Kimberley area as well as GP training.

Chris is also involved in a range of local, regional, state and national committees for the betterment of Aboriginal people.

New South Wales

Frank Vincent

Frank was born in Redfern, Sydney NSW, where he spent all of his early years.

In his mid twenties Frank moved to the western suburbs of Sydney and has maintained his connections with the Aboriginal community of Redfern. The reason for this included family, who still live in and around Redfern, rugby league (having played all of his senior football with the Redfern All Blacks), work, and starting work with the Redfern AMS in 1977 as a casual driver delivering food packs for the Nutrition Program.

Frank commenced full time employment as a Field Officer before undertaking and completing the inaugural Aboriginal Health Workers Course in 1984. After graduating from the course he continued working with the Redfern AMS until 1988 when he was successfully employed as the CEO of Daruk ACCMS.

In 1998 Frank worked with the AH&MRC as a Policy Officer and returned to Daruk ACCHS as CEO in June 2000. He has held positions on the Board of both AH&MRC and NACCHO during the times of his appointments as CEO of Daruk ACCHS which have extended over a period of thirteen years.

Frank is the Chairman of Deerubbin Local Aboriginal Land Council and was first elected to this position in 1989. Following a year off in 1999 because of work commitments, he stood for election in 1991 and has been re-elected every year since.

Ray Dennison

Ray replaced Daruk Medical Service's Frank Vincent as a NSW NACCHO board representative in 2001-2002 – the second time he has served. Born in Moree, Ray lost his parents at a young age and moved to Sydney to finish his schooling in the Sydney suburb of Cronulla before returning to his home town to work as a cotton chipper.

However, determined to add to his work skills, Ray decided to return to study and managed to gain entry to a TAFE bricklaying trade course which he completed in Newcastle, where he spent the next three years working in his trade.

"But I was homesick for Moree and decided to return home," said Ray, who was a handy Rugby League player having enjoyed stints as a junior with the Cronulla club and subsequently as a senior player with South Newcastle.

Upon his return to Moree Ray again worked in the cotton industry, this time primarily as a driver of heavy equipment before starting work with Aboriginal Children's Services as a youth worker in the early 1990's and then Pius X Aboriginal Corporation in 1993.

Ray is currently that Corporation's HIV/AIDs sexual education health worker, a position he has occupied for some years.

Recreationally, Ray is a keen lawn bowls player and in 2001 was elected Chairman of the Moree Bowls Club.

Valda Keed

Val Keed completed her second term as a Board member in 2001-2002. Born in Peak Hill, NSW, and a proud Wiradjiri woman, Val is also in her second term as Chairperson of the Peak Hill Aboriginal Medical Service. Mother to three grown children, she is active in a wide range of NSW Aboriginal community organisations whose programs impact significantly on the health and well-being of Aboriginal Australians.

Val is a board member of both the Aboriginal Children's Service in Sydney and the Central Southern NSW Aboriginal Legal Service in Wagga, as well as being the regional representative

on the Australian Health and Medical Research Council (AH&MRC). Additionally, Val has long been involved in the Aboriginal housing sector and also serves on community boards in the nearby NSW towns of Forbes and Cowra that oversight drug and alcohol and social and emotional well-being programs.

Australian Capital Territory

Julie Tongs

A Wiradjuri woman, Julie was born in Leeton and grew up in Whitton NSW. Julie has lived in Canberra for the past thirty-one years. Julie previously worked in Department of Aboriginal Affairs/ATSIC and in the office of the former Minister for Aboriginal Affairs Robert Tickner for three and half years.

She is currently the CEO of the Winnunga Nimmityjah Aboriginal Health Service where she has worked for the past four years.

Julie is a Director of the National Indigenous Business Chamber and the National Aboriginal and Torres Strait Islander Superannuation Fund.

South Australia

Polly Sumner-Dodd

Born in Raukkan, Polly was raised and educated in Adelaide. She began her career with the Aboriginal Legal Rights Movement and the National Aboriginal Conference before moving onto the Aboriginal Community Centre now known as Nunkuwarrin Yunti of South Australia Inc.

Beginning as a trainee in community radio and newsletter production, Polly has held the position of Director or Chief Executive Officer of Nunkuwarrin Yunti for 17 years. She has been a member of various Boards including AHCSA and NATSIHC, and has been the Chairperson of the Aboriginal Sobriety Group for 18 years.

Polly graduated as Dux of the Diploma in Management Practices at the Australian Institute of Management in early 1998. Her final thesis examined the concept of community controlled versus mainstream health services and advocated that 'Aboriginals have an alternative which is culturally appropriate and conducive to their health, economic and social and emotional well being'.

Leslie Kropinyeri

Leslie was born on 22 August, 1946 at Tailem Bend in South Australia, one of eight children. He is married to wife Robyn and they have four children, Lisa, Brian, Craig and Scott.

Les began work at 15 years of age as a junior porter with the SA Railway, with whom he remained for 10 years, which included a two-year stint as a national serviceman and a tour of duty in Vietnam. Les then worked in the vehicle building industry as a metal finisher for two years before joining the State Government as a social worker in the SA Department of

Community Welfare in 1975. From there Les moved to Port Lincoln as the first Chief Executive Officer of the Port Lincoln Aboriginal Organisation.

In 1980 he moved back to Adelaide to improve the educational opportunities for his children, where he was employed by the SA Construction and Department of Family and Youth Services. He returned, however, to Port Lincoln in 1992 still with the State Government before winning the post of Director of the Port Lincoln Aboriginal Health Service Inc. He held that position for four years and became its Chairperson in 2000-2001. Les is currently vice chairman of the same organisation.

Recreationally, his interests include general outdoor activities such as hunting, fishing, football and "watching and helping my six grand-children grow up".

Maureen Williams

One of the three Directors from SA, Maureen's major areas of involvement have been in both Aboriginal health and Aboriginal arts.

Chairperson of the Umoona Tjutagku Health Service Inc in remote South Australia, Maureen is also a member of the Aboriginal Health Council of South Australia and was elected as a NACCHO Board member in the current financial year.

Maureen is also a long-serving member of SA's Aboriginal Child Care Association and the State committee for trachoma. In 2001 she was Chairperson of Desart and Vice Chairperson of Kuarts SA and represented Anangu from the Pitjantjatjara Land at the international Womad Singapore Arts Festival

Tasmania

Cheryl Mundy

A Palawa woman from the Pyemmairenar band of the North East tribe in Tasmania.

Cheryl was involved in NACCHO's predecessor, the National Aboriginal and Islander Health Organisation (NAIHO) and was also a previous NACCHO Board member. She has been involved in the struggle for Aboriginal rights and in holistic Aboriginal health since the 1970's.

In addition to NAIHO, Cheryl has also served on the Tasmanian Aboriginal Council (TAC), the Federation of Aboriginal Land Councils, the Committee to Defend Black Rights, the Tasmanian Watch Committee for Aboriginal Deaths in Custody, the Aboriginal Provisional Government, the National Drug Strategy Committee and the Aboriginal Arts Board.

Her work history includes roles for the establishment and development of health programs for the TAC, NACCHO as its national SEWB (mental health) policy officer, a member of the Executive of Suicide Prevention Australia, and a wide-range of other roles at both a State and national level. Cheryl is also a well-known songwriter, playwright and recording artist and in 2003 was awarded a national NAIDOC Special Achievement Award in recognition of her story-telling and singing.

Queensland

Rachel Atkinson

Rachel was born in Mooroopna on the Daishs Paddock riverbank, before her family was moved to the Rumbalara reserve in Victoria. Her family was the first to move to Rumbalara and they spent several years there before again being moved to the fringe of Mooroopna. Rachel has spent the last 20 years in Townsville where she believes the local Aboriginal and Torres Strait Islander community see her as a significant and valuable contributor to community affairs and as an active advocate for equal rights.

For the past five years, Rachel has been the CEO at the Townsville Aboriginal and Islander Health Services Limited (TAIHS). Rachel has also held positions with the Department of Family Services and the Aboriginal and Islander Child Care Agency working with family concerns, child protection and juvenile justice.

For the past five years, she has represented Queensland on the NACCHO Board and was recently elected Chairperson of the Queensland Aboriginal and Islander Health Forum (QAIHF). Locally, Rachel is the Chairperson of the Yumba-Meta Housing Association, Vice Chair of the Townsville Aboriginal and Islander Media Association, Counsellor of the James Cook University, member of the JCU Medical School Committee and a trustee of the Breakwater Casino Gaming Fund.

Rachel holds an Associate Diploma in Community Welfare and a Bachelor of Social Work. Rachel has a personal commitment to improving the health status of Indigenous people and sees it as an imperative that, through AMSs such as TAIHS, we work to ensure Indigenous health issues are understood and addressed, holistically and within a social context. She believes that the fundamental causes of Aboriginal and Torres Strait Islander health and ill health are poverty and powerlessness. Health initiatives must be based on the recognition that health and ill health are multifactorial and are the result of the interaction of such factors as lack of water in some remote areas; poor housing; an unhygienic environment; and personal stress through the effects of such problems as unemployment, alcohol and substance misuse, poor education and low self esteem.

Robert Holt

Robert was born in Gayndah Qld and grew up in O'bil Bil, Queensland. Robert worked in the post office for a couple of years after school before working in the Air Force for 23 years. He then worked at Queensland Health as a Health Worker and has since worked for a range of Aboriginal Community Controlled Organisations including Goondir AMS and QAIHF. Robert is the current Chairperson of Kambu AMS and sits on the Board of ATSICHET, QAIHF and NACCHO. Robert is currently employed at the Wakkawakka Legal Aboriginal Corporation as a Community Development/Field Officer. Robert's main aim for being involved in a range of Committees and Sub Committees at the regional, state and national level is to improve Aboriginal health in a holistic unified way. One of Robert's goals is to support organisations to have an oral health program within their services.

Brian Riddiford

Born in Quilpie, Queensland, to parents who moved regularly, meant the first five years of Brian's schooling was completed by correspondence under tents with his mother acting as his first real teacher. This was followed by primary and secondary education in various parts of Queensland before Brian entered the workforce as a stockman and then a shearer. As a shearer, Brian travelled to most parts of Queensland and New South Wales as well as completing stints working in shearing sheds in New Zealand.

However, Brian wanted to further his education and career horizons and returned to study through TAFE in Brisbane where worked followed as a field officer with the Aboriginal Legal Service. Brian, in fact, is still studying, currently to complete a Bachelor of Business degree through the University of Southern Queensland.

It was in 1994 that Brian first began work in the community-controlled Aboriginal health sector. Initially he became Chairman of the Dalby based Goondir Aboriginal and Torres Strait Islander Corporation for Health Services before being appointed as its Chief Executive Officer in 1999. A passionate supporter of community control, Brian is also actively involved in programs to deliver better health and housing outcomes for Aboriginal and Torres Strait Islander peoples in his part of Queensland while also serving as a director of numerous regional and State health and housing bodies.

"I am committed to achieving the aims and objectives of NACCHO and improving health and housing outcomes for Aboriginal and Torres Strait Islander peoples," said Brian.

Northern Territory

Ken Kunoth

Ken is the Director of the remote, NT Urapuntja Health Service which he joined some three-and-a-half years ago. A respected community member who is actively involved in all levels of community life, particularly law and culture. Ken lives at Utopia with his wife, two daughters and three grand-children.

Stephanie Bell

Stephanie, a Kullilla/Wakka Wakka Aboriginal woman, is the Director of the Central Australian Aboriginal Congress, one of the country's largest, longest established and most successful Aboriginal Medical Services. She is also: Chairperson of the Aboriginal Medical Services Alliance of the Northern Territory, the peak body for Aboriginal health service organisations in the NT; Chair of the Central Australian Remote Health Development Service; Chair of the NT Aboriginal Health Forum, the Territory's key government/non-Government Aboriginal health partnership committee; an Executive member of NACCHO; and a current Board member of the CRC for Aboriginal and Tropical Health.

Mae Govan

Originally from Croydon in Queensland but brought up in Katherine after her parents moved to the NT, Mae is the Director of Katherine's Wurli Wurlinjang Aboriginal Corporation. Mae spent her early working life working as a house maid at various cattle stations in the Victoria River region, before moving with her husband to Victoria River Station after which they began their own business erecting windmills and maintaining bores and steel yards throughout that remote part of the NT.

Mae involved herself in many areas of Aboriginal affairs at the local, Territory and National level.

She has worked on NT Land claims for the Katherine Region while also being a member of the Aboriginal Women's Group in Katherine, an Alderman on Katherine's Town Council and a member of the NT's Women's Advisory Committee.

Mae is also a director of the Kalano Community Association Incorporated and worked as a support/liaison officer for the Katherine West Health Board Co-ordinated care trials and was the Acting Remote Services Manager for the NT Department of Health and Community Services.

Mae is also a member of the State Affiliate body, AMSANT and a member of the Katherine Regional Aboriginal Health and Related Service Inc and a board member of Health*Connect*, the NT based trial of electronic health records.

Victoria

Justin Mohamed

Justin is a Goreng Goreng man who was raised in Bunderberg, QLD, but who moved to Shepparton in Victoria in 1988 and has been employed with the Rumbalara Aboriginal Co-operative for the past 11 years.

During this time he has been involved in a number of different areas, including youth work, community development, administration and health and currently holds the position of Chief Executive Officer. His primary tasks include the provision of holistic health and social support services to the Shepparton/Mooroopna Aboriginal community and on-going efforts to improve the holistic health standards of Aboriginal people.

He also plays an active role in the Aboriginal community by making himself available for a variety of activities and projects that work towards maintaining and improving the social, economic and cultural status of Aboriginal people on local, state and national levels. Justin's key committee positions include the NACCHO Board (Treasurer), VACCHO Executive (Treasurer) and Chairperson for the Regional Aboriginal Justice Advisory Committee, Hume Region.

Tony McCartney

Born in Balranald, New South Wales, where his mother and father owned and ran a thriving mixed farm and meat processing plant, Tony first moved to Melbourne in 1968 to work for the Victorian Railways.

Subsequently, Tony had stints working both in the manufacturing and automotive industries before starting work as an Aboriginal youth worker, a career that he followed for just over a decade in both a public service and community-based environment.

Tony then moved to work in Aboriginal youth hostels which was followed by stints in the employment program and policy areas with both the Commonwealth and Victorian State Governments before joining the Human Rights and Equal Opportunities Commission (HREOC).

Throughout this time Tony continued to improve his educational qualifications and in 1996, after having worked for Aboriginal Hostels Ltd as a community liaison officer, became Chief Executive Officer of the Rumbalara Aboriginal Co-op Ltd, a long-established, regionally based, multi-purpose Aboriginal organisation whose services include the community health service, before joining the Victorian Aboriginal Health Service (VAHS) as its CEO in 1997.

