National Aboriginal Community Controlled Health Organisation

NACCHO ANNUAL REPORT 2003-04

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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 128 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 Aboriginal Community Controlled Health Services 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.

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.

CHAIRPERSONS' REPORTS

Henry Councillor - Chairperson 1 July to 28 November 2003

It was with great pride that I was able to continue to represent the Aboriginal Community Controlled Health Sector for most of the first half of the 2003-2004 financial year. It was, I believe, a period of considerable accomplishments. Your Board has worked to strengthen NACCHO's capacity to represent you and to identify the big ticket deliverables it wants to see achieved over the next three years.

This is not just sound strategic thinking. It is also good leadership. The six central areas for strategic attention were:

- Workforce Issues
- Health Financing
- Relationship Management
- Health Information/Data Collection and Research
- Political Advocacy, and
- Service Support

What your Board also achieved, after much deliberation and consultation, was the development of a new NACCHO Business Plan. This, I know, many Board members regard as a significant achievement as it consolidates NACCHO's determination to enhance working relationships across a range of Commonwealth Government agencies based on an equitable partnership.

Having this plan in place means we are in a much stronger position to move forward.

Developing partnerships that assist us to more effectively deliver our message and achieve improved health outcomes for our people is one area I obviously believed to be one of my key outcome areas. We achieved some notable outcomes with the signing of official Memorandums of Understanding with the Australian Divisions of General Practice (ADGP) and SIDS and Kids - this being the first time this organisation has signed MOUs with other non-Government organisations.

The second half of my term as Interim Chairperson was in one way no different than the first half. That was the political climate in which, we, NACCHO operated. It was a period of significant difficulty, a time when the current Federal Government seemed hell bent on dismantling peak Aboriginal organisations. It was also a political climate in which the Board deliberately took a stance to speak out on the benefits of a Community Controlled Health Sector. This was done in many ways, which included strengthening our partnerships who shared our philosophy, by addressing major conferences and speaking out publicly.

I think we have, and are still, demonstrating this fact with success.

But the first half of the financial year was also a period in which NACCHO was able to announce other successes. These included the successful completion of the NACCHO Ear Trial and that the Government had listened and were finally about to officially instigate a Well Person's Health Check for people under 55 years of age. It was NACCHO, back in 2001, who drafted a detailed, evidence-based submission to the Department of Health and Ageing calling for such a health check. This is an initiative that will save lives, possibly a significant number of lives.

Other successes were in moving towards trying to expand the Section 100 Project to non remote areas and very late in my term gaining the support of the key industry body, the General Practice Partnership Advisory Committee, (GPPAC), for NACCHO's proposal for a *'better general practice engagement in Aboriginal health'*. This didn't occur until nearly mid-September when GPPAC recommended to the Minister for Health and Ageing that this proposal be implemented as a matter of urgency to address the huge and unacceptable differential in Aboriginal health status arising from poor access to health services.

I have, of course, also met with politicians from all parties and worked with the NACCHO Secretariat on many other issues such as the way NACCHO took the lead on ensuring the development of uniform definition of an Aboriginal Health Worker and to address issues regarding Aboriginal Health Worker Training as well as its efforts to discuss issues connected with Governance and Management.

There have been many other highlights and achievements. It was a privilege to be part of the efforts and work on the redrafting of a strategic framework for National Emotional and Social Well Being and Mental Health and other areas that will help Aboriginal Health Workers. After all, they are the backbone of our services.

I will, although not intentionally, miss some of the sector's other achievements.

But I think I have demonstrated that our sector is successful and is achieving results. In conclusion, I wish my successor, Tony McCartney, well and every success now that it is Tony's role to represent our Sector nationally. As I am no longer part of the board or part of the national board, I would like to take this opportunity to thank the board members for their support and encouragement while acting in the National Chairperson position. I would like to thank all the NACCHO support staff for their unquestionable technical support and advice, but also for their friendship and commitment towards achieving better outcomes for Aboriginal health across the nation.

Tony McCartney - Chairperson November to present

It has been a great privilege to take over the role of NACCHO Chairperson from my predecessor Henry Councillor. Until you actually hold those reins, you can never truly grasp the enormity of the task to which you have been trusted or the complexity of the issues to be faced.

I believe 2003/04 has been a year of considerable achievement despite the political realities we faced. The NACCHO Board and myself worked throughout the year to ensure the views of the Aboriginal Community Controlled Health Sector were listened to and acted upon. This led to some gains and sowed the seeds for health reform that we will continue to push well into the new financial year approaching.

No sooner had I been handed the reins the CEO and myself met with the management group of the National Health and Medical Research Council (NHMRC) to condemn the introduction of their newly introduced guidelines for medical research in Aboriginal communities and with Aboriginal people.

We strenuously pointed out just how floored these research guidelines were and that we (NACCHO) needed to be represented on their committee to ensure culturally appropriate procedures were adopted. What made it difficult for us to make progress was that we had been let down in this process by the then ATSIC representative who we had asked to put forward our views on the new guidelines. He failed to do so.

Among, them, of course was political lobbying in the lead-up to the May Budget. We met with politicians from all parts of the political spectrum to urge a fairer and more equitable health deal for Aboriginal Australians.

What we got, of course, was a mere $40 million over four years for PHCAP as far as direct funding commitments were concerned.

But there were successes in other areas, successes that will have long-lasting benefit, that will save lives – successes where NACCHO played a significant part in the process.

The most outstanding, of course, was news that the Federal Government was finally planning to launch the new Medicare Item 710 – or in layman's language the new Adult Health Check for Aboriginal Australians aged from 15 to 54 years of age.