Jill Gallagher

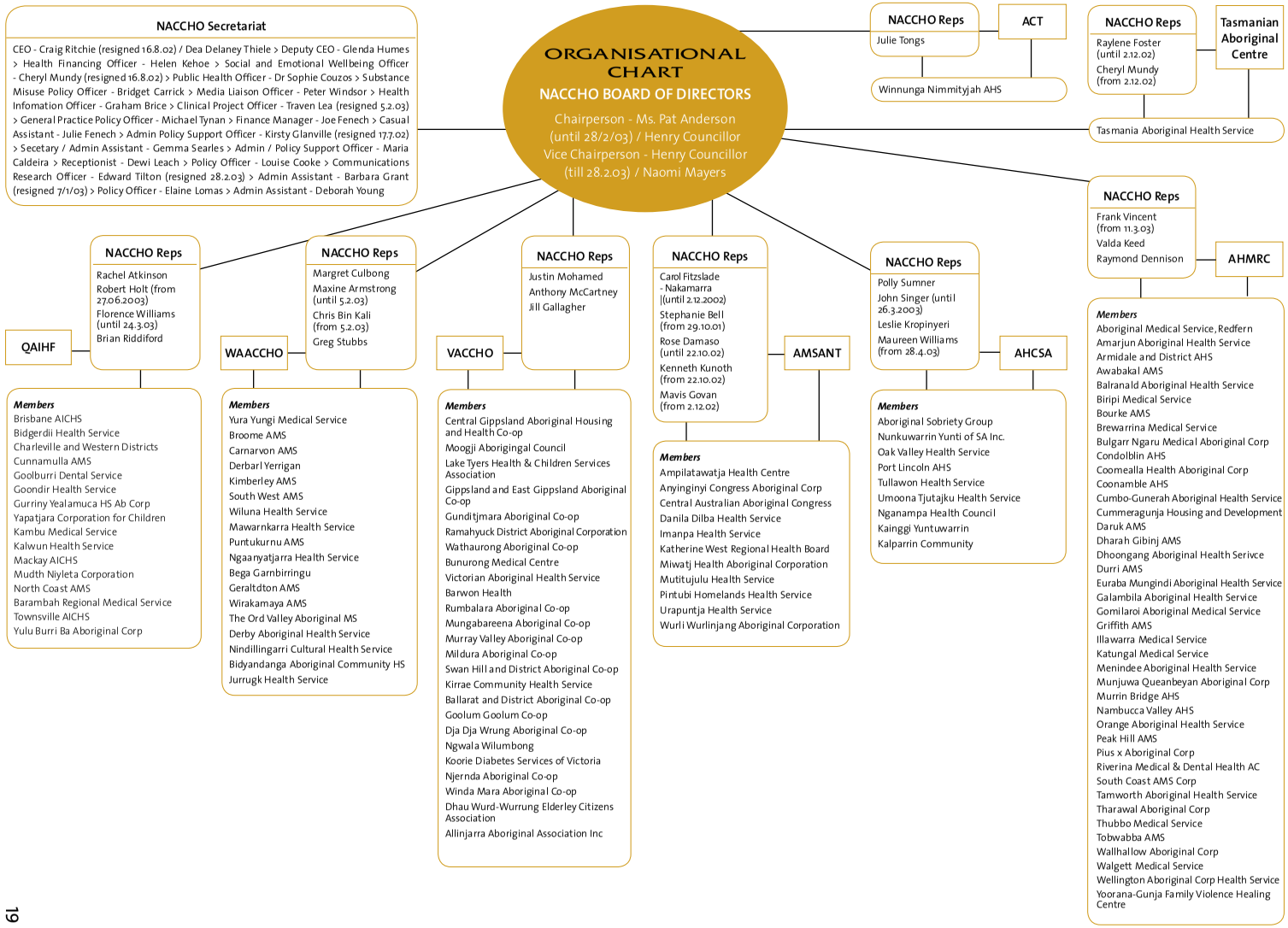
Jill is from Western Victoria (Gunditjmara) and has lived and worked within the Victorian Aboriginal Community all her life.

Jill has worked with the Museum of Victoria (Aboriginal Heritage) and was there for three years. After she left the employment of the Museum she was appointed to the Museum of Victoria Board of Directors, a position she held for 9 years.

Jill was also Manager of the Aboriginal Heritage Services Branch, Aboriginal Affairs Victoria. During this time she went back to school and studied archaeology at LaTrobe University. Jill is also involved as a national level on Aboriginal languages in Australia and the return of human skeletal remains.

In 1998 Jill started work for the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) as its sexual health co-ordinator and as part of the sexual health program developed and implemented the Well Persons Health Check around Victoria. The sexual health team presented the sexual health program as a poster session at the "Breaking the Silence" conference in South Africa in July, 2000.

Jill is now CEO of VACCHO, a position she has occupied since 2001.


ORGANISATIONAL CHART
NACCHO BOARD OF DIRECTORS
Chairperson - Ms. Pat Anderson (until 28/2/03) / Henry Councillor
Vice Chairperson - Henry Councillor (till 28.2.03) / Naomi Mayers
NACCHO Secretariat
CEO - Craig Ritchie (resigned 16.8.02) / Dea Delaney Thiele > Deputy CEO - Glenda Humes > Health Financing Officer - Helen Kehoe > Social and Emotional Wellbeing Officer - Cheryl Mundy (resigned 16.8.02) > Public Health Officer - Dr Sophie Couzos > Substance Misuse Policy Officer - Bridget Carrick > Media Liaison Officer - Peter Windsor > Health Infomation Officer - Graham Brice > Clinical Project Officer - Traven Lea (resigned 5.2.03) > General Practice Policy Officer - Michael Tynan > Finance Manager - Joe Fenech > Casual Assistant - Julie Fenech > Admin Policy Support Officer - Kirsty Glanville (resigned 17.7.02) > Secetary / Admin Assistant - Gemma Searles > Admin / Policy Support Officer - Maria Caldeira > Receptionist - Dewi Leach > Policy Officer - Louise Cooke > Communications Research Officer - Edward Tilton (resigned 28.2.03) > Admin Assistant - Barbara Grant (resigned 7/1/03) > Policy Officer - Elaine Lomas > Admin Assistant - Deborah Young
NACCHO Reps
Julie Tongs
ACT
Winnunga Nimmityjah AHS
NACCHO Reps
Raylene Foster (until 2.12.02)
Cheryl Mundy (from 2.12.02)
Tasmanian Aboriginal Centre
Tasmania Aboriginal Health Service
NACCHO Reps
Frank Vincent (from 11.3.03)
Valda Keed
Raymond Dennison
AHMRC
Members
Aboriginal Medical Service, Redfern
Amarjun Aboriginal Health Service
Armidale and District AHS
Awabakal AMS
Balranald Aboriginal Health Service
Biripi Medical Service
Bourke AMS
Brewarrina Medical Service
Bulgarr Ngaru Medical Aboriginal Corp
Condolblin AHS
Coomealla Health Aboriginal Corp
Coonamble AHS
Cumbo-Gunerah Aboriginal Health Service
Cummeragunja Housing and Development
Daruk AMS
Dharah Gibinj AMS
Dhoongang Aboriginal Health Serivce
Durri AMS
Euraba Mungindi Aboriginal Health Service
Galambila Aboriginal Health Service
Gomilaroi Aboriginal Medical Service
Griffith AMS
Illawarra Medical Service
Katungal Medical Service
Menindee Aboriginal Health Service
Munjuwa Queanbeyan Aboriginal Corp
Murrin Bridge AHS
Nambucca Valley AHS
Orange Aboriginal Health Service
Peak Hill AMS
Pius x Aboriginal Corp
Riverina Medical & Dental Health AC
South Coast AMS Corp
Tamworth Aboriginal Health Service
Tharawal Aboriginal Corp
Thubbo Medical Service
Tobwabba AMS
Wallhallow Aboriginal Corp
Walgett Medical Service
Wellington Aboriginal Corp Health Service
Yoorana-Gunja Family Violence Healing Centre
NACCHO Reps
Polly Sumner
John Singer (until 26.3.2003)
Leslie Kropinyeri
Maureen Williams (from 28.4.03)
AHCSA
Members
Aboriginal Sobriety Group
Nunkuwarrin Yunti of SA Inc.
Oak Valley Health Service
Port Lincoln AHS
Tullawon Health Service
Umoona Tjutajku Health Service
Nganampa Health Council
Kainggi Yuntuwarrin
Kalparrin Community
NACCHO Reps
Carol Fitzslade - Nakamarra |(until 2.12.2002)
Stephanie Bell (from 29.10.01)
Rose Damaso (until 22.10.02)
Kenneth Kunoth (from 22.10.02)
Mavis Govan (from 2.12.02)
AMSANT
Members
Ampilatawatja Health Centre
Anyinginyi Congress Aboriginal Corp
Central Australian Aboriginal Congress
Danila Dilba Health Service
Imanpa Health Service
Katherine West Regional Health Board
Miwatj Health Aboriginal Corporation
Mutitujulu Health Service
Pintubi Homelands Health Service
Urapuntja Health Service
Wurli Wurlinjang Aboriginal Corporation
NACCHO Reps
Justin Mohamed
Anthony McCartney
Jill Gallagher
VACCHO
Members
Central Gippsland Aboriginal Housing and Health Co-op
Moogji Aboriginal Council
Lake Tyers Health & Children Services Association
Gippsland and East Gippsland Aboriginal Co-op
Gunditjmara Aboriginal Co-op
Ramahyuck District Aboriginal Corporation
Wathaurong Aboriginal Co-op
Bunurong Medical Centre
Victorian Aboriginal Health Service
Barwon Health
Rumbalara Aboriginal Co-op
Mungabareena Aboriginal Co-op
Murray Valley Aboriginal Co-op
Mildura Aboriginal Co-op
Swan Hill and District Aboriginal Co-op
Kirrae Community Health Service
Ballarat and District Aboriginal Co-op
Goolum Goolum Co-op
Dja Dja Wrung Aboriginal Co-op
Ngwala Wilumbong
Koorie Diabetes Services of Victoria
Njernda Aboriginal Co-op
Winda Mara Aboriginal Co-op
Dhau Wurd-Wurrung Elderley Citizens Association
Allinjarra Aboriginal Association Inc
NACCHO Reps
Margret Culbong
Maxine Armstrong (until 5.2.03)
Chris Bin Kali (from 5.2.03)
Greg Stubbs
WAACCHO
Members
Yura Yungi Medical Service
Broome AMS
Carnarvon AMS
Derbarl Yerrigan
Kimberley AMS
South West AMS
Wiluna Health Service
Mawarnkarra Health Service
Puntukurnu AMS
Ngaanyatjarra Health Service
Bega Garnbirringu
Geraldton AMS
Wirakamaya AMS
The Ord Valley Aboriginal MS
Derby Aboriginal Health Service
Nindillingarri Cultural Health Service
Bidyandanga Aboriginal Community HS
Jurrugk Health Service
NACCHO Reps
Rachel Atkinson
Robert Holt (from 27.06.2003)
Florence Williams (until 24.3.03)
Brian Riddiford
QAIHF
Members
Brisbane AICHS
Bidgerdii Health Service
Charleville and Western Districts
Cunnamulla AMS
Goolburri Dental Service
Goondir Health Service
Gurriny Yealamuca HS Ab Corp
Yapatjara Corporation for Children
Kambu Medical Service
Kalwun Health Service
Mackay AICHS
Mudth Niyleta Corporation
North Coast AMS
Barambah Regional Medical Service
Townsville AICHS
Yulu Burri Ba Aboriginal Corp

CHIEF EXECUTIVE OFFICER'S REPORT

The 2002/03 financial year included many staffing changes at Board and secretariat level (see organisational chart page 19), an internal review and revision of the Business Plan, and involvement in a range of new and existing policy and project work. Despite the constant changes, both the Board and Staff once again showed the inner strength that lies deep within NACCHO to ensure that we all focused on what we are here to do. I would like to thank the Board for their commitment, direction and support and congratulate the secretariat staff on their commitment and dedication to their work.

My predecessor, Mr Craig Ritchie left NACCHO in August, leaving our Deputy Ms Glenda Humes to oversee activities within the secretariat until my appointment as Chief Executive Officer in February this year.

In August 2002, the Board held a governance workshop with Mr John Mero. This led to Mr Mero undertaking a review of the Secretariat. The subsequent report detailing recommendations was presented to the Board at the November 2002 Board meeting.

Following up on those recommendations, in February 2003, an Executive Sub-Committee was established to develop the Business Plan. A consultant was engaged to work with the Sub-Committee, which involved meetings between the Consultant, Sub-Committee, Executive, CEO and staff. It is anticipated that the final Business Plan will be endorsed at the August 2003 Board Meeting.

A feature of the three year plan consolidates NACCHO's efforts to further develop working relationships across a range of Commonwealth Government agencies based on an equitable partnership to be an effective advocate for our members.

Underpinning this direction will be NACCHO's strength and unity within the membership. NACCHO will work in partnership with NACCHO Affiliates to monitor the full implementation of agreed national level decisions. NACCHO respects and views proper membership, terms of reference, work plans and effective operations of joint forums established under State and Territory Aboriginal Health Framework Agreements as being a most important mechanism for ensuring consistency between national agreements and outcomes in States and Territories.

The Secretariat is in the process of restructuring both the staffing structure and developing work plans to ensure the effective implementation of the major deliverables set out by the Board through the Business Plan.

While the secretariat continues to be very active, consolidating on past achievements made by NACCHO, due to the overwhelming needs and complexity of issues we deal with, we do not have the resources to cover all health issues. Despite these obstacles, the executive provided the strong direction and motivation required to ensure we continue to advocate the long term improvements required for our sector to improve Aboriginal health outcomes with a focused direction. Some of the major activities included:

- NACCHO Strategic Summit, AGM and Annual Member's Conference, Adelaide, November 2002.
- NACCHO led a clinical trial examining the treatment of runny ears using antibiotic ear drops to see how effective they are compared with an oral antibiotic.
- NACCHO in collaboration with NACCHO State and Territory peak affiliates, undertook workshops nationally on the Consultation Paper for the development of the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well Being 2004-2009.
- NACCHO internal review, restructure and business planning.
- NACCHO presented the findings of the NACCHO Tobacco Control Project: Tobacco - A time for action at the Tobacco Control Conference, Melbourne April 2003

Legendary figures in Aboriginal health who outlined the struggles and traumas faced by those at the forefront of the fight for Aboriginal community controlled health services in the early years. They are, from left, Alma Thorpe (Victorian Aboriginal Health Service), Dr Bruce McGuinness, co-founder of the VAHS and NAIHO (the National Aboriginal and Islander Health Organisation), Dr Naomi Mayers, NACCHO Deputy Chairperson and Redfern AMS CEO and Chairperson of the initial National Aboriginal Health Strategic Working Party in 1989, and NACCHO Director, lifelong fighter for Aboriginal health in WA and throughout Australia and Executive Director of the Geraldton Regional Aboriginal Medical Service, Margaret Culbong.

- Ongoing promotion and advocacy of our sector, through submissions, delivering speeches at a range of forums and conferences, sharing information to members and others, up to date website, participation in and/or coordination of workshops, and ongoing planning, liaison and negotiation with Government.

In addition, NACCHO have been involved in a range of ongoing and new initiatives and projects, which are detailed throughout this report. They include the following:

Access to health care

We have been working solidly to ensure that clients accessing our services receive their medicines free of charge through improved access to the Pharmaceutical Benefits Scheme (PBS). This has been a major challenge as the Commonwealth Government have sent clear signals through budget announcements that the PBS is under threat of cut backs, and the proposed changes to Medicare indicates the dismantling of Australia's universal health care system. NACCHO continued their strong stance against such moves and will continue to closely monitor developments in this area and take action as appropriate.

Supporting our workforce

NACCHO's work in this area is supported through the NACCHO State and Territory Affiliates. Each Affiliate has a Workforce Implementation Policy Officer (WIPO) and NACCHO coordinates national meetings quarterly to progress national workforce issues within ACCHSs. The focal point of activity this year has been to: secure these positions on an ongoing basis; the finalisation and implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework; and, the Aboriginal Health Worker and Torres Strait Islander Health Worker Competencies and Qualifications Project.

Demand for health information and research

The huge volume of work in this area continues to reassert NACCHO's need for the funding of a NACCHO Cooperative Research and Development Unit. Despite the need for evidence based research within the NACCHO membership, there appears to be strong support for funding a range of University based research institutions, and Aboriginal Community Controlled health research and health information initiatives are again left marginalised. This goes against NACCHO's philosophy of community control and self determination, also clearly stated in major reports such as the National Aboriginal Health Strategy (1989) and the Royal Commission into Aboriginal Deaths in Custody (1991). We will continue to seek additional support for additional resources to enable us to provide the services our members require.

A fine example of NACCHO's leadership in research is the landmark clinical ear trial recently completed. The main outcomes show that Aboriginal children have a high rate of hearing loss with runny ears, that there is a better treatment for runny ears that should be made available for Aboriginal children; and that Aboriginal Community Controlled Health Services can undertake quality research in finding solutions to Aboriginal health problems.