But we had to learn of this news from our own sources. We had not been told this by OATSIH or even the Federal Minister's Office. We, of course, while welcoming the news also pointed out that it was NACCHO which developed an evidence based submission to Government to assist in the implementation of this health check and that it was also a NACCHO led alliance of major health organisations which included the AMA, the Australian Divisions of General Practice, the National Heart and Australian Kidney Foundations and the National Rural Health Alliance that pushed for its implementation. This important initiative, one that over time will save many lives, was finally introduced in May 2004.

But what the Federal Department of Health and Ageing has not yet done has been to print and distribute a national guide called Preventive Health Assessments in Aboriginal and Torres Strait Islander Peoples. This 40 page guide is designed to support GPs using the item while also providing evidence and recommendations for different treatments. In fact the Department's failure to produce and distribute this guide has been blamed for the low take up rate of Item 710. NACCHO, of course, has played its part in calling for the guide to be made available urgently - as we know it has been with the Health Department since February 2004.

We have continued the lobbying for better access to PBS medications to the Health Minister, Tony Abbott. This is essentially for our sector to have access to medications supplied from the community pharmacy to the service to dispense to their clients (known as Section 100) nationally regardless of location. Our partners in this proposal include the AMA, the Pharmacy Guild and the Australian Pharmaceutical Advisory Council (APAC).

Recognition of the work of NACCHO and its staff came by way of NACCHO winning two major awards. This is always satisfying. The awards were the National Institute of Clinical Studies prestigious Cochrane Users' Award 2004 for the review of otitis media and separately the Australian Medical Association's Wyeth Prize and a cheque for $10,000 for the best research article published in the Medical Journal of Australia in 2003.

In summary, these are but some of our successes. the NACCHO Board is determined to continue its constant efforts to achieve the best possible outcomes for our Sector and Aboriginal people. One way we most certainly intend to push for progress is through partnerships with organisations such as the Australian Medical Association, the Pharmacy Guild of Australia, the Royal Australian College of General Practitioners, and the Australian Division of General Practice.

BOARD OF DIRECTORS

Henry Councillor - Chairperson 1 July 2003 until November 28, 2003

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

Henry has been employed with the Kimberley 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 Kimberley 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.

Tony McCartney - Current Chairperson

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.

Dr Naomi Mayers Deputy Chairperson

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 Aidan's 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 Fitzroy.

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 - until 3 November 2003

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 Stubbs is a Wongatha man, born and raised in Western Australia. He has spent his life working for the Aboriginal Communities of the Wongatha region and beyond. He is the Chief Executive Officer of Bega Garnbirringu Health Services Aboriginal Corporation (BGHSAC), which he joined about 13 years ago when it was a small medical service with only four staff members. Today, under Greg's guidance, BGHSAC runs a range of programs, including a medical clinic, specialist services like dental, eye, ear, nose and throat, 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 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-until 14 April 2004

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 his Father is 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 a 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 Council and then, in December 2001, was elected as its Chairperson. Chris is also involved in a range of local, regional, state and national committees for the betterment of Aboriginal people. He has taken a particular interest in the implementation of PHCAP in the Kimberley area as well as GP training.

Deborah Kaye Oakley - from 3 November, 2004

Born In Carnarvon, Western Australia, Deborah has three brothers and sisters and three children - two sons and a daughter. Educated at Carnarvon's St Marys Catholic School, Deborah has a Level 3 Certificate in Community Studies and has also completed training courses in Home and Community Care and Youth Worker Studies.

Debra has worked in various capacities, including that of a school-based mentor and teacher's aide. She has also undertaken a wide range of positions on a voluntary basis. These include Chairperson and Secretary of the Carnarvon Senior High School ASSPA Committee, Chairperson of the Carnarvon Medical Service Aboriginal Corporation, Carnarvon CDEP and board member of the State Affiliate organisation, the West Australian Aboriginal Community Controlled Health Organisation (WAACCHO). Her hobbies and interests include basketball, music, singing, art, swimming and softball.

Georgina Wilson - from 4 May 2004

Georgina is a Miriwoong woman from the East Kimberley and lives in the Bell Springs Aboriginal community near Kununurra. Georgina has been Chairperson of the Ord Valley Aboriginal Health Service for the past four years. In addition, Georgina has been a member of the Kimberley Aboriginal Medical Services Council Executive Committee for the past two years and is a Board member of WAACCHO. Georgina has been actively involved in several Aboriginal and other organisations over a 10 year period.

She has served on a number of management committee's including the Kimberley Group Training, Waringarri Resource Centre and the Kimberley Regional Economic Aboriginal Corporation.

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 extends over a thirteen year period.

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

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

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

Les 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

Maureen is the 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 Lands at the international Womad Singapore Arts Festival.

Tasmania

Cheryl Mundy - until 7 April 2004

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 worked at the Tasmanian Aboriginal Centre (TAC), was involved in 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 and the National Drug Strategy Committee. She is the current NACCHO representative on the Mental Health Council of Australia and prepared the Aboriginal Health Workforce Development Plan for the Tasmanian Aboriginal Health Forum established under the Commonwealth State Health Framework Agreements.

Her work history includes roles for the establishment and development of health programs for the TAC, Social and Emotional Well-Being Policy Officer at NACCHO, Executive Member 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.

June Sculthorpe - from 7 April 2004

June is currently the Health Policy and Planning Officer at the Tasmanian Aboriginal Centre (TAC). Before joining the TAC, June worked for ATSIC, seven years in the Hobart Office and three years in ATSIC's National Heritage and Environment Program.

Queensland

Rachel Atkinson

Rachel was born in Mooroopna, 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. 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 multi-factorial 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 - to 8 October 2003

Robert was born in Gayndah Qld and grew up in O'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 CEO of the Kambu AMS and sits on the Board of ATSICHET and QAIHF. 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 and unified way. One of Robert's goals is to support organisations to have an oral health program within their services.

Brian Riddiford - to 8 October 2003

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.

In 1994 Brian began work in the Aboriginal Community-Controlled 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.

Mick Adams - from 8 October 2003

Mick Adams Is a descendent of the Yadhiagana people of Cape York Peninsula in Queensland and has traditional family ties with the Wardaman people of Central Western

Northern Territory and extended family relationships with the people of the Torres Straits, Warlpiri and East Arnhem Land communities.

Mick has been actively involved in addressing issues associated with the health and well-being of Aboriginal and Torres Strait Islander men for over a decade. He has strived to ensure that men's health issues are promoted and placed on the national and international agenda through advocacy, research, publication and health management. He is currently one of a few Aboriginal men undertaking a PhD in public health. His research topic is to examine the prevalence and correlates of sexual dysfunction among Aboriginal and Torres Strait Islander males, which Includes the areas of sexual and reproductive health.

Mick has held many positions, these include: Chairperson of the National Aboriginal and Torres Strait Islander Male Reference Group, Chairperson of the Aboriginal and Islander Community Health Service Limited, Brisbane, Secretary of the Queensland Aboriginal and Islander Health Forum and a member of the National Aboriginal and Torres Strait Islander Advisory Committee for Andrology Australia (the Centre of Excellence for Male Reproductive health).

Sheryl Lawton - from 8 October 2003

Born at Augathella, near Charleville in Queensland, Sheryl is currently Manager of the Charleville Western Area Aboriginal and Torres Strait Islander Corporation for Health. This appointment follows a life-time of experience and involvement in primarily community based organisations in the Charleville area.

Positions held include Secretary/Treasurer of the Charleville Aboriginal Housing Company, Chairperson/Administrator of the Mitchell Aboriginal Housing Company, Chairperson and Deputy Chairperson of ATSIC's Goolburri Regional Council and administrator of the Goolburri Aboriginal Land Corporation. Other positions held include membership of the Joint Ministerial Advisory Committee on Housing from l989 to 1996.

Sheryl has also served as Secretary and Chairperson of the Charleville Western Area Aboriginal and Torres Strait Islander Corporation for Health, Chairperson of the All Whites Football Club and as a member of Charleville's Blue Light Committee.

On finishing high school, Sheryl has added to her education through courses at TAFE and at the Mt Gravatt Teachers' College in Brisbane.

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. Ken is 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 woman, is the Director of the Central Australian Aboriginal Congress. She is also: Chairperson of the Aboriginal Medical Services Alliance of the Northern Territory, the peak body for Aboriginal health services 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 has 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. She is the 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 HealthConnect, the NT based trial of electronic health records.

Victoria

Justin Mohamed

Justin is a Goreng Goreng man who was raised in Bundaberg, QLD, 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.

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 La Trobe 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.

Karlene Dwyer - from 22 January 2004

Karlene, who identifies with the Kirrae Wurrong people of Framlingham was born in Melbourne and moved to Echuca in 1994 to take up the role of CEO with the Njernda Aboriginal Corporation.

Prior to this, Karlene worked for numerous Aboriginal organisations, including the Victorian Aboriginal Health Service (WAHS) and the Aboriginal Advancement League (AAL) in Melbourne. For the past three years, Karlene has represented her region as a VACCHO director and is also the Chairperson of the Loddon Mallee Aboriginal Reference Group (LMARG).

This is the second time Karlene has represented Victoria on the NACCHO Board, having previously held the position in 2000/01. Karlene holds a Masters Degree in Public Health and is committed to the philosophy of Aboriginal Community Control and the Aboriginal Community Controlled Health Sector.

SECTOR CHART

NACCHO CHAIR / DEPUTY CHAIR REPS

Chairperson - Henry Councillor (until 14/11/03)

Chairperson - Anthony McCartney - (from 14/11/03)

Deputy Chairperson - Dr Naomi Mayers

NACCHO CANBERRA SECRETARIAT

Chief Executive Officer-Dea Delaney Thiele, Deputy CEO-Glenda Humes, Senior Policy Officer-Louise Cooke, Health Financing-Helen Kehoe, Public Health-Dr Sophie Couzos, Workforce-Bridget Carrick, Health Information-Graham Brice, General Practice-Michael Tynan (resigned 28/8/03) Elaine Lomas, Finance Officer-Joe Fenech, Casual Assistant-Julie Fenech,, Personal Assistant-Gemma Searles (resigned 10/10/03) Sherrin Murphy, Admin/ Policy Support-Maria Caldeira (resigned 2/1/04) Janice Turner, Receptionist-Dewi Leach, Community Quality Use of Medicines-Anita Whitelum, Section 100 Project-Hannah Loller and Media-Peter Windsor.