Both Western Australia and New South Wales have made significant gains in developing working protocols on research and ethics in Aboriginal Health which provided leadership for the NACCHO workshop on Research and Ethics. The workshop focused on the review of the NHMRC's Guidelines on ethical matters in Aboriginal and Torres Strait Islander Health Research to form clear guidelines to take to the NH&MRC meeting in June.

GP Network and RACGP partnership

The support projects developed between the RACGP and NACCHO finished this year. Major outcomes include:

- Development of training videos for doctors in Aboriginal health
- Delivery of Binan Goonj cultural safety training
- Development of ACCHS orientation manuals
- Development of website and list server for the NACCHO GP Network

- Completion of a GP needs assessment
- A national meeting of GPs and the wider primary health care team

Political advocacy and consultation

Throughout the year NACCHO was active in advocating the needs of the membership on a range of policy frameworks including the Aboriginal and Torres Strait Islander Health National Strategic Framework, the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, the National Drug Strategy, the National Mental Health Plan and the Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well Being National Strategic Framework, to name but a few.

This involves attendance on a range of committee's and forums (see page 49-50) and consultation with you – our members, either directly or through the NACCHO Board and NACCHO Affiliates. We work hard at providing our network with regular information to ensure you are kept abreast of national issues in order for you to make informed decisions. It is often difficult to get the balance right between overwhelming you all with reams of paper, phone calls and meetings, but your active involvement in what we do means we can effectively represent your needs. On behalf of the secretariat, we value your time and I would like to acknowledge your passion and commitment in delivering comprehensive primary health care services within your communities and thank you for working with us to build and consolidate all the tireless and understated great work of our sector.

I would also like to thank the funding bodies for their support, in particular OATSIH. We also appreciate the support of other various organisations who respect NACCHO processes and the State and Territory Aboriginal and Torres Strait Islander Health Framework Agreements and their processes. We can all make significant gains when we work together respecting existing partnerships, protocols and processes that are supported by our sector.

My appointment in February as CEO is an honour of which I am very proud. I look forward to continue working with you all to improve the status of Aboriginal health.

Dea Delaney-Thiele > Chief Executive Officer

PUBLIC HEALTH

This past year has been very productive for NACCHO. A number of projects that were initiated several years ago have been completed or are nearing completion. These include:

- the completion of the landmark NHMRC, DEST and Rio Tinto sponsored NACCHO Ear Trial (a national clinical research program to treat runny ears) at 8 ACCHS sites across Australia
- success towards the development of a new Medicare Rebate for a preventive health assessment of Aboriginal and Torres Strait Islanders under 55 years of age
- the completion of the *National Guide for a Preventive Health Assessment in Aboriginal and Torres Strait Islander Peoples* (Well Persons Health Check). through the NACCHO-led Chronic Disease Alliance of Non-Government Organisations (NGOs)

NACCHO Ear Trial

The clinical phase of the trial was completed in June 2002 and data analysis continued over the ensuing months with the report accepted for publication by the Medical Journal of Australia (http://www.mja.com.au/) in July 2003. The report is titled: *Chronic suppurative otitis media in Aboriginal children and the effectiveness of ototopical antibiotics: a community-based, multi-centre, double-blind randomised controlled trial,* and appeared in the journal on August 18 2003.

This landmark clinical trial demonstrated that Aboriginal community-controlled organisations are well placed to lead research, which can be interventional, and of a high scientific standard without compromising the values and principles of those being researched. It showed that a new topical antibiotic was more effective in curing chronic suppurative otitis media (CSOM, known as 'runny ears') than current treatment.

The results of the trial were communicated to ACCHSs in WA and Queensland over March and April 2003. NACCHO is continuing to produce more reports. These include a report to the Department of Education, Science and Training on the impact of CSOM on school attendance, the publication of the process of Aboriginal community-controlled health research, and further data analysis on the bacteriology of CSOM and long-term

Traven Lea, NACCHO's ear trial project officer, and ear trial investigator Dr Sophie Couzos (centre front) meet with staff of the Kimberley Aboriginal Medical Services Council to provide detailed feedback on the ear trial project.

outcomes of ototopical treatment. NACCHO is also working to influence policy based on the outcomes of the trial.

NACCHO believes that with over 100 ACCHSs across Australia, the potential exists for these services to engage in multi-centre research to realise solutions to health problems faced by the Aboriginal population.

Towards a new Medicare Rebate

In 2001, NACCHO submitted a detailed proposal to the Commonwealth Department of Health and Aged Care for the development of a new Medicare rebate for preventive health assessment of younger Aboriginal people and Torres Strait Islanders (<55 years). This action had its origins in recommendations arising from the NACCHO AGM in Hobart in 1999 and from our membership attending the joint national workshop between NACCHO and Australian Divisions of General Practice on the Enhanced Primary Care (EPC) items in Canberra in May 8-9, 2001.

Over the last year, NACCHO has assisted the Department to draft the descriptor for such a rebate and to progress consultation around it. Prior to the May 2003 Budget, the Minister announced 'in-principle' agreement for the development of this new Medicare Benefit Rebate. NACCHO hopes that by the end of this year we will be seeing services across the country able to be subsidised for giving Aboriginal people an opportunity to sustain their health (see also the *National Guide*).

National Guide for Preventive Health Assessment

We know that Aboriginal people and Torres Strait Islanders ask for health checks much less than non-Aboriginal Australians and suffer from a much higher rate of preventable diseases. Health services and general practitioners need to deliver preventive health interventions to those who are least able to ask for it. To this end, NACCHO is pleased to report that it has developed a *National Guide to a Preventive Health Assessment in Aboriginal Peoples and Torres Strait Islander's.*

Based on the best evidence available, this Guide defines best practice for conducting a preventive health care check for Aboriginal people. It will help target resources towards interventions that provide maximum health gain, or 'bang for buck'.

NACCHO developed this Guide with contributions from a number of organisations including the National Heart Foundation, Australian Kidney Foundation, National Stroke Foundation, Cancer Council Australia, Diabetes Australia, Heart Support Australia, Hollows Foundation, and the National Rural Health Alliance, including CARPA and the Tropical Public Health Unit in North Queensland, supported by the Royal Australian College of General Practitioners and the Commonwealth Department of Health and Aged Care. Such an Alliance of organisations is rare in Australia and represents a major achievement for an initiative devised and developed by NACCHO.

The Guide was completed in February 2003 and is currently with the RACGP for editing prior to publication.

Public health strategies and submissions

NACCHO continued to provide advice on a range of health issues throughout the year. These included membership of the National Health Priority Areas Action Council and a number of its subcommittees, the National Public Health Partnership Advisory Group, and the National Indigenous Australians Sexual Health Committee.

NACCHO also assisted the NPHP to progress the draft 'Guidelines for the development, implementation and evaluation of National Public Health Strategies in relation to Aboriginal and Torres Strait Islander peoples' available at: http://www.natstrat/atsi/guidelines/index.htm

NACCHO progressed action towards reforming the Commonwealth Hearing Services Program to ensure equity with regard to Aboriginal hearing health needs. A position paper -*'Delivery of Hearing Health Services to Aboriginal and Torres Strait Islander Peoples'* was tabled at the 2002 NACCHO AGM (see NACCHO web site). An editorial on Aboriginal hearing needs was co-written by NACCHO and published in the MJA on August 19 2002 and can be accessed at: http://www.mja.com.au/public/issues/177_04_190802/coa10271_fm.html

The key recommendations for hearing health reform are also detailed in a submission in June 2003 to the inquiry on child health conducted by the Department of Family and Community Services. The submission entitled *"What's needed to improve child health in the Aboriginal and Torres Strait Islander Population"* provides a useful policy framework for government (including OATSIH) and NGOs.

NACCHO supported the Kimberley Aboriginal Medical Services Council to complete the second edition of *Aboriginal Primary Health Care: An Evidence-based Approach,* published by Oxford University Press. The first edition is widely used in Australia to teach students in the management of significant health problems faced by the Aboriginal and Torres Strait Islander population. The new edition will be available in September 2003.

Research and ethics

In closing, NACCHO reports that during the year, assistance was provided to the NHMRC to revise the *NHMRC 1991 Guidelines on Ethical Matters in Aboriginal and Torres Strait Islander Health Research.* However, the revised draft was not acceptable to our membership. The NHMRC was immovable on this matter and NACCHO withdrew its involvement in the process. NACCHO convened a national workshop in May which recommended the formation of a new national coalition of Aboriginal health ethics committees. This coalition endorsed NACCHO's concerns and a letter was prepared for the NH and MRC. Nevertheless, the NHMRC proceeded to endorse the *Values and Ethics* document in June this year in the absence of NACCHOs endorsement. NACCHO believes the document undermines Aboriginal community-control in research and is seeking further advice to redress the matter.

More information is available by contacting the Secretariat at NACCHO (02 6282 7513 or 08 9192 5258).

HEALTH FINANCING

Pharmaceuticals

Pharmaceuticals are an important part of primary health care, but Aboriginal communities generally have poor access to the Pharmaceutical Benefits Scheme (PBS). The PBS is designed for the needs of mainstream communities, and is generally not appropriate for the needs of Aboriginal communities. While the Federal Government is concerned about the over-use of prescription medicines for non-Aboriginal people, Aboriginal communities struggle to get the medicines they need. Most recent estimates indicate that every PBS dollar spent on non-Aboriginal people, only 33 cents is spent on Aboriginal people - despite their much higher rates of morbidity and mortality.

The section 100 initiative, which allows medicines to be paid for by the PBS, dispensed at the local Aboriginal Health Service, and provided to clients at no cost, continues to provide the best practice model for Aboriginal pharmaceutical supply. Research shows Aboriginal access to the PBS is limited not only in remote areas where distance and lack of health services are obvious barriers, but also in urban and rural areas, where transport problems, cultural factors, and educational disadvantage present significant barriers to access. However, section 100 is currently only available to remote areas. In NACCHO's view, an appropriate scheme to improve access to medication for Aboriginal people in non-remote areas should be developed and implemented as an urgent priority.

Consulting pharmacist, Hannah Burchell (right) meets with Derby, WA pharmacist Sudesh Seivadass and KAMSC's Regional STI co-ordinator Sue Metcalf (left).

NACCHO is also committed to ensuring section 100 is working to its full capacity in areas where it is currently allowed. The section 100 support project, undertaken jointly with the Pharmacy Guild of Australia, was part of this strategy. The project surveyed all participating Commonwealth-funded section 100 services and their supplying pharmacies, provided face to face support for services and assessed pharmacists' uptake of the relevant government support allowance. The project was completed in June 2003 and its findings and recommendations provide a basis for consolidating and refining section 100 arrangements. As well as the need to address the needs of non-remote areas, important themes in the recommendations were:

- Researching and capturing the health impacts of section 100;
- Streamlining administrative processes;
- Improving support to section 100 sites (eg through reform of the pharmacy support allowance);

- Developing a position on eligibility for access to section 100; and
- Reviewing legislative structures.

The Commonwealth Department of Health and Ageing also commenced a formal evaluation of section 100, which is due to report by the end of 2003. NACCHO is involved through its representation on the Reference Group for the project and has kept members and affiliates informed about the process. NACCHO's submission to the evaluation noted that the section 100 initiative had completely revolutionised medicines access in remote areas, and that it represented one of the most substantial positive developments in remote Aboriginal health service delivery for many years. In NACCHO's view, the evaluation would be of most use if it assisted in improving support for existing section 100 sites and in addressing the access issues for Aboriginal people in non-remote areas.

Another pharmaceutical-related issue is the quality use of medicines (QUM). The key focus of QUM is to ensure that medicines are used judiciously, appropriately, safely and effectively. The National Strategy for QUM is part of the National Medicines Policy, and has as its goal to make the best possible use of medicines to improve health outcomes for Australians. To further the goals of QUM, the Federal Government has allocated $12.45 million for the period February 2003 to June 2005 to the Community QUM Program. The Program is managed by the National Prescribing Service (NPS) in partnership with the Consumers' Health Forum and other consumer groups.

NACCHO provided a proposal to the NPS and the Community QUM Program Management Committee highlighting the divergence between mainstream and Aboriginal QUM issues, and recommending approaches which would deliver maximum benefits to Aboriginal communities. Specifically, we proposed that a national support position, with requisite pharmaceutical expertise, be established to provide hands-on technical support to ACCHSs on pharmaceutical management issues. Based within the national Secretariat, this support position would be available to assist services address medication management issues, and would also facilitate links between whole of population themes developed through the Program overall, and tailor those as appropriate to the needs of Aboriginal communities. NACCHO is hopeful that funds will be allocated to this area during the next financial year.

Budgets 2002 and 2003

The Federal Budgets announced in May 2002 and May 2003 offered very little in the way of improving Aboriginal health. Rather than any increased funding, the 2002 – 2003 Budget signaled the Government's intention to increase Pharmaceutical Benefits Scheme (PBS) co-payments; a move which would have further eroded Aboriginal people's access to PBS medicines. Although this measure was not passed by the Senate, it sends a clear signal that access to PBS may be under threat.

The 2003 – 2004 Budget announced May 2003 likewise failed to address the needs of Aboriginal Australia. NACCHO had outlined key areas for immediate action in its pre-Budget statement. These included:

- Improving the supply of GPs and other medical professionals to Aboriginal health services;
- Improving access to medications for Aboriginal people in non-remote areas;
- Establishing a comprehensive national Alcohol and other Drugs Network;
- Introducing a Medicare Rebate in the Medicare Benefit Schedule for the primary and secondary prevention of disease in younger Aboriginal people and Torres Strait Islanders; and
- Enhancing the Commonwealth Hearing Services program to meet the hearing needs of Aboriginal and Torres Strait Islander peoples.

Although some progress has been made on the issue of the Medicare Rebate (refer Sophie's section), none of these priority areas were addressed in the Federal Budget. A further release of Primary Health Care Access Program (PHCAP) funds flagged in the 2001 Budget was made, but no new allocations were made to PHCAP. NACCHO has put on record that PHCAP in its current form and with its current level of resourcing does not meet the primary health care needs of Aboriginal communities. The lead times and red tape involved means that PHCAP monies are very slow to reach the ground – in Queensland, for example, not one new PHCAP-funded services has started, despite funds being announced in 1999.

Proposed changes to Medicare

In May 2003, the Federal Government announced its intention to introduce changes to the Medicare system. Main features of the proposal included

- Incentives to be paid to practices opting into the scheme in return for bulk-billing of all concession card holders;
- GPs in participating practices eligible to claim the Medicare rebate direct from the Health Insurance Commission (HIC), with the patient only having to pay the gap between the rebate and the amount charged by their doctor;
- Introduction of a new safety net for concession card holders with $500 or more for out of hospital medical services in any year;
- Private health insurance will be able to provide cover for all out of hospital service exceeding $1000 in any year for non-concession patients;
- 234 additional bonded medical school places, where graduates would have to work for 6 years in areas of workforce shortage after graduation;
- assistance for the employment of practice nurses in areas of workforce shortage;
- incentive payments for GPs to treat veterans.

ACCHSs would be entitled to the incentive payments, and the extra 234 bonded medical school places would have a strong potential to increase numbers of doctors in ACCHSs within the next 6 – 10 years. However, the fundamentals of the package appeared to be an attempt to dismantle Australia's universal health care system, risking further widening the gap between the haves and the have-nots. NACCHO was also concerned that private GP

incomes would be likely to rise, as the proposals gave a green light to charge additional co-payments to those ineligible for a health concession card. This would exacerbate the existing salary differential between private GPs and doctors in the ACCHS sector, and place further pressure on recruitment and retention of doctors for NACCHO members.

Although the proposed changes do not have the support of the opposition parties, they represent a potential threat to Aboriginal health which NACCHO will continue to monitor.