NACCHO BOARD REPS

Rachel Atkinson

Brian Riddiford (until 8/10/04)

Robert Holt (until 8/10/04)

Mick Adams (from 8/10/04)

Sheryl Lawton (from 8/10/04)

QAIHF MEMBERS

Brisbane AICHS, Bidgerdii Health Service, Charleville and Western Districts, Cunnamulla AMS, Goolburri Dental Service, Goondir Health Service, Gurriny Yealamuca HAAC, Yapatjara Corporation, Kambu Medical Service, Kalwun Health Service, Mackay AICHS, Mudth Niyleta Corporation, Nhulundu Worribah, North Coast AMS, Barambah Regional Medical Service, Townsville AIHS, and Yulu Burri AC

NACCHO WA BOARD REPS

Margret Culbong (until 3/11/03)

Chris Bin Kali (until 14/4/04)

Deborah Oakley (from 3/11/03)

Georgina Wilson (from 4/5/04)

Greg Stubbs

WAACCHO MEMBERS

Yura Yungi Medical Service, Broome AMS, Carnarvon AMS, Derbarl Yerrigan, Kimberley AMS, South West AMS, Wiluna Health Service, Mawarnkarra AHS, Puntukurnu AMS, Ngaanyatjarra AHS, Bega Garnbirringu, Geraltdton AMS, Wirakamaya AMS, The Ord Valley AMS, Derby AHS, Nindillingarri ACHS, Bidyandanga ACHS, Jurrugk, Health Service

NACCHO VIC BOARD REPS

Justin Mohamed

Anthony McCartney (until 14/11/04)

Jill Gallagher

Karlene Dwyer (from 22/1/04)

VACCHO MEMBERS

Central Gippsland AHHC, Moogji AC, Lake Tyers H&CSA, Gippsland and East Gippsland AC, Gunditjmara AC, Ramahyuck DAC, Wathaurong AC, Bunurong MC, Victorian AHS, Barwon Health, Rumbalara AC, Mungabareena AC, Murray Valley AC, Mildura AC, Swan Hill and District AC, Kirrae CHS, Ballarat and District AC, Goolum Goolum Co-op, Dja Dja Wrung AC, Ngwala Wilumbong, Njernda AC, Winda Mara AC, Dhau Wurd-Wurrung Elderley CA, Allinjarra Aboriginal Association Inc

NACCHO SA BOARD REPS

Polly Sumner

Leslie Kropinyeri

Maureen Williams

AHCSA MEMBERS

Nunkuwarrin Yunti of SA Inc, Oak Valley HS, Port Lincoln AHS, Nganampa Health Council Umoona Tjutajku HS, Kalparrin ACHS, Kainggi Yuntuwarrin AHS, Tullawon AHS

NACCHO TAS BOARD REP

Cheryl Mundy (until 7/4/04)

June Sculthorpe (from 7/4/04)

TAS MEMBER

Tasmania Aboriginal Corporation

NACCHO NT BOARD REPS

Stephanie Bell

Kenneth Kunoth

Mavis Govan

AMSANT MEMBERS

Ampilatawatja HC, Anyinginyi Congress AC, Central Australian Aboriginal Congress, Mutitujulu HS, Danila Dilba AHS, Urapuntja HS, Wurli Wurlinjang AHS, Pintubi Homelands AHS, Miwatj AHC, Katherine West RHB Impanpa HS

NACCHO ACT BOARD REP

Julie Tongs

ACT MEMBER

Winnunga Nimmityjah AHS

NACCHO NSW BOARD REPS

Frank Vincent

Valda Keed

Raymond Dennison

AHMRC MEMBERS

AMS Redfern, Armidale&District AHS, Biripi AMS, Awabakal AMS, Balranald AHS, Bourke AMS, Amarjun AHS, Brewarrina AMS, Bulgarr Ngaru AC, Condolblin AHS, Coomealla AHC, Coonamble AHS, Cumbo-Gunerah AHS, Cummeragunja H&DAC, Daruk AMS, Dharah Gibinj AMS, Dhoongang AHS, Durri AMS, Euraba Mungindi AHS, Galambila AHS, Gomilaroi AMS, Griffith AMS, Illawarra AMS, Katungal AMS, Menindee AHS, Munjuwa AC, Murrin Bridge AHS, Nambucca Valley AHS, Orange AHS, Peak Hill AMS, Pius X AC, Riverina M&DHAC, South Coast AMS, Tamworth AHS, Tharawal AC, Thubbo AMS, Tobwabba AMS, Wallhallow AC, Walgett AMS, Wellington ACHS, Yoorana-Gunja Family Violence Healing Centre

CHIEF EXECUTIVE OFFICER'S REPORT

The 2003/04 financial year included staffing changes at Board and secretariat level (see Sector Chart page 17), Board endorsement 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.

A feature of the three year NACCHO Business 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 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.

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. 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

Continuing on from past years, 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 Federal 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. Once again, we negotiated for the continuation of these positions; the assisted in the implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework; and, worked hard with all stakeholders in revising the Aboriginal Health Worker and Torres Strait Islander Health Worker Competencies and Qualifications project.

Demand for Health Information and Research

The volume of work in this area continues to reassert NACCHO's need for the funding of a NACCHO 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.

Political Advocacy and Consultation

Throughout the year NACCHO was active in advocating the needs of the membership on a range of policy frameworks. 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 and processes as well as the processes of our NACCHO State and Territory Affiliates. We can all make significant gains when we work together respecting existing partnerships, protocols and processes that are supported by our sector.

Dea Delaney-Thiele
Chief Executive Officer

WORKFORCE ISSUES

The objectives outlined in the NACCHO Business Plan continued to direct the focus of the workforce policy position over the past financial year. Energies were directed towards: the Workforce Implementation Policy Officer (WIPO) national network; the national review of Aboriginal and Torres Strait Islander Health Worker (AHW) competencies; the development of a Registered Training Organisation network; and the development of a policy position on governance and management in ACCHS. Other areas of work included; involvement in the implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, and building on our relationship with OATSIH.

WORKFORCE ISSUES POLICY OFFICER'S NETWORK

NACCHO has continued to work with the Workforce Issues Policy Officers (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/Territory level. This year the WIPOs finalised, standardised 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 help prioritise for Affiliates and for NACCHO what activities they want to be involved with in the implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework. It will also document where other agencies and government departments have roles and responsibilities. Other achievements from the WIPO network include input at the local and State and Territory level, feeding up to the national level, on the development of the Aboriginal Health Worker Competencies. The network has provided vital linkages between jurisdictions on this issue. The network was also integral to the development of the NACCHO policy position on governance and management.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKER'S COMPETENCY AND QUALIFICATIONS PROJECT

Community Services and Health Training Australia (CSHTA), the national industry training advisory body, was contracted by ANTA in July 2002 to review and update the national qualifications and competency standards for Aboriginal and Torres Strait Islander Health Workers (AHW). The reviewed competency standards will be developed according to the requirements of the Australian Quality Training Framework (AQTF).

NACCHO invested considerable efforts towards this project in the last financial year. Mary Martin (QAIHF) represented NACCHO on the project steering committee. NACCHO also established a team of technical writers to assist CSHTA with the development of the content of the competencies. The technical writing team included representatives from every jurisdiction except Tasmania (although Tasmania has been kept informed of progress throughout the project). All of the people nominated by NACCHO have extensive experience in the development and delivery of AHW training through Aboriginal Registered

Training Organisations (RTO). NACCHO worked closely with the technical writers to ensure that the process remained on track. This proved to be a vital role as historically there has been much confusion about the role of the AHW. This stems, in part, from jurisdictional differences, but also from differences across work settings.

During the development of the second draft of the competencies it became necessary for the Project Steering Committee to revisit the project brief and clearly outline what outcomes were to be achieved. Due to the diverse range of roles, in a variety of workplace settings, which come under the umbrella term AHW, it became necessary to maintain a tight focus for the project. The focus of the project was clearly re-defined as developing competencies for the primary health care practice role of the AHW. This is in line with Strategy 11 from the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework. The importance of this role of the AHW cannot be quantified; in ACCHS around Australia AHWs are an integral part of the primary health care team. It is essential that these competencies are vigorous enough to ensure 'safety to practice' in all settings. It is also vital that employers can expect a standard set of skills after an employee has completed AHW training. The other roles of the AHW are equally important, to recognise this, agreement was also reached that another process would commence to articulate all of the other roles encompassed by the term AHW.

ABORIGINAL REGISTERED TRAINING ORGANISATION'S NETWORK

In May of 2003 NACCHO convened a national meeting to discuss issues relating to AHWs. One of the outcomes of that meeting was the expressed need for a formal network for the Aboriginal Community Controlled Registered Training Organisations (RTO) within the sector. Aboriginal Community Controlled RTOs developed because of the lack of appropriate training being delivered through mainstream providers to the ACCHS sector. ACCHS began establishing themselves as RTOs to ensure that there was a skilled and competent workforce to meet the needs of Aboriginal communities around Australia. There are currently 13 RTOs delivering AHW training within the NACCHO membership. Interestingly, although a number of those are located in remote locations, the majority are in urban centres, including capital cities.

The NACCHO Board made a decision at their August 2003 meeting to include a small number of Aboriginal Community Controlled RTOs in the network who are not members of NACCHO. This decision was made as recognition of the role these organisations play in training our AHWs.

NACCHO began negotiations with OATSIH in the latter part of 2003 to establish a formal RTO network. The first meeting for the network took place in Alice Springs in December 2003. The meeting was a huge success with information and resources being shared around the country. A detailed work-plan for the network was also developed at that meeting. The second meeting for the network was held in Sydney in June 2004. That meeting further refined the work-plan and held detailed discussions regarding the

establishment of secretariat support for the network. Resources to support a secretariat for the network should be secured by the end of the 2004/05 year.

The RTO network will be an integral resource to enable both OATSIH and NACCHO to achieve the outcomes outlined in Strategies 15, 16 and 17. It will also further assist as an information resource for Strategy 19 and 20. To this end, it would be fair to say the future development of Objective Two in the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework will directly benefit from the establishment of a formal RTO network with secretariat support. There an many additional advantages to this network, including:

- mutual support for Aboriginal Community Controlled RTOs as key organisations in the delivery of training to the Aboriginal and Torres Strait Islander health sector;
- driving the process for a nationally consistent AHW training framework;
- supporting the development of nationally applicable learning resources on an ongoing basis;
- consolidating the position of Aboriginal Community Controlled RTOs in the VET sector; and
- representing the interests of independent training providers within the VET sector.

GOVERNANCE AND MANAGEMENT OF ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES

In line with the NACCHO/OATSIH joint priorities in the NACCHO Business Plan, NACCHO spent the last 6 months of 2003 developing a detailed policy position on governance and management of ACCHS. Consultations were held with NACCHO's Affiliate organisations to develop a draft document. The draft was then workshopped at the NACCHO AGM and members meeting in Melbourne in November 2003. The outcomes of the consultation were written up and submitted to OATSIH in January 2004 to be the basis of discussions on a joint policy position. These discussions are still continuing.

NACCHO recognises the importance of a well governed ACCHS as an essential element in the delivery of high quality services to the communities they serve. To address this, the report focuses on both the developmental needs of ACCHS governance structures, as well as the remedial i.e. assisting ACCHS 'in difficulty'.