HIC Communications Strategy

The Keys Young study[1] in 1997, identified a number of barriers to Aboriginal and Torres Strait Islander people access to Medicare and the Pharmaceutical Benefits Scheme (PBS). NACCHO, of course, played a key role in the direction and recommendations of the Keys Young study. Key recommendations of the study which fell within the Health Insurance Commission's (HIC's) area of responsibility focussed on the development of better administrative arrangements and services for ACCHSs and Aboriginal people.

However, the HIC also recognised the need for a communication strategy on HIC-administered programs, targeting Aboriginal and Torres Strait Islander peoples and their health service providers. In September 2000, the NACCHO Board accepted an HIC contract to provide advice on and support for the development and implementation of this communications strategy.

The strategy aimed to improve access to Medicare and PBS amongst Aboriginal people through providing information and support to Aboriginal community controlled health services as well as to Aboriginal people at the community level. It also addressed mainstream services, general practitioners, practice staff and relevant specialists, pharmacists and pharmacy staff, other key Aboriginal organisations, and HIC staff.

In July 2001, NACCHO provided a detailed issues paper to the HIC, outlining the issues impacting on communications between the HIC and Aboriginal communities and containing key recommendations on how best to ensure the communications strategy would improve the accessibility of HIC services to Aboriginal people and their health organisations.

Throughout 2001-2002, a number of drafts of the Strategy were produced by the HIC, and NACCHO provided detailed feedback on each. By the end of this period, the HIC had produced a strategy that incorporated NACCHO's concerns and comments. A key part of the Strategy was the focus on communicating to Aboriginal and Torres Strait Islander people through the ACCHSs sector, and this was continued through NACCHO's involvement in the production and trial of campaign materials. Improving Aboriginal people's access to the schemes administered by the HIC is an important goal for NACCHO and we will continue to monitor the HIC's performance in this area.

1 Market Research Into Aboriginal And Torres Strait Islander Access To Medicare And The Pharmaceutical Benefits Scheme (PBS).

HEALTH INFORMATION

Background

How we understand Aboriginal health and how we monitor progress, are both radically changing to reflect social determinants of health and community perspectives. NACCHO is engaged in this re-think by expressing its social and community priorities on peak forums (eg National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSHID) through our Chair and CEO) and with peak statistical bodies such as the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW) and the Commonwealth, through OATSIH – in workshops, reference groups for surveys and census processes, and so on.

The ABS has embarked on an ambitious and potentially useful program of Indigenous data development which reflects growing awareness of the importance of history, government intervention, and social context to Aboriginal health and its advancement.

Government and Service accountability continue to be a key objective of the unfolding Service Activity Reporting (SAR) database-development joint project with OATSIH. Services routinely, annually, complete forms based on the scope and focus of their activities, staffing and resource needs, and mostly, individual client contacts. This results in a Key Results report which is distributed to all Services along with an individualised report which helps Service see their activities in a regional context. NACCHO is heavily committed to supporting this complex primary health data management and reporting exercise. Through the SAR in particular, we develop a national profile of what Services do 'on the ground' with what resource base, to inform policy development and advocacy. NACCHO also has contributed to the revision of Indicators against which State and Territory governments report actions to address Aboriginal health.

Service Activity Reporting (SAR) – toward a National Aboriginal Primary Health Care Profile

The Service Activity Reporting (SAR) data development has continued to lag in reporting due to insufficient resources in both OATSIH and NACCHO. Reporting on the 2000-01 data was released in early 2003. Based on 124 Services (up from 117 the previous year) from across Australia (107 of which provided authorisation to NACCHO to use their 'identified' information for our own internal analyses) which has been generated since 1997, is used to raise the profile of what Services do and their current constraints. The SAR project is managed through a joint NACCHO-OATSIH Committee which meets at least annually. In the past year it met twice.

See *SAR* at a glance – next page

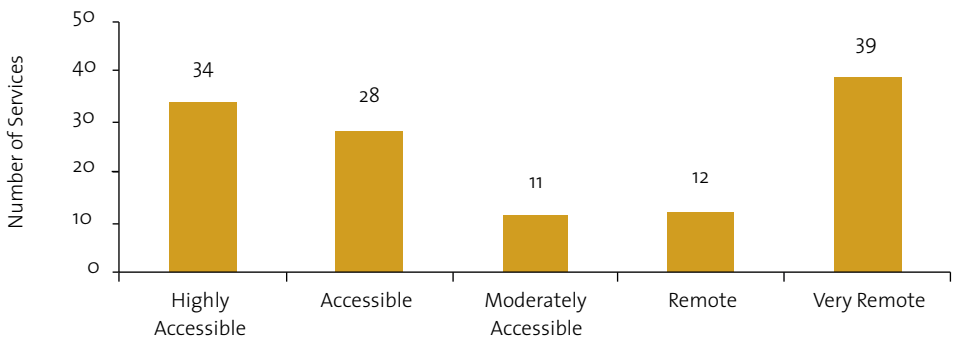
SAR at-a-glance

Number of Services that provided SAR data out of 129: **124**

Percent of Services receiving less than $500,000 in OATSIH funding (note: some Services may receive funding from other sources such as State/Territory Governments): **42%**

Number by ARIA (remoteness category): see Table 1

***Table 1:** Location of AHS's according to ARIA classification (2000-2001 SAR)*



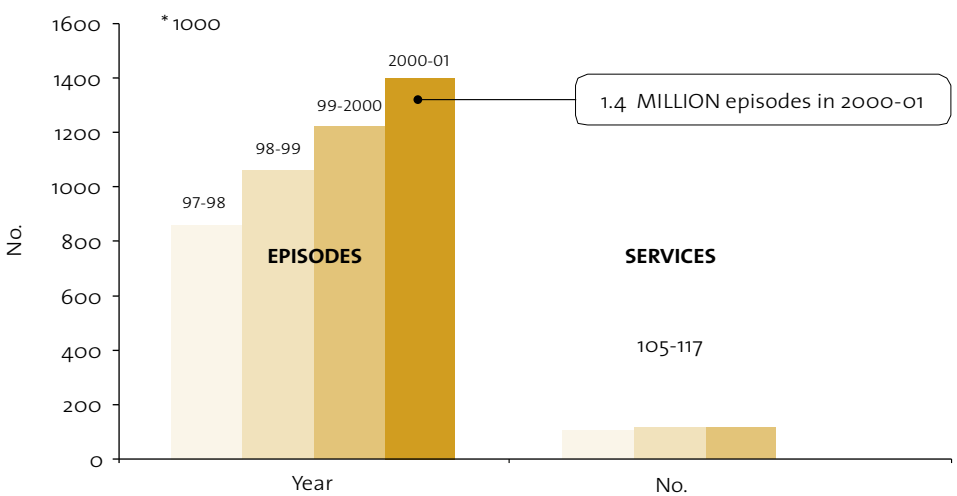
Estimated "episodes" of health care

Total "episodes" of health care delivered during 2000-2001: **1.4** million

Note: an episode can be between an individual client and multiple staff over several hours if on the same day.

Number of episodes of health care delivered by services receiving less than $500,000 in OATSIH funding: 200,000 (15 per cent).

***Table 2:** Episodes and number of Services 1997-2001*



Staffing

- Full time equivalent (FTE) staff positions employed by Services: **2300**
- FTE visiting health professionals & CDEP staff (not paid by the service): **200**
- Total across the Sector: **2500**

Percent of staff who are Aboriginal and/or Islander: **67%**

Number of FTE Doctors working in the Sector: **180**

Scope of activities – examples only

Proportion of services providing:

- Health promotion/education: **90%**
- 24-hour emergency care: **34%**
- Transport: **92%**
- Community development work: **67%**
- Child growth monitoring: **72%**
- Regular age/sex appropriate well person's checks: **68%**
- Eye disease screening: **61%**
- Management of Hep C: **37%**

In the past year, reports based on SAR data were provided to assist secretariat policy work, and to provide the Chair, other Board members and Affiliates with material for presentations. NACCHO also provided advice about improvements to questions on substance use and SEWB in particular, and prepared a critical paper *'The SAR form 2000-2001 – what are we capturing?'* to facilitate discussion about the lack of 'outcome' and 'social context' data in the SAR, and the relative domination of 'process' information – which will feed in to a longer-term consideration on the value of the SAR.

One the major issues has been *SAR Enhancement Funding*, as the SAR has been used to help determine how funds are allocated to Services, or to communities wishing to establish community-controlled services. Another theme concerned the overall policy context in which the SAR operates. NACCHO prepared a Statement of Principles and has tabled these for further discussion and incorporation into the joint NACCHO-Commonwealth *Information Agreement* which governs the SAR as a whole. As government accountability in providing adequate resources for comprehensive primary health care is a key platform of the SAR, based on evidence provided by Services, an on-going issue between the parties continues to be the use of SAR data in staff resource modelling – based on the agreed formulae published within each form. NACCHO has continued to test the appropriateness of these formulae to explore better ways of using SAR data to support advocacy for resources. NACCHO has expressed on numerous occasions that resources for the Sector continue to be inadequate. Further, much more could be done with existing SAR data if an additional part-time position was able to be dedicated to this project.

Patient Information Recall Systems

During the past year NACCHO has continued to seek finalisation of a new date for an agreed joint NACCHO-OATSIH National forum on Information Technology and Aboriginal Health Services). OATSIH had initially set this as June 2002 but cancelled it at late notice, advising that it would be held before the end of 2002. By the end of the financial year the forum had not occurred. This issue continues to cause of lot of Services considerable grief as it is now the 'backbone' of day to day communications, general business and client management, let alone annual reporting, for example, in the SAR. It has come to NACCHO's attention for some time that some of the software packages heavily promoted by the Commonwealth have now become very expensive to maintain and upgrade. However this is merely one of the current concerns suggesting that the need for this Workshop continues to be urgent. Further, without appropriate client management software, often difficulties arise in providing accurate SAR data.

Other information 'fronts' – the Indigenous Social Survey

The Australian Bureau of Statistics (ABS) have carried out the most extensive and potentially useful survey of Aboriginal social issues through the Indigenous Social Survey based on the views and social circumstances of over 9,000 Aboriginal people. This is a ground-breaking study (more extensive and reliable than the 1994 NATSIS) on a host of social health issues pertinent to an understanding of Aboriginal participation/ marginalisation in the Australian social system, and how that might affect health and well-being. NACCHO has been a member of its Reference Group, along with numerous Aboriginal agencies including Land Councils and ATSIC. Results are due in late 2003.

In addition, NACCHO business with the ABS has grown in complexity and pace over the past 12 months. The ABS is exploring better ways of working with communities to produce more reliable and useful information. For example, NACCHO has participated in workshops regarding their 'community consultation strategy' especially as it relates to how they carry out the Census and what questions are appropriate. The importance of the Census cannot be overstated as without accurate population figures not only do communities miss out on funds they might otherwise be allocated for various programs, but all published health 'stats' rely on good population data for working out how well or sick a population is...that is, by production of 'rates'.

'Mental Health'/Social & Emotional Well-being Data (SEWB Data)

As outlined last year and as agreed with NAGATSHID, NACCHO has continued with its project to *'advise on appropriate tools for assessing emotional/social wellbeing in Aboriginal and Torres Strait Islander communities, with an initial focus on mental health status'.* However, no additional resources were provided to facilitate NACCHO's project in an effective and efficient manner despite repeated requests and a formal bid which was tendered with AHMAC in November. (A decision on that has now has been delayed until September 2003).

NACCHO and NAGATSHID had earlier found unacceptable a proposal to include the *Kessler-10 Psychological Distress Scale* in the 2001 ABS National Health Survey (NHS). Several parties (eg., OATSIH and SCATSIH, the ABS and AIHW) have continued to call for 'quality Aboriginal mental health' information – believing that the NHS remained an appropriate vehicle for such information gathering.

Over the past year, NACCHO has explored 15 research projects in depth (including many community-controlled and pioneering research ones such as through the Kimberley Aboriginal Medical Services Council and the Rumbalara Aboriginal Cooperative in Victoria. This analysis has been combined with a thorough literature review about: the complex issues of measurement and cross-cultural psychology/mental health; the history, ethics and politics of Aboriginal community-defined 'well-being'; work-in-progress across the globe on Indigenous mental health and well-being. A paper was presented to the Public Health Association Conference in September 2002. Another was prepared on self-harm related data for the Suicide Prevention Australia conference in June. Discussions/workshops have been held with many Services and their counselling/psychiatric staff, the Regional Centre forum, and other experts beyond the Sector – including International psychometric research specialists. A Commonwealth-funded visit to Perth for an Injury Prevention Workshop provided an opportunity to learn of worthwhile initiatives in the West. In particular, the *WA Aboriginal Child Health Survey* which WAACCHO helped guide, and which is being promoted for National application, involved the use of a mental health research tool which seemed to have met with community support and has produced interesting results. A further WA project with Aboriginal co-leadership is, however, probing assumptions that underpin such research tools and exploring community-based perceptions of 'mental health' and the terms and phrases that various communities use to describe their well-being – in order to develop a 'ground up' tool which could then be incorporated into research which is likely to mean a whole lot more to Aboriginal organisations and communities. Overseas too, initiatives taken by First Nations of Canada in researching and planning for community *wellness* are being explored in order to provide models of research for the Board to consider.

The final paper *'Minefields, 'measurement' and Aboriginal emotional & social well-being/ mental health: community perspectives'* is nearing completion and will be tabled with the Board and then NAGATSHID in August 2003.

NACCHO has already learnt that even *if* some form of alternative to the 'Kessler10' can be found or adapted for the ABS's purposes, the community sector has expressed the need for its own community-based surveillance of SEWB issues in and for communities – for client assessment and outcome evaluation, for regional and national analyses, and especially for sensitive consideration of several cultural and social matters considered beyond the scope of routine National Health Surveys.

Protocols

Many other issues before NAGATSIHID remain central to NACCHO's interests eg Health Data Protocols, Primary Health Care Data Working Group. However, NACCHO has continued to be very disappointed with the progress of these agreed Work Items. In particular the lack of National Health Data Protocols continue to hamper a range of projects and reporting processes.

NT Health Information Trial

Wurli Wurlinjang, one of our member Services, will act as a 'hub' for information arising from a Northern Territory Trial based at Katherine - one of two 'fast-tracked' Trials for the National Health*Connect project*. Health*Connect* is a two-year Commonwealth, States and Territories'

research and development project which aims to test the value and feasibility of a proposed national health information network to facilitate the safe collection, storage and exchange of consumer health information between authorised health care providers. This Trial, and another in Tasmania focussed on Diabetes, got under way in late 2002. The Katherine Trial is primarily concerned with Aboriginal health issues associated with a mobile population in remote locations. NACCHO is represented on the Health*Connect* Stakeholder Reference Group through the Secretariat.

The NT Health Connect Trial and community control

This proof-of-concept trial will test the value, acceptability/ethics and feasibility of networking key agreed health information in the Katherine region. Currently all health service providers involved use computer-based clinical information systems to facilitate individual health care delivery and planning. It is proposed that with an individual's consent, health care events recorded on these existing systems will also result in creation of an event summary – which would then be forwarded to an electronic repository securely housed in the *Wurli Wurlinjang Aboriginal community controlled health service*.

This could significantly enhance the community's capacity to control information about its client as they interact with the wider health system.

Injury prevention advocacy

Advocacy in relation to preventable deaths and morbidity from injuries continues to represent a minor but important aspect of NACCHO's work. NACCHO is a member of the Aboriginal and Torres Strait Islander Injury Prevention Action Committee (ATSIIPAC) which has commissioned a major report on the extent of the problem, current projects in communities to address it, and how a National Plan and approach is required. NACCHO will participate in development of this Plan and further advocacy.

Some of the delegates who attended NACCHO's urgently convened two-day forum to discuss the Research Ethics Statement and which led to the creation of a new coalition of Aboriginal Ethnic Committee. (Further information see page 26.)