The report identified a core set of management skills required to effectively manage an ACCHS. It also recognises that the starting point to any program would require a skills audit and needs analysis within jurisdictions. NACCHO and its Affiliate organisations would aim to increase the level of governance and management training currently being delivered via the Aboriginal Community Controlled RTOs. This would complement identifying a range of 'mainstream' training programs through both the VET and tertiary education sectors that were considered appropriate to the jurisdiction. Essentially, the submission called for the establishment of governance and management development units in every State and Territory Affiliate. This would ensure that the existing infrastructure is utilized to its full advantage and provide a safe and appropriate support and resource network for ACCHS.

AUSTRALIAN DIVISIONS OF GENERAL PRACTICE

In November 2003, NACCHO and the ADGP signed a Memorandum of Understanding that provided a framework for the two organisations to work together to provide quality, sustainable primary health care. Both organisations recognise each others roles as the national peak representative bodies that coordinate advice, policy and direction on Aboriginal health and General Practice.

The partnership between NACCHO and the ADGP embodies the spirit of Aboriginal self determination and community control and the hope that they can learn from each other and support their members to deliver high quality culturally appropriate primary health care to the community.

This agreement is based on recognition of the following principles:

- Aboriginal health is a national priority;
- Community Control;
- Aboriginal peoples have a fundamental right of ownership over their own knowledge and information;
- Community development and capacity building.

As an integral part of this MOU a work plan has been developed that identifies specific areas for action. To ensure this is implemented a joint working group comprising of Board members and the Executive Officers from both agencies has been established. NACCHO and ADGP Chief Executive Officers met in June 2004 to progress the implementation and to determine the priorities of the Annual Work Plan. The focus will now be on the Implementation Plan 2004/05.

DIVISIONS OF GENERAL PRACTICE: FUTURE DIRECTIONS

In June 2003 the Government tabled the report of the review the role of the Divisions of General Practice and in June 2004 tabled the Governments response to this report which outlines the role of divisions in improving Aboriginal Health.

The Divisions Review outcomes is intertwined with the NACCHO/ADGP MOU and encompasses the Accreditation for Quality and Performance processes and will be incorporated within the NACCHO /ADGP MOU Work plans.

NACCHO will work closely with ADGP to implement the findings and review recommendations specific to Aboriginal Health, which include:

- The extra funding for the implementation of this review is only available for those high performing divisions for specific projects.
- Those Divisions who have demonstrated best practice to improve health outcomes for Aboriginal and Torres Strait Islander peoples will be priority for this additional funding;

- That Government expects all levels of the Divisions Network to be working effectively with the Aboriginal Community Controlled Sector;
- Improved access to mainstream GP services for Aboriginal and Torres Strait Islanders will be a performance measure;
- Divisions will also need to demonstrate that they are directing adequate resources to this area consistent with local demographics.

NACCHO and the ADGP have absorbed these responses into the MOU Work plan.

GENERAL PRACTICE EDUCATION AND TRAINING

The Framework for General Practice Training in the Aboriginal and Torres Strait Islander Health document was presented and endorsed by the GPET Board, and was launched on the 20 February 2004, along with two additional booklets called: Training in Aboriginal and Torres Strait Islander Health – Gaining Invaluable General Practice Skills and GOOD GP's for Aboriginal and Torres Strait Islander Communities, by Ms Kate Carnell, the Chair of the GPET Board and Ms Mary Martin Chair, GPET Aboriginal andTorres Strait Islander Health Reference Group at the GPET Offices in Canberra.

In May, 2004 GPET received funding of $500,000 to implement the Framework for General Practice in Aboriginal and Torres Strait Islander Health. $300,000 was allocated to NACCHO's State and Territory Affiliates to implement key objectives of the Framework. GPET are in the process of sending out letters of offer to each NACCHO State and Territory Affiliate.

NACCHO GP NETWORK

The GP Network Project is part of the RACGP Strategic Plan funded by the Australian Department of Health and Ageing (DOHA) and contracted to NACCHO to design, implement and operate over the 20 months from April 2004 to November 2005. The GP Network Project operates according to an agreed, detailed Work Plan specifying deliverables and related tasks between NACCHO, the RACGP and DOHA.

The GP Network is an internet based communications channel that NACCHO hosts for GPs and GP Registrars which is hosted on the NACCHO website. The initial functions of the GP Network website with access through the NACCHO website are in place. The aims of the GP Network are to assist in ensuring that the GP and primary health care workforce:

- embraces the philosophy of Aboriginal community control and self determination;
- understands the cultural and clinical context of Aboriginal health and well being;
- provides optimal care to Aboriginal people; and
- has access to social and professional support and ongoing career development opportunities.

There are two areas within the website, one which is open access and can be viewed by any interested party, the second is a password protected secure area which is only accessible to pre-registered eligible users. The open access area contains information concerning:

- a description of the GP Network;
- a description of the thematic forums;
- Locum Network services;
- NACCHO Resources and News;
- Conferences; and
- GP Network Registration.

Register on line for secure, password protected access to:

- Thematic discussion forums addressing topics including:
  - Chronic Disease
  - Drug and Alcohol
  - Sexual Health
  - Mental Health and
  - Public Health Policy
- Member Profiles

What is on offer to those involved in GP Training?

- Resources, including videos, books, manuals;
- CST modules suitable for GPs/ educators to be piloted in 2005;
- Ongoing access to enhanced resource collection;
- Opportunity to network with other interested GPs and GP registrars via web/ meeting/ newsletter.