National Performance Indicators – the 2000 jurisdiction reports against the Aboriginal and Torres Strait Islander health performance indicators

The latest report regarding State and Territory government progress in addressing Aboriginal Health (based on 2000 data and hence the original Indicators) has disappointed NACCHO due the evident inability or lack of willingness of some jurisdictions to report against several indicators – combined with their failure to indicate how they intend to improve such reporting for the subsequent report, as agreed. This concern has been tabled with NAGATSIHID. Some Indicators however have proved useful and will be further considered in the near future.

EMOTIONAL AND SOCIAL WELL BEING

Early in the financial year, NACCHO bid farewell to Cheryl Mundy, NACCHO's Social and Emotional Well Being Policy Officer and welcomed her back as a NACCHO Board Member.

NACCHO's commitment to emotional and social well being issues continued focusing on advocating for policy development to abide by the principles of self determination and increased resources. This has been a point of continued contention as we engaged with the Department of Health and Ageing to develop appropriate responses to suicide prevention and the development of a revised national social and emotional well being strategy/ framework.

Development of a National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well Being (2004-2009)

NACCHO continued to play an integral role in the planning, development and consultation to develop a revised draft social and emotional well being strategy particularly through membership on the Social Health Reference Group. This reference group has a working group, chaired by Mrs Pat Delaney, co-author of the *Ways Forward Report* (1995) who provided advice to the writers of the document, to which NACCHO also plays a role. Despite the best efforts of both Pat and NACCHO, the document was, at the end of the day, heavily influenced by government.

Participants, from all parts of Australia, at the national workshop –without whose help NACCHO couldn't have finalised its detailed response to the framework process.

The Chairperson of this group, Ms Sally Goold requested NACCHO to undertake consultations within our membership on the draft document, which NACCHO readily accepted. The consultations took place in cooperation with NACCHO Affiliates from March through to June 2003. The level of interest, commitment and feedback to social and emotional well being issues was very high – thank you to all who took part. Copies of the reports can be found on the NACCHO Website.

This feedback will be forwarded to the Social Health Reference Group and the Department of Health and Ageing, for consideration in the redrafting - which will undoubtedly strengthen the depth of content in the document and increase the effectiveness in the implementation over the next five years.

3rd National Mental Health Plan

The third National Mental Health Plan is about to be finalised through AHMAC for the next five years. NACCHO, through the efforts of Pat Delaney ensured that the National Mental

Health Working Group did not minimize the need for Aboriginal peoples to have high quality access to mainstream mental health services. It is anticipated that the final document will make the necessary links to the Aboriginal and Torres Strait Islander mental health and social and emotional well being national framework to ensure that the appropriate agencies act on their responsibilities to improve mental health service provision to Aboriginal peoples nationally.

Life Promotion – suicide prevention

NACCHO continued its working links with the Suicide Prevention Australia over the year and presented a key note address at their annual conference. NACCHO have been engaging with SPA to further develop its relationship to maximize SPA's ability to promptly respond to Aboriginal suicide prevention issues in a culturally sensitive manner.

Living is for Everyone (LIFE) Project

Living is for Everyone (LIFE) is the policy framework for prevention of suicide and self harm in Australia through until 2004 and is administered through the Mental Health and Special Programs Branch of the Department of Health and Ageing.

The National Advisory Council on Suicide Prevention supported the provision of $1.6 million over 2001-2004 to Aboriginal and Torres Strait Islander life promotion activities. The funding was approved in October 2001.

NACCHO deputy CEO, Glenda Humes (left), Gai Wilson and Penny Mitchell of Flinders University and Elaine Lomas meet to discuss the Community Life Project.

At the end of 2001-2002 the NACCHO Secretariat meet with Departmental staff to plan the implementation of the allocation of $1.6m in accordance with the objectives of the LIFE framework. During this time NACCHO submitted two submissions and were eventually advised that NACCHO would have to form part of a wider consortium which included mainstream community life initiatives. While concerned with the process, NACCHO proceeded because of the high suicide rates within Aboriginal and Torres Strait Islander communities and the urgent need for resources viewed as critical by members. It was felt that it was either form part of a consortium and try and make the project work well, access and draw support and resources from those organisations, or decline and not be forced into a project set up to fail, and hope that some resources reach member organisations for community driven projects. These issues were discussed by the NACCHO Board for direction in mid 2002.

NACCHO formed a strong and respectful alliance with the Suicide Prevention Association and together with other community organisations (ALGA, NRHA, SANE) developed and

forwarded a submission to the Department, as agreed to by the NACCHO Board. Concurrently, two separate University based tenders prepared by Curtin and Flinders Universities were also submitted.

At the end of 2002, the Department then decided to make all separate tender partners work together and directed each agency on what roles and responsibilities they would have and requested all agencies to work together to come up with a revised submission. The Department stated that no one tender could deliver on all aspects of the LIFE Framework, but collectively all groups could deliver on the objectives through a consortium arrangement where Curtin University was the lead agency.

Despite having an acute awareness that forced partnership arrangements are less than ideal and could jeopardize the integrity of NACCHO's planning, NACCHO, continued to be part of the process on the basis that:

- NACCHO would be lead agency on Aboriginal and Torres Strait Islander Community LIFE initiatives;
- The intent of the project would not be jeopardized;
- NACCHO employ a national coordinator in it's secretariat; and
- NACCHO State and Territory Affiliates would be resourced with a position to implement the project's activities.

Curtin University of Technology (CUT) is the lead agency for the Community LIFE project. As such NACCHO spent much of the year negotiating the contract with the University to fulfill our project obligations.

Despite ongoing difficulties NACCHO worked continuously with the CUT Management Team and NACCHO affiliates in ongoing planning in the hope that the Department of Health would compromise, sadly this did not happen. The Board was also worried that the continual delays would limit the capacity for the project to be productive and completed successfully given its short life span.

Unfortunately no agreement could be reached due to forced management structures placed upon this project by the Department of Health and Ageing. The NACCHO Board considered this dilemma on many occasions and to its frustration could see no safe way to continue NACCHO's involvement with the project. This was on the basis that NACCHO was not able to guide the project, as there was no respect given to the principles of self determination through community control and on 'do no harm' strategies to ensure that the project delivered on outcomes of benefit to the community.

Toward the end of the financial year CUT made arrangements with the Department of Health that this component of the Community Life project would no longer be part of their responsibility, as they acknowledge the need to work cooperatively with the NACCHO network.

NACCHO remains hopeful that the Department of Health will continue discussions on alternative future projects to alleviate the ongoing crisis in Aboriginal communities on this issue.

SUBSTANCE MISUSE

It has been a frustrating year for policy development and project work on substance misuse. As a result of the one alcohol and other drug workshop that NACCHO held in Canberra in April 2002, the Alcohol and Drug Policy officer, in consultation with Affiliates, developed a detailed submission to gain funding to implement NACCHO's 5 Year Strategic Plan for Substance Misuse.

This proposal was based on the concept of developing a national network, one worker in each State and Territory Affiliate, to support the work of services and feed into national and State/Territory strategic planning work. This funding proposal was submitted to the Alcohol Education and Rehabilitation Foundation (AERF) in June 2002. The AERF responded in December 2002 that they were not able to fund the proposal. This was a great disappointment to NACCHO as it is impossible to complete any meaningful work in this area without the infrastructure throughout Australia to strategically address all of the issues affecting our services around substance misuse. The most frustrating part about not receiving funding for the network is that none of the organisations approached, either government or non-government, have disputed that there is a need for such a network.

NACCHO participated in the consultation process to develop the National Drug Strategy – Complementary Action Plan for Aboriginal and Torres Strait Islander Peoples. Consultation workshops were held in Alice Springs, Melbourne, Sydney and Brisbane. The Action Plan has been finalized and will be submitted to the Ministerial Council on Drugs for endorsement in August.

WORKFORCE ISSUES

Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework

This framework was endorsed through the Australian Health Ministers Advisory Council (AHMAC) in May 2002. Working with governments to develop the implementation of this framework has been a major part of NACCHO's work for the last financial year. NACCHO successfully lobbied for a position on the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) – a sub-committee of AHMAC. That is tasked with developing an implementation plan for the framework. NACCHO has also worked closely with OATSIH to define the areas of importance to NACCHO. Most States and Territories have established working groups under the Joint Planning Forums to develop State/Territory based implementation plans.

Workforce Issues Policy Officers (WIPO) national network

Throughout the year, the workforce policy officer at NACCHO has continued to work with the WIPOs in every State and Territory. The WIPOs are based in each Affiliate office and provide a vital link to activity that occurs at the State and Territory level. At the last WIPO meeting of the financial year all of the members of the network agreed to work together to achieve joint planning and reporting frameworks, which are aligned to the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework*. This will only serve to strengthen the network and provide greater capacity for information sharing between States and Territories and at the national level. It will also serve to help articulate for Affiliates and for NACCHO what activities they want to be involved with in the implementation of the Framework.

Aboriginal and Torres Strait Islander Health Workers (AHW)

In May NACCHO convened a national meeting to address some of the emerging issues that were being identified by the Aboriginal and Torres Strait Islander Health Workers (AHW) Competency and Qualifications Project. One of the main outcomes of the meeting was the circulation of an agreed national definition of an AHW:

- Aboriginal and Torres Strait Islander Health Workers are Aboriginal and Torres Strait Islander people who work within a holistic primary health care framework as determined by the local Aboriginal or Torres Strait Islander community to achieve better health outcomes for Aboriginal and Torres Strait Islander individuals/families and their communities.

South Australian delegates were Francis Rigney (Shine, SA), Mary Buckskin, Janine Engelhardt, Ngara McAdam (the Aboriginal Health Council of South Australia), and Eddie Moore (Aboriginal Health Services Division, Department of Human Services.

NACCHO Chair, Henry Councillor (front left) and board members Margaret Culbong and Cheryl Mundy , and delegates from all States and Territories at NACCHO's two-day National Forum on Aboriginal Health Workers issues held in Canberra in May.

- The diversity of their roles will be reflected in industry driven and recognised qualifications, which are appropriate to the jurisdictions in which they work.

In addition, it is recommended that NACCHO adopts the following definition for Aboriginal Health Workers **Primary Health Care Practitioners** (ie those undertaking work at a level requiring more formal training):

- Aboriginal or Torres Strait Islander **Primary Health Care Practitioner** is an Aboriginal or Torres Strait Islander person who is competent to:
- Apply cultural and community insights to ensure culturally safe practice by self and others;
- Safely manage presenting health problems in the Indigenous primary care and community setting, including comprehensive assessment, treatment, education and appropriate referral;
- Undertake population health activities in the Indigenous primary care and community setting including screening, surveillance and health education;
- Function as an advocate and broker of change in respect of broader social and environmental determinants of Indigenous health; and
- Function as a vital member of an Indigenous primary health care team.

It is recognised that Aboriginal Health Workers work in a broad range of areas and further definitions may need to be developed to cover workers within specific areas.

The final endorsement of these definitions for the NACCHO membership will happen after a national consultation process.

Another major outcome of the meeting was to establish processes to develop strategies that would protect the integrity of Aboriginal Registered Training Organisations as the most appropriate vehicle for the delivery of AHW training.

Aboriginal and Torres Strait Islander Health Workers (AHW) Competency and Qualifications Project

Community Services and Health Training Australia (CSHTA), the national industry training advisory body, was contracted by OATSIH in July 2002 to develop national qualifications and competency standards for Aboriginal and Torres Strait Islander Health Workers (AHW). **A training package describes the skills and knowledge needed to perform effectively in the work place. It does not prescribe how an individual should be trained.** The reviewed competency standards will be developed according to the requirements of the Australian Quality Training Framework (AQTF).

The project has included a review of the *Aboriginal Health Worker and Torres Strait Islander Health Worker National Competency Standards 1996* and is being undertaken in the context of the following workforce and training reviews conducted by the Commonwealth and in the States and Territories.

- *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework*, AHMAC, May 2002
- *TRAINING re-VISIONS: A National Review of Aboriginal and Torres Strait Islander Health Worker Training,* OATSIH, 2002

An Aboriginal and Torres Strait Islander Project Steering Committee was established according to Australian National Training Authority (ANTA) contractual requirements. The role of the Committee is of overall management of the project. It was anticipated the Steering Committee would meet 4 to 5 times over the life of the project. NACCHO has representation on this Steering Committee.

NACCHO will also have involvement at the national level through inclusion on the National Industry Reference Group (to meet once or twice) and by nominating 5 people from the membership to be employed by CSHTA to be technical advisors to the people writing the competencies. All of the people nominated by NACCHO have extensive experience in the development and delivery of AHW training through Aboriginal Registered Training Organisations (RTO).

To assist the process a State/Territory project coordinator was employed in every State/Territory. In many States/Territories this position has been filled within our Affiliate offices. NACCHO's membership will also be engaged at the State/Territory level through the State/Territory working groups and the information sessions run by the project officer in each jurisdiction.

GENERAL PRACTICE POLICY AND PROJECTS

NACCHO GP Network

A key aim of the GP Network has been to provide professional and social support for GPs working to improve Aboriginal health both within and outside the ACCHS sector.

During a trial period of July to September 2002 for the Network listserver and Website the Network functioned well, offering an increasing range of services to its members and generating more member activity. Subsequently, activity declined as staffing issues impacted on the level of support provided to Network activities. Unfortunately, funding for the network ran out at the end of December and continuing funding negotiated through a joint proposal between NACCHO and the RACGP is yet to be realised. This has meant that there has been no capacity to actively support and develop the network although the listserver and database remain operational.

The evaluation showed that the Network listserver and website is already playing a role, and can be developed further, to provide the professional and social support for GPs, however a base level of funding is required. Further, electronic communication needs to be seen as a complementary strategy to a range of other practical support strategies such as face to face meetings. As part of a package of measures it would appear to have the potential to play an extremely useful role in dissemination of information, peer support discussions as well as feedback from grassroots GPs in relation to possible program and policy changes.

GP training

At this stage the Minister has declined to allow NACCHO formal membership of GPET. However, through our membership of the Aboriginal and Torres Strait Islander Health Training Reference Group of GPET, which NACCHO chairs, we have been promoting the development of a national framework for Regional Training Providers engagement in Aboriginal health. This should be finalised towards the end of 2003 with the aim of being built into the contracts of the RTPs for 2004. The Framework is being built around seven key result areas:

1. Establish and support governance of Indigenous health training (IHT) through effective national and regional partnerships including the NACCHO, its state and territory affiliates and local Aboriginal Community Controlled Health Services
2. Provide information and support to Aboriginal Community Controlled Health Organisations to enable them to participate actively in IHT
3. Provide additional support and training to GP Registrars (GPRs) identifying as Aboriginal or Torres Strait Islander and those with an interest in working in this health area
4. Facilitate GPR access to well supported and effective Aboriginal and Torres Strait Islander Health Training (IHT) Posts
5. Deliver effective and appropriate training in Aboriginal and Torres Strait Islander Health in each region for all GP Registrars
6. Increase the evidence base concerning best practice in IHT
7. Increase organisational commitment to improved Aboriginal and Torres Strait Islander health

Joint Consultative Committee

The RACGP, the Australian College of Rural and Remote Medicine (ACRRM), the Australian Indigenous Doctors' Association (AIDA) and NACCHO jointly agreed to establish a Joint Consultative Committee (JCC) in Aboriginal health in September 2002. This committee is responsible for issues relating to General Practice standards in Aboriginal health including standards in GP training. It is currently developing a workplan and is expected to look at issues including:

- standards and accreditation processes for Aboriginal Health training Posts;
- technical and cultural competence of Overseas Trained Doctors (OTDs), including the provision of appropriate training;
- workforce issues; and
- accreditation in cultural safety of mainstream general practices, particularly teaching practices.

General Practice Partnership Advisory Committee (GPPAC)

The Access Taskforce of GPPAC has let a consultancy to profile the GP workforce in Aboriginal health looking, in particular, at the reasons why they work in Aboriginal health and why they stay or leave. It is due to report in October 2003 and should provide valuable evidence for developing strategies to improve the recruitment and retention of doctors in Aboriginal health and to advocate for additional resources to implement these strategies.