A major emphasis for the GP Network is the Locum Network. This component is designed to assist GPs and GP Registrars locate locum employment opportunities by GPs/Registrars and employing organisations (especially ACCHSs) placing information on the GP Network. The purpose of this component of the GP Network web site will be to facilitate GPs and GP Registrars to 'discover' each other. The Locum Network does not provide a commercial brokerage service. When this component becomes operational, it is intended that, once contact has been made between the two parties using the capabilities of the GP Network, the GP Network has no further involvement, other than being updated to show that a position is no longer available and/or that a potential GP/Registrar candidate has withdrawn from the pool.

NACCHO has established an advisory Working Group made set up of representatives from NACCHO and RACGP to guide the design and implementation of the GP Network. Mr Frank Vincent represents the NACCHO Board. For additional information please see the NACCHO website at www.naccho.org.au

ACCESS TO THE PHARMACEUTICALS BENEFITS SCHEME

Access to, and quality use of medicines remained high on the NACCHO agenda during the 2003–2004 financial year. NACCHO continued its work to support current Section 100 arrangements. These arrangements allow medicines to be paid for by the Pharmaceuticals Benefits Scheme (PBS), dispensed at the local Aboriginal Health Service, and provided to clients at no cost, and continue to provide the best practice model for Aboriginal pharmaceutical supply.

The recommendations from the section 100 support project, completed in June 2003 and undertaken jointly with the Pharmacy Guild of Australia, set the directions for work needed to support Section 100. NACCHO used the outcomes of the project in a grant application submitted in October 2003 to the Rural and Remote Infrastructure Grants Program administered by the Pharmacy Guild of Australia. The application was successful and the grant was used to establish the Section 100 support project which began in April 2004 for one year.

Section 100 arrangements are currently available only to remote areas. However, Aboriginal access to the PBS is limited everywhere – particularly by financial barriers. While remote areas face particular issues with distance and lack of health services, urban and rural areas also have transport problems, cultural factors, and educational disadvantage as significant barriers to access. NACCHO's long held aim is for an appropriate scheme to improve access to medication for Aboriginal people in non-remote areas to be developed and implemented as an urgent priority.

To this end NACCHO has continued to build on its collaborative partnership with the Pharmacy Guild of Australia to lobby for improved PBS access for Aboriginal people. The Australian Medical Association (AMA) also identified this issue as being of key importance to Aboriginal health and funded developmental work, steered by the three participating organisations - NACCHO, the Guild and the AMA - on mapping effective mechanisms for addressing it. The joint proposal for improving PBS access was endorsed by the full Australian Pharmaceutical Advisory Council in June 2004, and lobbying to have the proposal implemented is continuing.

The Commonwealth Department of Health and Ageing's formal evaluation of Section 100 continued this financial year. While due to report by the end of 2003, the process was significantly delayed. NACCHO provided a detailed submission to the evaluation in August 2003, and further extensive feedback when the draft was made available to stakeholders in April 2004. The final report, expected to be made available later in 2004, is likely to recognise the initiative has revolutionised access to medicines in remote areas and to make recommendations to further strengthen it.

NACCHO was also successful in building its capacity to support quality use of medicines (QUM) through effective partnerships. QUM, which aims to ensure that medicines are used

judiciously, appropriately, safely and effectively, is a key aspect of medicines management in Aboriginal health. During the last financial year, NACCHO sought an allocation of funding from the national Community QUM Program, which is managed by the National Prescribing Service (NPS) in partnership with the Consumers' Health Forum and other consumer groups. After extensive negotiations, NACCHO was awarded a grant to progress QUM issues within Aboriginal health in partnership with the NPS in December 2003.

FEDERAL BUDGET MAY 2004

The Federal Budget announced in May 2004 offered little in the way of improvements in funding for Aboriginal health. Although the additional $40 million to continue the Primary Health Care Access Program (PHCAP) was welcome, the Budget failed to address the real health issues facing Aboriginal Australians. NACCHO expressed its strong disappointment that the Budget contained nothing that would reduce the disparity in the health status of Aboriginal Australians compared to the rest of the population.

In response, NACCHO prepared amendments to the Budget which, if implemented, would have secured additional expenditure of $300 million in Aboriginal specific health spending and a further $45.5 million in the overall Pharmaceutical Benefits Scheme (PBS) expenditure. The total expenditure of $345.5 million outlined in the paper did not represent the entire increase required to fully meet the health care needs of Aboriginal peoples, but would have constituted an important step in beginning to make inroads into the shortfall in expenditure. Major features of NACCHO's proposed areas for expenditure were increases to the Primary Health Care Access Program (PHCAP) and funding to meet identified gaps at the service level, plus new money for Aboriginal Health Worker education and training; recruitment and retention of GPs in our sector; and program funding for social and emotional well being, oral health and ante-natal teams. The proposal for improving PBS access for Aboriginal peoples jointly developed with the AMA and Guild was also highlighted in the Budget proposal.

ACCESS TO MEDICARE

Changes to Medicare announced by the Federal Government under the Fairer Medicare banner last financial year were continued during 2003 – 2004 under the title of MedicarePlus and then Strengthening Medicare. In terms of health financing, NACCHO's involvement in this initiative has centred on obtaining the best outcome for Aboriginal health on the newly introduced Medicare items. In regard to the MBS items for nurses to undertake vaccinations and wound care, NACCHO has sought to have Aboriginal Health Workers included. NACCHO also lobbied for the MBS items to give greater access to allied health professionals for those with appropriate care plans to be available in ACCHSs and for the bulk billing incentive payment to be applied more strategically in regard to Aboriginal health. NACCHO will continue to lobby on these important issues to secure proper access for ACCHSs.