NACCHO has been working with the Rural and Remote Standing Committee of GPPAC to develop a proposal to better engage private general practice in Aboriginal health through recognising and supporting the leadership role of ACCHSs in a partnership approach between Divisions and ACCHSs. This proposal is contingent on proper needs-based resourcing of the ACCHS sector to enable them to appropriately engage in the partnership with Divisions of General Practice. This proposal has emerged from our efforts to seek greater accountability of rural program's expenditure on Aboriginal health and extending relevant rural and remote programs to urban ACCHSs.

Despite continued advocacy to the Department through GPPAC about the development of an Aboriginal modifier to the Standardised Whole Patient Equivalent (SWPE), used to calculate payments through the Practice Incentives Program (PIP), progress remains remarkably slow. A modifier is needed to counter the discriminatory effects arising from standardising payments (by age and sex) to the average morbidity profile of the Australian population whereas the Aboriginal population's morbidity profile is radically different.

Divisions of General Practice

The content of an MoU between ADGP and NACCHO has been agreed by our respective Boards with the intention to sign and launch the MoU at the Divisions Forum in November

2003. The MoU stipulates the need for NACCHO and ADGP to meet regularly around the implementation of an annual workplan which is currently being developed. GP accreditation, support around implementation of the EPC Items and chronic disease budget initiatives, seeking funding for a NACCHO/ADGP consortium to identify best practice in Divisional engagement in Aboriginal health, the implementation of the model for better engaging general practice in Aboriginal health discussed above are likely to be central to the workplan. The outcomes of the review of the Divisions of General Practice are also likely to be central to our joint workplan.

RACGP projects

Funding for the RACGP projects finished on December 2002. The development of four short videos on Insight into Aboriginal Community Control, Doctors in Aboriginal Health, Aboriginal Health Workers and Cross Cultural Awareness were a highlight of the projects and jointly launched by NACCHO and the RACGP in February 2003. Negotiations to continue aspects of the projects such as the GP network have been bogged down in recent months and if they go ahead will be at a considerably lower level of funding. The Department is also not supporting the publication of the final evaluation of the projects.

Together at the launch are the Chairperson of the Aboriginal and Torres Strait Islander Health Projects Steering Committee, Mary Martin, which oversighted the production of the videos, NACCHO's Deputy CEO Glenda Humes and the President of the RACGP, Professor Michael Kidd.

EFFECTIVE REPRESENTATION

Media and advocacy

NACCHO continued its strategic approach to representing ACCHSs through representation on national committees and working groups and by accepting keynote speaker roles at major health-related conferences.

It also continued to issue media releases to provide an Aboriginal community-controlled health service viewpoint on issues affecting Aboriginal Australians.

Press releases, speeches

During the 2002-2003 financial year NACCHO issued a considerable number of press releases on a wide-range of issues that affect Aboriginal health outcomes. The Chairperson also delivered major or keynote addresses at a number of important conferences. Earlier in the financial year (August) the then Chairperson Pat Anderson delivered the prestigious Telstra National Press Club address in Canberra and called for an additional $250 million to be allocated for Aboriginal health. This was the first time that an Aboriginal health organisation had delivered the Telstra address. Subsequently, in September and through to almost the end of February, Ms Anderson issued releases on doctor shortages, the state of Aboriginal health, to call for applicants for the Puggy Hunter scholarships, on substance misuse, to call on the Federal Government to overhaul its major health funding programs and to condemn the the High Court decision to reject the land rights claim by the Yorta Yorta people.

Former Chairperson Pat Anderson delivers the nationally televised Telstra address at the National Press Club in Canberra.

Two major announcements were made in February and early March – the first being the appointment of Dunghutti, NSW woman Ms Dea Delaney Thiele as NACCHO's Chief Executive Officer and then the appointment of Mr Henry Councillor, 41, a Jaru man from the Kimberley Region of WA as NACCHO's new Chairperson following Ms Anderson's resignation.

One of Mr Councillor's first press releases was a joint announcement with ATSIC Chairman, Mr Geoff Clarke, calling on the Prime Minister to intervene and make a commitment to fix what they described as the "national crisis in Aboriginal health".

Other press releases by Mr Councillor have included:

- A call for a quantum increase in Aboriginal health care funding
- Congratulating the Federal Government on its move to introduce a preventive health check for Aboriginal people under 55 years of age as part of Medicare

- A plea for Australia's mainstream health system to be supportive and to nurture a holistic approach as the best way to address Aboriginal health

Keynote addresses and /or major speeches were also delivered at a wide range of venues. They included a call by the former Chairperson, Pat Anderson, for all levels of Government and society to think and address the levels of violence in Aboriginal communities, the Teltra National Press Club address in Canberra in August and then keynote addresses to the NT AMA in September and the Public Health Association of Australia annual conference in Adelaide in October.

Part of the 190-strong audience at the Press Club address.

Ms Anderson also delivered the keynote address to the Australian Divisions of General Practice in Brisbane in November – announcing the need to be effective partnerships within all levels of the health system to improve Aboriginal health outcomes. Mr Councillor continued and expanded on this theme in his keynote address to the Rural Health Association of Australia at its annual conference in Hobart.

Mr Councillor also delivered the keynote address at the Aboriginal Health Workers conference in Adelaide - using many examples and statistics to show how Aboriginal health workers were making a significant difference.

Joint launches/ showcasing

2002-2003 also saw NACCHO join with the Royal Australian College of General Practitioners (RACGP) to launch four training videos specifically aimed at helping doctors who wanted to work in Aboriginal health. The four, 15 minute videos were entitled:

- Insight into Aboriginal community control
- Cross cultural awareness
- Aboriginal health workers, and
- Doctors in Aboriginal health

NACCHO also co-ordinated and ran a major showcasing of successful health programs within the Aboriginal Community Controlled Health Sector at the Rural Health Conference in Hobart.

Strategically, NACCHO also took the opportunity on Budget night to castigate the Government on its failure to introduce any increase in Aboriginal health funding

NACCHO News

NACCHO has also taken the opportunity to redesign and upgrade the content and quality of its quarterly publication "NACCHO News". Additionally, it is also providing, when required, assistance on public relations issues to NACCHO State affiliates.

2002 AGM and Conference

Over 100 member services attended the 2002 NACCHO AGM and Conference in November in Adelaide.

The conference included major plenary sessions – on such topics as the Commonwealth/State/Territory/NACCHO/ATSIC Framework health agreements, the history of the Aboriginal Community Controlled Health Sector and one on the best ways to strengthen ACCHSs , workforce issues as well as workshops on such topics as Social and Emotional Wellbeing, Clinical Health Issues, Data and Research and Substance Misuse and GP accreditation.

Among the major recommendations made by the conference, included:

- The need to overhaul the Aboriginal Primary Health Care Access Program (PHCAP)
- A call to the Federal Government to commit to needs-based funding of Aboriginal Community Controlled Health Services in order to bring funding for Aboriginal communities to the same level, relative to need, as that enjoyed by non-Aboriginal Australians
- The ongoing need to continue the fight to combat smoking, oral health and the high level of renal disease in Aboriginal communities
- The need for Aboriginal Community Controlled Health Service workers to have access to prisons in order to provide appropriate health care to Aboriginal inmates, and
- A plea to all Governments to 'get serious' and pay more attention to the dramatic spread of "chroming" – the inhaling of paint and other volatile substances – amongst young Australians, including Aboriginal Australians.

It was also agreed that the 2003 conference would be held in Melbourne to coincide with the 30th anniversary celebrations of the Victorian Aboriginal Health Service (VAHS).

NACCHO Representation on National Committees/Working Groups

- National Oral Health Alliance
- Indigenous Health Advisory Committee, James Cook University
- Australian Pharmaceutical Advisory Council
- Public Health Education and Research Program
- Public Health Law and Indigenous Health Project
- AMA Taskforce on Indigenous Health
- General Practice Partnership Advisory Council
- Primary Health Care Standing Committee
- Workforce Standing Committee
- Divisions Standing Committee
- Enhanced Primary Health Care Taskforce
- National Aboriginal and Torres Strait Islander Health Council

- National Health Priorities Action Council
- National Public Health Partnership
- National Advisory Group for Aboriginal and Torres Strait Islander
- Health Information and Data
- National Drug Strategy Aboriginal and Torres Strait Islander Reference Group
- National Advisory Council Suicide Prevention –Community and Expert Forum
- Consumers and E-health strategic group
- Indigenous Social Survey(ABS) Reference Group
- Service Activity Reporting Joint Committee(with OATSIH)
- Aboriginal Health Training Working Party
- Primary Health Care Standing Committee on GPPAC
- Research Education and Development Standing Committee of GPPAC
- Research Agenda Working Group (RAWG) of the NHMRC
- National Aboriginal and Torres Strait Islander Health Council
- National Public Health Partnership (NHPH) Advisory Group
- National Aboriginal and Islander Working Group (ATSIWG) of the NPHP
- Joint Advisory Group (NHPP and GPPAC)
- HIC Consumer Advisory Committee
- National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data
- National Advisory Council Suicide Prevention - Community and Expert Forum
- National Immunisation Committee
- National Immunisation Strategy Development Committee
- Aboriginal and Torres Strait Islander Hearing Health Project- Advisory Committee
- Cross Agency Fringe Benefits Tax Working Party
- National Indigenous Australians Sexual Health Committee
- National Donovanosis Eradication Advisory Committee
- Population Health Education for Clinicians (PHEC) Consortium
- Australian Childhood Immunisation Register Management Committee
- Rural, Remote, Aboriginal and Torres Strait Islander Advisory Committee of the National Heart Foundation.
- Chronic Disease Alliance of NGO's (NACCHO leads this group)
- National FBT Cross Agency Working Group
- National Advisory Council Suicide Prevention - Community and Expert Forum
- Suicide Prevention Australia
- Mind Matters
- Public Interest Advocacy Centre forums

NEW SOUTH WALES

Sandra Baily - Chief Executive Officer

Aboriginal health education

AH&MRC Aboriginal Health College is now established and has commenced its teaching program. It is currently developing training programs and educational courses relevant to primary health care delivery through the Aboriginal community controlled health sector in all the major health disciplines. The curriculum will include Aboriginal Health Worker practice and ACCHS management. Post graduate courses in nursing, dentistry and medical practice will be eligible for a college fellowship that is renewable annually subject to the college's rules which will require *inter alia* that there is a sponsoring Aboriginal Community Controlled Health Service prepared to endorse the practitioner as a person who is specifically skilled in Aboriginal community controlled health.

The purpose built building has been designed by the Aboriginal architect, Dillon Kombumerri, and construction will probably commence next year. In the interim the Aboriginal health college is operating from temporary alternative premises.

The AH&MRC Aboriginal Health College Diploma in Health Science (Aboriginal Sexual Health) is being piloted this year which includes a distance learning package supervised by a sexual health course coordinator

Partnership with the Australian College of Health Service Executives (ACHSE) in the delivery of the Aboriginal Management Training Program is well established with some 15 graduates to date, half employed within the ACCH sector.

Through the new AH&MRC Aboriginal Health College education and training are planned in corporate governance and administration management for all ACCHS. A submission to funding bodies to implement a routine program to cover all Services in NSW has been finalised.

In June the NSW Governor, Professor Marie Bashir, officiated at the inaugural graduation of the AMS Redfern Aboriginal Mental Health Education Program. The eight graduates qualified with the Aboriginal Diploma of Health Science (Aboriginal Mental Health) and as qualified Aboriginal mental health professionals they will contribute in the provision of culturally appropriate mental health services to Aboriginal people in NSW.

NSW Governor, Professor Marie Bashir officiates at the inaugural graduation of graduates from the AMS Redfern's Mental Health Program.

Ongoing AH&MRC Services

- Assistance with Constitutions as a recognised incorporation agent with the Australian Securities & Investment Commission (ASIC). This service, free of charge to members, includes all four incorporation bodies applicable in NSW.
- A Recruitment Program to assist Aboriginal Community Controlled Health Services (ACCHS) to recruit and retain suitably qualified health personnel.
- Fieldwork is carried out by AH&MRC staff and Directors who visit and maintain contact with Aboriginal communities and member organisations to assist with a broad range of health matters and health service delivery issues, including access to specialists.
- Assistance to Communities in the implementation of Local Aboriginal Health Plans and the establishment of Local/Area Aboriginal Health Partnerships between Aboriginal community controlled health services and Area Health Services.
- AH&MRC continues to participate in the NSW Aboriginal Health Partnership and provides representation on working groups and steering committees as required.

Men's health

An important achievement was attained this year with the launch of the NSW Aboriginal Men's Health Implementation Plan. This collaborative initiative by the NSW Aboriginal Health Partnership addressed men's issues from both a historical perspective and a frank assessment of the current challenges facing Aboriginal men today. The problem of Aboriginal men being less likely to access primary health care services than their counterparts in the wider community was carefully analysed. All major health risk areas were addressed and attention was given to the range of socio-economic factors impinging upon Aboriginal men today. Whilst practical performance indicators have been designed the Strategy acknowledges the vital spiritual basis necessary to seriously redress current status of men's health and well being. The Plan also acknowledges that the importance for Aboriginal men to take carriage of their health themselves placing their particular needs within the wider holistic health context.

Aboriginal health policy and structure

AH&MRC participates in a number of forums aimed at achieving the partnership and co-operation between Governments and the ACCH Sector as recommended in the National Aboriginal Health Strategy 1989. Specifically, the AH&MRC aims to bring the expertise of the Aboriginal Community to the health care policy and processes by these means. These forums include:

- NSW Aboriginal Health Partnership (NSW Aboriginal Health Partnership Agreement)
- NSW Aboriginal Health Forum (Framework Agreement)
- NSW Public Health Forum
- NSW Health Participation Council
- NSW Corrections Health Service

It also continued to develop its partnerships with such organisations as the Australian College of Health Service Executives, the Cancer Council of NSW and the Health Care Complaints Commission of NSW

Post mortems review

Ongoing involvement on this committee that considers autopsy and coronial organ retention has enabled the ACCH sector's perspective to obtain positive outcomes with the inclusion of an important amendment on 'next of kin' definition within the relevant State Act and the inclusion of Aboriginal identifiers on Death Certificates and Autopsy Consent forms.

All of government approach to aboriginal services in NSW

The Council has also played an important role in the 'All of Government Approach to Aboriginal Services in NSW' within the program 'New Ways of Doing Business'. The important partnership relationship with NSW Health has enabled a combined approach in health strategies to be included in this program.

Eye health

Concerning the partnership with the International Centre for Eyecare Education (ICEE) the resultant joint eye health care program has been instrumental in prescribing and distributing some 6000 pairs of glasses to Aboriginal people throughout NSW

Alcohol summit

A well attended NSW Government Alcohol Summit provided an opportunity for the AH&MRC to present a paper that stressed the historical and spiritual context in which alcohol abuse should be addressed. The AH&MRC also submitted seven submissions to the Working Groups particularly associated with health provision.

Blood borne diseases survey

The AH&MRC is currently conducting a consultancy across the state within both ACCHS and Area Health Services regarding access to services and educational resources surrounding Hepatitis C, B and HIV. A report on the results of this consultancy will be available for perusal to all AMS's and service providers in early 2004 and the results will be fed directly into the NSW Aboriginal Sexual Health Implementation Plan.

AH&MRC Ethics Committee

The AH&MRC Ethics Committee continues to assess an onerous workload, all without assistance from any source. The Committee continues to assist local Aboriginal communities in their dealings with researchers and academic institutions and has assessed 75 research proposals this year as well as assessing various publications against relevant ethical and culturally appropriate criteria.

The current concerns with the NHMRC Aboriginal Health Ethics Guidelines and the manner in which the ACCH sector in effect was excluded from the process by AHEC have concerned the AH&MRC and it supports NACCHO and the Coalition of Aboriginal Health Ethics Committees (CAHEC) in their stand in this matter.

WESTERN AUSTRALIA

Darrly Kickett, Chief Executive Officer

The achievements of each of the Aboriginal Community Controlled Health Organisations in this State remains a long-standing testament to the resolve of our Community as they are continuously working to provide the best possible health care to our people across the State, including rural and remote areas.

WAACCHO has a network secretariat located in Perth. The role of the Secretariat is to assist and support the WAACCHO in carrying out its functions. For further information check at our website address below.

The Western Australian State Government through the Office of Aboriginal Health (OAH) provides core recurrent funding for the 2002-203 financial year. Funding for special activities, projects and programs is also made available from time to time from other funding sources. The Chief Executive Officer is Mr. Darryl Kickett.

As reported by the WAACCHO accountant and evidenced by financial statements attached to this report, the year ended 30 June 2003 signified a remarkable turn around which not only saw the return to financial stability but also the implementation of strong financial management and control procedures with integrity. This was WAACCHO's most important achievement this year.

Other significant achievements for WAACCHO for the 2002-2003 financial year are detailed below.

1. WAACCHO website at www.waaccho.org. This contains details on our staffing, structure, programmes and priorities. This website will be used for a number of purposes including our health workforce.
2. A respectful foundation for working relationships with and funding by the Government. Included in this was a more refined planning approach and a better accountability process to our work. WAACCHO has positioned itself as a respected peak body in Aboriginal health. This has also helped the ACCHS network to work more cooperatively and effectively with each other and with government.
3. The *Business Plan 2003-2005*. This Plan continues to guide the work of WAACCHO.
4. A network communications infrastructure that comprises a standard phone/fax/email system that is robust and operational.
5. WAACCHO has provided quality input to the processes of the Joint Planning Forum following the signing in July 2002 of the Aboriginal Health Framework Agreement. This has led to increased resource allocations to ACCHS by Government through regional planning funds.
6. Considerable effort has been put into planning at the regional level and into enhancing the ACCHS network, giving WAACCHO a better capacity to work as a forum, to develop policy and to advocate for better health care delivery. The Pilbara now requires funding for their ACCHS Federation to become strong via their new Business Plan.

7. From November 2002 WAACCHO has concentrated its effort on assisting ACCHS develop Business Plans to comply with OATSIH obligations. Some twelve plans were completed.
8. The workforce issues program or raps has been successfully developed in WA through the project officer staff and Committee. Working through Joint Planing Processes a State Implementation Plan was developed and part implemented.
9. Work has commenced on improving services to the network-affiliated Registered Training Organisations (RTOs) that guarantees continuous accreditation of standards required by the network for curriculum, management and competencies. The WAACCHO Certification Panel meeting was convened and it had considerable input into the new AHW National Competency Standards Review. An RTO workshop was held in February 2003 and a delegation met the following month with some delegates from Northern Territory and Northern Queensland resulting in a joint declaration for the Review. WAACCHO is hosting the Working Group for the AHW National Competency Standards Review.
10. WA AHW Association development is being hosted by WAACCHO and managed by the AHW Steering Committee.
11. The State Planning Conference for Aboriginal Health was convened by WAACCHO in October 2002. The outcomes of this annual network planning and performance assessment process set the direction for ACCHS and Government for the year.
12. Cultural Awareness Training workshops for General Practitioners.
13. Funding from OXFAM Community Aid Abroad for a part time Medical Policy Officer and a full time Business Planning and Development Officer.

We thank those who have contributed to WAACCHO in the past year. Funding bodies including the Western Australian Health Department, Office of Aboriginal Health, the Commonwealth Office of Aboriginal and Torres Strait Islander Health and Oxfam Community Aid Abroad for their continued support. The ACCHS network members, the Committee, all WAACCHO staff and NACCHO Committee and staff for their support and effort.

The WAACCHO infrastructure has been established to drive development in a number of critical areas, including medical policy, a past weakness.

SOUTH AUSTRALIA

Basil Sumner, AHCSA Chairperson

Wendy Edmondson, AHCSA Chief Executive Officer

The Aboriginal Health Council of South Australia incorporated (AHCSA) is the South Australian NACCHO Affiliate and the peak body representing Aboriginal Community Controlled Health Services in South Australia at a state and national level.

AHCSA's mission is "To facilitate the achievement of quality health outcomes for all Aboriginal people in South Australia".

The role of AHCSA is to act as the voice of all Aboriginal people on health matters in South Australia. We work with communities, assist them and make sure that governments and government departments hear what the people want. We also act as a watchdog to ensure that health services are meeting the community's needs.

AHCSA administers various statewide programs according to the level of need within the community and government grants. Currently the Statewide Programs include: Eye Health, Hospital Liaison, Rural Health, Tobacco Control, Training and Development, Workforce and Dental Scheme.

The following programs deliver these Key Result Areas: Policy Development, Research and Ethics, Health Development, Workforce Issues, Health Promotion and Information Services.

Coordination of strategy at the State government level continues to be achieved through the Framework Agreement and the South Australian Aboriginal Health Partnership. AHCSA is the lead organisation for Social & Emotional Wellbeing, Data Collection and Substance Misuse priorities under the partnership. AHCSA's partnership responsibilities for the Aboriginal Specialist Eye Health Program and Social & Emotional Well Being Program with Nunkuwarrin Yunti of SA continue. The Council is also a partner in the SA Centre for Indigenous Social and Emotional Wellbeing located at Nunkuwarrin Yunti of South Australia Inc.

Centre for Clinical Research Excellence in Aboriginal and Torres Strait Islander Health

AHCSA, in partnership with Flinders University, will receive more than $1.8 million dollars to establish Australia's first Centre of Clinical Research Excellence dedicated to Aboriginal and Torres Strait Islander Health. The Centre will bring together and build on existing work around chronic disease in Aboriginal communities on the Eyre Peninsula of SA, and provide clinical research training opportunities for Aboriginal people. The program will also adapt and transfer these model activities and strategies to other rural and remote Aboriginal settings in Australia. The Council will both accommodate and manage the day-to-day operations of the Centre in close collaboration with our colleagues from Flinders University.

It provides an excellent opportunity for the Centre's activities to be led and owned by Aboriginal communities through the community controlled health sector. The training

opportunities for the development of Aboriginal clinical researchers will increase the capacity of both Aboriginal health organisations and communities. This grant is a first for both South Australia and the Aboriginal community-controlled health sector in this State.

New members

At the 2002 Annual General Meeting (AGM) AHCSA welcomed two new voting board members, Pika Wiya Health Service Inc & Ceduna/Koonibba Aboriginal Health Service Inc, who prior to the 2002 AGM were non-voting affiliates. In June 2003 the AHCSA board accepted membership from Goreta Aboriginal Corporation.

AHCSA becomes a registered training organisation

At the commencement of 2004, the Aboriginal Health Council will be directly responsibility for the delivery of Certificate 3 and 4 and Diploma in Aboriginal Primary Health Care (APHC). The delivery of the APHC curriculum marks a significant event for the Council's work and provides a timely opportunity to review course curriculum and its delivery to Aboriginal Health Workers across the state.

Since April, many personnel have been involved in our application process to become a Registered Training Organisation (RTO) involving reviewing and revising our policies and procedures for compliance with the Australian Quality Training Framework (AQTF) RTO Standards.

The Council aims for the application process and granting of RTO status to occur prior to the commencement of the 2004 academic year.

New staffing structure

AHCSA new structure now comes under three distinct areas, Council Management, Health Advocacy and Coordination and Capacity Building.

Council Management

Management

- Chief Executive Officer, Wendy Edmondson
- Business Manager, Darrien Bromley
- Executive Secretary, Mandy Green
- Information Officer, Ben Stewart (Act. Until the 21st January 2004)

Administration

- Finance Officer, Melissa Connelly
- Receptionist, Amanda Mitchell

Health Advocacy and Coordination

- Senior Policy and Governance Officer, Mary Buckskin

- Program Manager, Research and Ethics, Alwin Chong
- Program Manager, Community Liaison, Janine Engelhardt
- Lorraine Haseldine, Social and Emotional Wellbeing Project Officer

Capacity Building

- Workforce Issues Project Officer, Daniel Dollard (until 5th December 2003)
- Health Worker Support Officer, Ngara McAdam
- Health Worker Support Officer, Fiona Buzzacott

Positions still to be appointed are:

Co-ordinator, Centre for Aboriginal Health Education & Training, Lecturer, Aboriginal Health Education (two positions) Administrative Assistant and Project Officer, Data Collection and Information. Research Manager, Research Officer (two positions) and Administration Assistant for the Centre for Clinical Research Excellence.

AHCSA is moving

From November 2003 AHCSA expects to be located in its new building at: 78 Fullarton Road, Norwood SA, 5067.

TASMANIA

Cheryl Mundy

The Tasmanian Aboriginal Centre continues to be the only NACCHO member in Tasmania and undertakes its NACCHO affiliate policy work unfunded by either Commonwealth or State governments. The organisation's current President is Philip Beeton of Launceston and the current NACCHO Director for Tasmania is Cheryl Mundy. Cheryl was previously the manager of the Aboriginal Health Service in Tasmania and previously a national policy officer with NACCHO in Canberra.

OATSIH funds other Aboriginal organisations in Tasmania to deliver one or more health related projects and convenes regular State-wide meetings of those organisations to hear about services and programs available in the community.

The Tasmanian Aboriginal Centre sits on the state-level Aboriginal Health Forum, the main work of which is to continue the development of the Aboriginal Health Plan for Tasmania. Most policy and service delivery developments continue to occur in direct negotiation between the government and community agencies most directly involved in health service provision.

The TAC participated in, and provided speakers for, a variety of national conferences including the Royal Australian & New Zealand College of Psychiatry, the Royal Australian College of General Practitioners, and the National Rural Health Alliance.

We continued our major campaigns for land rights, for the recognition of cultural rights including the right to fish and the right to determine who our own people are, for repatriation of our ancestors' remains from institutions both within Australia and overseas, and for the return of Aboriginal community control of the placement and future of our own children.

The official welcoming ceremony for the National Rural Health Alliance conference – before an audience of more than 700 – was organised by the Tasmanian Aboriginal Centre (TAC) and featured an official welcome to country by elders and performances by young dancers, children and other community members.

A major feature of community life in our region during the year was the rejuvenation of traditional forms of song and dance (kanaplila) particularly by young Aborigines. The community recognised the worth of this development by awarding the Tasmanian NAIDOC of the Year to 15 young Tasmanian Aborigines (plus one not-so young Queensland expatriate). Particularly when combined with the use of our retrieved language (pakana kani) this art form is taking off as a real hit with Aborigines young and old. We expect this trend to

continue as the community takes ever- increasing advantage of the possibilities which come with the return of our lands – however belated and however small.

Back at the office we continued to be plagued by consultants and public servants wanting comment on one 'strategic framework' after another. Funny how these weighty documents so seldom seem to be backed up by the money to implement them.

The trend to bureaucratisation ran amuck with the new regime for obtaining registration as a training provider. In our thirty years existence, our organisation has produced some of the best strategic thinkers, activists, and bureaucrats in the country. That doesn't count anymore it seems; we need to employ staff to do nothing but keep up with the changing requirements of the Australian training system – no thank you; we've got more important challenges to meet. We still think training is as important as ever, but we can do it without all the red tape involved in being 'registered' to do what we do. The 'carrot' of registration is said to be the money to do it with. That didn't work for us when we were registered; we graduated 9 Aborigines in the Certificate 3 in Aboriginal Primary Health Care without a cent of training money.

The coming year looks like it will bring more of the same. Let's hope NACCHO nationally can find ways to reduce the paper burden which keeps consultants, policy officers and administrators in work but diverts us all from the main game of achieving better health for Aborigines.

QUEENSLAND

2002/2003 was a year of both consolidation and reform for QAIHF, with the suspension and review of the Queensland Aboriginal and Torres Strait Islander Health Partnership and QAIHF's continued efforts to gain recognition as the peak body for Aboriginal and Torres Strait Islander health in Queensland.

Members of Brisbane's AICHS's medical team get together to relax and enjoy themselves at the 30th anniversary ball.

Queensland Aboriginal and Torres Strait Islander Health Partnership

QAIHF led calls for the reform of the Queensland Aboriginal and Torres Strait Islander Health Partnership (the Partnership), suspending the Forum in late 2002 in an attempt to refocus discussion and direction setting on issues of strategic importance. QAIHF was frustrated that the Partnership functioned more for the purpose of information exchange than informing policies and decisions of members in relation to existing and new mainstream and specific primary health care services for Aboriginal and Torres Strait Islander peoples, as originally intended under the Framework Agreement. QAIHF has maintained a position that member representation should reflect decision-making responsibilities and therefore involve senior representatives from member organisations. QAIHF will continue to work closely with Partnership members to complete reforms with a view to reconvening the Partnership in November 2003.

Evaluation of QAIHF

Two (2) separate yet concurrent evaluations of QAIHF were commissioned in 2002/2003 by both the Federal and State Government. These processes aim to identify opportunities for enhancement of QAIHF capacity, particularly in relation to the Queensland Aboriginal and Torres Strait Islander Health Partnership. QAIHF eagerly awaits the findings of both processes.

International Network of Indigenous Health Knowledge and Development

QAIHF developed partnerships internationally during 2002/2003, with the establishment of the International Network of Indigenous Health Knowledge and Development. QAIHF is a member of the International Network of Indigenous Health Knowledge and Development Working Group and participated in planning for the meeting of the Network in Townsville on 3 – 6 October 2003. This meeting will focus on three (3) key areas of interest to Indigenous

peoples of New Zealand, Canada, the United States of America and Australian, including workforce development; health services; and research. It is anticipated that over 150 participants from these four (4) countries will attend.

The International Network of Indigenous Health Knowledge and Development Network has provided a valuable opportunity for QAIHF to work with countries who have achieved significant improvements in the health status of their Indigenous peoples, while also providing the opportunity to promote QAIHF and showcase the success of the Community Controlled Health Sector in Queensland and across Australia.

Constitutional change

The AH&MRC provided invaluable assistance to QAIHF in commencing a review of the existing QAIHF Constitution. A number of significant changes have been proposed to support the operation and continued development of QAIHF. These changes will be considered by QAIHF Members in 2003/2004.

Aboriginal and Torres Strait Islander Health Alliance

The Aboriginal and Torres Strait Islander Health Alliance has continued to function with the aim of improving Aboriginal and Torres Strait Islander peoples access to GP services in Queensland. The Alliance also continued to expand its membership, with the Indigenous Doctors Associated, Health Insurance Commission (HIC), and Royal Flying Doctor Service (RFDS) all joining the Alliance in 2002/2003. Alliance members reaffirmed their commitment to the original MOU and contributed funding towards the employment of a full-time Project Officer position. This position is auspiced by QAIHF and located within the QAIHF Secretariat Office. The Alliance also developed an Action Plan focussing on the role of the Alliance in relation to: improving Aboriginal and Torres Strait Islander peoples access to primary health care services; improving policy development in relation to primary health care; its function as a 'Clearing House' to assist in identifying gaps, linkages and opportunities in general practice and primary health care; and improving relationships and linkages between Divisions of General Practice and Community Controlled Health Services.

Charleville and Western Aboriginal and Torres Strait Islander Corporation for Health Service CEO Sheryl Lawton accepts the keys to the new centre from Aboriginal Community Health Centre Goolburri Manager, Damian Menhinnitt and Bidjara Aboriginal Housing Company site manager, David Curley.

Bringing Them Home

QAIHF Bringing Them Home (BTH) Coordinator continued to provide support to BTH Counsellors employed within both member and non-member organisations throughout Queensland. This support was provided through regular contact and six (6) monthly forums involving BTH Counsellors, CEOs of QAIHF member services and other stakeholders. QAIHF BTH Coordinator developed and delivered various training for BTH Counsellors during 2002/2003, including: 'Counselling Guidelines for BTH Counsellors'; 'Alternative Therapies and Broken Vase Protocol'; and 'Basic Counselling Skills'. Partnership arrangements were also established with Link-Up (Queensland) to promote collaboration in the provision of support to individuals and families being reunited after many years of separation.

Sexual health

QAIHF Sexual Health Coordinator continued to provide support to Sexual Health Workers employed within both member and non-member organisations throughout Queensland. QAIHF convened two state-wide Forums in 2002/2003, involving QAIHF members and other stakeholders. These Forums informed the development of QAIHF's position regarding 'sexual health' and the provision of sexual health services within Community Controlled Health Services. The Forums also provided an opportunity for Sexual Health Workers to receive training and information in relation to program development and emerging trends in sexual health and HIV AIDS. A state-wide network for Sexual Health Workers has also been formed as an outcome of these Forums.

Workforce

The past twelve months have seen QAIHF refocus the Recruitment and Promotion Services Program in responding to the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework. QAIHF Workforce Issues Project Officer (WIPO) conducted a series of workshops and consultations during 2002/2003 regarding the Framework which identified priorities for QAIHF members and informed development of the QAIHF Workforce Issues Business Plan. This work has positioned QAIHF well to participate in future work of the Partnership in relation to development of a plan for implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework in Queensland.

Staffing

QAIHF has employed a Project Officer to support the Aboriginal and Torres Strait Islander Health Alliance. This position is in addition to the existing staff establishment of QAIHF, comprising: Chief Executive Officer; Administrative Officer; Workforce Issue Project Officer (WIPO); Sexual Health Coordinator; and Bringing Them Home Coordinator.

NORTHERN TERRITORY

Membership

AMSANT's membership continues to grow with eleven full members and six associate members. During the year we welcomed two new associate members, the Ngalkanbuy Health Service in Galiwin'ku and the Sunrise Health Service (which had earlier been represented through the Jawoyn Association).

Funding

AMSANT core funding has not increased since incorporation in 1998 and the organisation is now experiencing considerable financial strain.

AMSANT project funding to service TERIHPC / CARIHPC and the roll out of PHCAP are under review as the structure of the NT Aboriginal Health Forum is undergoing change and Health Service Development Officers are being recruited.

Organisational structure and staffing

Pat Anderson, Chief Executive Officer.

Stephanie Bell, AMSANT Chairperson.

At the AMSANT AGM in September 2002 constitutional changes were made that created a more cohesive committee structure. Ms Stephanie Bell was elected to the renamed position of Chairperson.

AMSANT seeks to make greater emphasis on member support which required further constitutional changes to the Objects of the Association. Draft changes were proposed in June 2003 for endorsment in September.

John Robinson was acting AMSANT CEO from early 2002. Pat Anderson was appointed to the AMSANT CEO position in March 2003.

Two PHCAP officers were recruited July-August 2002, one based in central Australia and one in the Top End and the Top End Regional Indigenous Health Planning Officer (TERIHPC) recruited October 2002.

The 2003-2004 AMSANT strategic plan has been endorsed and from the end of July 2003 Danila Dilba Health Service will cease providing corporate services to AMSANT.

Membership support:

AMSANT has:

- Provided strong and effective support for members ACCHOs in recent difficult times and supported the on-going development of the new Sunrise Health Service (Coordinated Care Trial in the Katherine East region)
- Continued to provide quarterly AMSANT Training network support.

- Supported a project at Ampilatawatj and Urapuntja Health Services aimed at strengthening remote health service administrative capacity.

Workforce Issues:

In February 2003 Kimberley Aboriginal Medical Services Council, Danila Dilba, Congress, Wurli Wurlinjang, AMSANT and WACCHO signed a joint declaration on the AHW role, professional status and training standards titled The Darwin Declaration. This was the first time two ACCHO peak bodies had formerly agreed there were two classes of AHWs - clinical and non-clinical.

In the Top End, planning was undertaken for the roll out of the two zones to be funded in 2003 on National Aboriginal and Torres Strait Islander Health Worker issues and at the National Health Worker Conference June 2003 Adelaide. (Copies may be downloaded from the AMSANT website on www.amsant.com.au)

AMSANT continues to play an active role in medical workforce recruitment and retention initiatives in the NT, and the efforts appear to be paying off, particularly in respect to GP recruitment, in increasing the number of registrar training positions in Aboriginal health, developing a new public health trainee position in Katherine working with Katherine West and progressing remuneration with respect to Darwin GPs.

AMSANT has progressed the assessment of all employed AHWs in the community controlled sector.

Health planning development

AMSANT has continued to provide secretariat functions for the NT Aboriginal Health Forum and the regional planning committees (CARIHPC and TERIHPC).

AMSANT has also been a critical partner in driving the Forum agenda, including actively participating in the current review of the structure of the planning process which aims to simplify the current structure to avoid bureaucratization.

AMSANT has been working constructively with the new CEO of the NT Department of Health and Community Services, Robert Griew and the new Assistant Secretary, Aboriginal Health, Shane Houston, concerning health planning under the Framework Agreement and PHCAP.

AMSANT has promoted the concept of Regional Primary Health Care Support Centres to provide regional support to ACCHOs eg services such as financial and human resource management, IT support, QA systems etc.

Vice president of Congress's board of directors, Margaret Liddle, cuts the service's 30th anniversary birthday cake.

AMSANT has successfully bid to undertake a short term Top End West Health Mapping project funded by OATSIH.

TERIHPC and CARIHPC officers have updated the Central Australia and Top End Aboriginal Health Planning Study workforce data and reviewed the NT 2001 census data for Indigenous Health Zones Project.

Primary Health Care Access Program (PHCAP)

The PHCAP Project Officer and the AMSANT Regional Co-ordinator in Alice Springs have participated with the other three partners in the PHCAP Contact Team on community consultations for the planning and introduction of PHCAP. The major function of that team has been to work with the communities in the five initial Zones, which each had a Steering Committee, and to subsequently guide the planning consultants in the development of health and community control plans. The five zones are the Eastern Arrernte-Alyawarre, North Barkly, Anmatjera, Luritja-Pintupi and Walpiri.

The Health and Community Control Plans have been submitted and it is expected that Health Service Development Officers or Health Service Managers will be appointed in each zone to progress the next stage of implementation.

In the Top End, planning was undertaken for the rollout of the two zones to be funded in 2003/2004 and AMSANT played a key research and lobbying roll for the 2000 capped second round PHCAP roll-out to be located in Palmerston.

Largely due to AMSANT initiatives, the federal government announced on the 20th June $6 M. funding for health staff housing and clinic upgrades in central Australia. This PHCAP slippage funding was allocated as part of the federal government commitment to the Primary Health Care Access Program (PHCAP).

AMSANT is committed to fulfilling the extensive collaborative work undertaken to date, and advocate for the full funded roll out of PHCAP across all the remaining health zones.

NT health strategic plan development

As one of the four Aboriginal Health Forum partners under the NT Framework Agreement AMSANT has played a critical roll in the development of the:

- NT Aboriginal Ear Health and Hearing Strategic Plan 2003 – 2006 (endorsed April)
- NT Renal Strategic Plan 2003-2007 (endorsed)
- NT Aboriginal Emotional and Social Well Being Strategic Plan (awaiting NTAHF endorsement)

AMSANT auspiced the Aboriginal ESWB Strategic Plan project officer which will be presented to the next NTAHF meeting for endorsement.

The AMSANT WIPO has been secretariat for the NT Workforce Implementation Working Group from September 2001. The final report is due for tabling October 2003.

VICTORIA

The Victorian Aboriginal Community Controlled Health Organisation Incorporated (VACCHO) represents twenty seven (27) Aboriginal Community Controlled member organisations throughout Victoria. VACCHO was established in 1996 and is recognised by the Aboriginal community as well as the State and Commonwealth governments as the peak body to co-ordinate and represent Aboriginal health organisations and community views in Victoria.

VACCHO's primary principles of operation are community control and self determination of health service provision to Aboriginal people in Victoria.

VACCHO Management

CEO	Jill Gallagher
Chairperson	Tony McCartney
Vice Chairperson	Justin Mohamed
Treasure	Lyn McInnes
Member	Jason Murray
Member	Karlene Dwyer
Member	Jumbo (Robert Pearce)
Member	Peter Rotomah (Vacant)

NACCHO Board members and Victorian Aboriginal Health Service (VAHS) CEO, Tony McCartney (left) and VACCHO CEO, Jill Gallagher (right).

Funding

VACCHO core funding has not increased since incorporation in 1996 and we are still negotiating with the State Government to increase this budget.

VACCHO Education and Training Unit (RTO)

VACCHO has been operating as a Registered Training Organisation (RTO) since 1999. VACCHO is the only Aboriginal community controlled organisation in Victoria delivering accredited Aboriginal and Torres Strait Islander (ATSI) health worker training.

Current Courses (2003) and other initiatives

The following courses (and modules from these) are currently being delivered:

- Certificate 111, 1V and Diploma in Aboriginal and Torres Strait Islander Health course
- Certificate 1V in Indigenous Women's and Babies' Health course
- Diploma in Indigenous Spiritual and Emotional Wellbeing.

The Unit also collaborates with education and training institutions and other organisations in the development and review of accredited and non-accredited courses, modules and professional development activities as well as other initiatives.

The Unit is staffed by a full-time Training Manager, Course Co-ordinators, a Student Support and Records Officer, as well as by sessional trainers and administrative support. In additional, consultant trainers and guest presenters are utilised as required.

New Initiatives for this year

VACCHO Strategic Plan

This year VACCHO has managed to secure some funding to review VACCHO Strategic Plan.

VACCHO CEO Network

This year VACCHO secured funding from the State Government to establish and maintain a CEO Network for Aboriginal Organisations aimed at developing links between Chief Executive Officers as well as holding information sessions on issues ranging from Government policy through to good governance for Aboriginal Organisations.

Photovoice Project

Photovoice a unique exhibition that highlights the sexual health issues of greatest concern to some of Victoria's Indigenous youth, was launched at Melbourne Museum.

PhotoVoice, was the initiative of health charity Marie Stopes International Australia (MSIA) and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

The PhotoVoice exhibition is the result of a 6-month long project that involved training groups of Indigenous youths from Warrnambool, Mildura and Shepparton in photographic skills, who then photographed and wrote stories about their every day lives focusing on sexual health as a theme. By putting cameras into the hands of young people, they have been able to identify for themselves possible solutions for some of the very confronting problems they found.

PhotoVoice provides a genuine glimpse into life in the Indigenous youth community, capturing beliefs, fears, struggles and celebrations. But most importantly, it promotes a community dialogue for youth and serves as a catalyst for change.

Policy issues

The Primary Health Care Access Program (PHCAP)

One of the major issues that VACCHO is dealing with is the Primary Health Care Access Program (PHCAP).

The Primary Health Care Access Program (PHCAP) was introduced in the 1999/2000 federal budgets, with funding of $78.8 million of four years to be implemented in areas where joint regional planning has been completed, and the four former Aboriginal Coordinated Care Trials sites. The 2001-04 Budget announced an additional $19.7 million each year from 2003/04.

VACCHO also understands that 23 zones in the Northern Territory have been identified for initial work. South Australia has 5 regions and Queensland has 10 priority regions.

VACCHO was informed that Victoria has one zone/site only, and that the zone will initially act as a pilot site to test the merits of the new PHCAP funding regime.

A great deal of confusion still surrounds the entire PHCAP funding and this is a cause of great concern.

VACCHO programs

In brief, the following programs are currently what VACCHO have on Board:

Mental Health	(DHS Funded)
Sexual Health	(OATSIH Funded)
Koori Maternity Strategy	(DHS Funded)
Workforce Issues Program	(OATSIH Funded)
- CEO network	
- EPC	
- Medicare Systems	
Suicide Prevention Program	(DHS Funded)
Emotional, Spiritual Well-being Program	(OATSIH Funded)

AUSTRALIAN CAPITAL TERRITORY

Julie Tongs, Chief Executive Officer

Winnunga Nimmityjah Aboriginal Health Service is the peak body for Aboriginal Health in the ACT and is the NACCHO Affiliate representing Aboriginal Community Controlled Health in the ACT.

One of the roles of the Chief Executive of Winnunga Nimmityjah AHS is to advocate for services on behalf of the ACT Aboriginal community and to lobby both levels of government and government departments to ensure that they are informed in relation to the health needs of the ACT Aboriginal people.

Winnunga Nimmityjah AHS administers various Territory programs in consultation with the Aboriginal community and in line with Commonwealth and ACT government grants. Programs include No More Bundah (Quit smoking program) in partnership with the ACT Cancer Council, Diabetes Clinic in partnership with ACT Community Health, Training and development for clients and staff with ACT Community Education and Training, Workforce development, Parenting Program, Womens program, Substance Abuse Program, The Opiate Program in partnership with ACT Division of General Practice, Anger Management program in partnership with Relationships Australia.

Framework Agreement

The ACT Framework Agreement was signed off in August 2003 and for the first time Winnunga Nimmityjah AHS is a signatory to this agreement (Winnunga Chairperson). In the past it was signed off by the Commonwealth Health Minister, ACT Health Minister and the ATSIC Chairperson. This is a great achievement for Winnunga Nimmityjah AHS.

The signing of the ACT Framework Agreement has opened the door for the Aboriginal Health Partnership in the ACT to commence negotiations on the roll out of the Primary Health Care Access Program (PHCAP) in the ACT. The Commonwealth and ACT governments are in the process of developing an MOU as a first step in the PHCAP process.

Social and Emotional Training and Resource Centre (Regional Centre)

The Regional Centre consortium consists of three Aboriginal Medical/Health Services Winnunga Nimmityjah AHS (ACT) Riverina Aboriginal Medical and Dental Service Wagga Wagga (NSW) and Katungul Aboriginal Medical and Dental Service Narooma (NSW).

The Regional Centre steering committee is made up of two board representatives from each of the services and the CEO's of the three services Strong relationships have been formed and the steering committee functions extremely well.

The Regional Centre employs four staff the Program Manager and a project officer based in the ACT and two project officers based at Wagga Wagga and Narooma.

The focus of the Regional Centre is on workforce development and training of staff in the three services and Aboriginal staff in mainstream services wishing to access training through the Regional Centre.

The Regional Centre is also developing a data base to collect data on social and emotional well-being across the ACT and region.

Research

Project description: *An analysis of needs of Aboriginal and Torres Strait Islander illegal drug users in the ACT and Region for treatment and other services.* Funded by National Health and Medical Research Council (NHMRC).

A Reference Group of mainly Aboriginal people is guiding the investigation which is a collaboration between NCEPH and Winnunga Nimmityjah Aboriginal Health Service ACT Inc. Winnunga assisted in building relationships between NCEPH and the services' client base, and has helped NCEPH researchers to understand the complex issues faced by Aboriginal people. NCEPH team members facilitated relevant training for the ten Aboriginal Health Workers from Winnunga (as well as other, mainly Aboriginal, Health Workers) who are Associated Researchers for the project. Winnunga Associated Researchers participated in the majority of the 90 interviews conducted so far.

Dr Phyll Dance has been conducting research with people who use illegal drugs since 1989. Dr Dance is the Chief Investigator for the project and involved in all data collection.

Project's aims? To date 91 Aboriginal illicit drug users have been interviewed and the target is 100 about treatment, cultural, employment and education needs, drug use history, general health etc. After appropriate Community consultation, the report will be disseminated in April 2004.

Why is it important? The research gives voice to users themselves about their needs. At the end of the investigation Winnunga and NCEPH will work with stakeholders in an endeavour to implement the findings. This successful collaboration demonstrates that Aboriginal communities, especially, Aboriginal Community Controlled Health Services, must be equal partners in Aboriginal health research.

Winnunga is moving

Winnunga Nimmityjah AHS will be moving to Narrabundah early in the new year 2004. We have secured a five year peppercorn lease on an ACT Health community health building and will be working in partnership with ACT community health and other services to ensure that the health needs of Aboriginal people in the ACT and region are being addressed in a culturally safe environment.

Winnunga Nimmityjah AHS has also secured funding from ACT Health to operate a dental clinic from the new premises.