SINGLE FUNDING AGREEMENT

During this financial year, OATSIH initiated introduction of a single funding agreement for ACCHSs. The Single Funding Agreement (SFA) was an attempt to consolidate individual funding grants into one overarching agreement. Particular details of specific programs were to be addressed via schedules to the agreement rather than stand-alone contracts. While intended to streamline the processes of allocating, managing and reporting on funding, NACCHO expressed a range of concerns on behalf of members about the level and nature of reporting required, some of which could place a significant additional administrative burden on ACCHSs. In addition, NACCHO was provided only limited opportunities for input to the process, and therefore called for a postponement of introducing the SFA until 2004-2005. However, OATSIH proceeded with implementation of the revised contracts from 1 July 2004. NACCHO will continue to monitor developments and looks forward to participating in the review of the SFA planned by OATSIH.

BACKGROUND

Throughout the past year, NACCHO continued to advocate the importance of the social determinants of health and member's perspectives regarding the usefulness of information at peak information forums such as the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSHID), and directly with statistical bodies such as the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW).

NAGATSHID's scope and work plan continued to expand to encompass such issues and programs as: Update on the review of the Aboriginal and Torres Strait Islander Health and Welfare Information Unit; AIHW work program; ABS work program; Publications: Biennial report: past and future; National Summary of the Jurisdiction Reports on Aboriginal and Torres Strait Islander Health Performance Indicators 2001 and 2002; Population enumeration; Administrative data sources: Hospital separations; Vital statistics – births and deaths; Other registers – notifiable diseases; cancer registries; perinatal collections; coronial information; MBS/PBS; General Practice; Community Services data collections. Other administrative datasets: community mental health care alcohol and other drug treatment services; community health; Mental Health/SEWB information; Primary Health Care (SCATSIH/NACCHO); Burden of disease; Data Protocols; Indigenous health expenditure; Indigenous surveys; and the Indigenous Immunisation Reference Group Reference Group.

The ABS, in particular, has embarked on an ambitious and important program of Indigenous data development which reflects growing awareness of the importance of history, government intervention, and social context to Aboriginal health and well being – which increasingly relies on continual advice and assistance from NACCHO, our Affiliates, and our Membership.

HEALTH INFORMATION REFERENCE GROUPS PARTICIPATION

NACCHO participated in the following Reference Groups or Steering Committees and took a lead role in dot point 2 and key aspects of dot point 8:

- The National Aboriginal and Torres Strait Islander Social Survey 2002 - Australian Bureau of Statistics (ABS). Released June 2004: a ground-breaking study of 9,000 Aboriginal adults (more reliable than the 1994 NATSIS) on 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. [See ABS Cat No 417.4]. NACCHO advocated for inclusion of certain issues such as incarceration and stolen generation issues;
- Aboriginal and Torres Strait Islander Health Survey 2004-05 (ABS): NACCHO leadership in helping to develop the new SEWB 'Module';
- Indigenous Census Enumeration Workgroup;

- Longitudinal Study of Indigenous Children (Steering Committee plus Design Committee) by the Department of Family and Community Services (FACS);
- The Community Consultation Strategy of ABS (workshop);
- HealthConnect/MediConnect Stakeholders Reference Group - monitoring E-health initiatives (through ethics/protocols/privacy including coordination of advocacy/liaison from ACCHS perspective;
- Aboriginal and Torres Strait Islander Injury Prevention Action Committee (ATSIIPAC) - Safety Promotion and Injury prevention advocacy
- NACCHO assisted with the development of the first National Aboriginal and Torres Strait Islander Safety Promotion and Injury Prevention Strategy (draft) which will soon be circulated for national consultation prior to submission to AHMAC for funding support.
- National Aboriginal and Torres Strait Islander 'Social and Emotional Well Being' Strategic Framework 2004-2009
  - NACCHO facilitated comprehensive national consultations to support development of this Framework – which included focus on SEWB related data issues, research methods, data protocols, and research ethics. NACCHO was identified through this Strategy as a key player through the life of the strategy. However, attempts to secure additional staff to progress this work (see also Reference Groups above in relation to ABS liaison) from AHMAC, sponsored by NAGATSIHID, were not successful.
- Service Development Reporting Framework
  - Mandatory new reporting framework for all OATSIH funded Services being Trialled from July 2004
  - Coordination of advocacy/liaison.

RESEARCH ETHICS AND INFORMATION/PROTOCOLS

Health information was the focus of two workshops with our membership at NACCHO's AGM/Conference in 2003; Service Activity Reporting/Lobbying for Resources and Research Ethics Guidelines. It was clear during the latter workshop that issues around information privacy and research ethics remain of utmost sensitivity and concern to Aboriginal communities around Australia following the wholesale rejection of NACCHO's concerns and input to the revision of the NH&MRC's Research Ethics Guidelines for Aboriginal Health, which were approved by Federal Parliament in mid 2003.

During the past year, the revised Values and Ethics: Aboriginal and Torres Strait Islander Health Research Guidelines has continued to prove unacceptable to our membership. Despite a continual flow of correspondence with NHMRC following their Board's decision, the NHMRC has proved immovable on this despite drawing to their attention that the processes adopted in endorsing the draft guidelines were inappropriate as proper consultation with the Community Controlled Sector when it did take place, was subsequently ignored, and, as the meeting which resulted in that endorsement was proven to be scurrilous and deceptive toward NACCHO's position.

Summary of NACCHO's Position on the NH&MRC's Ethical Guidelines for Aboriginal Health

It is NACCHO's position that the recently endorsed ethical Guidelines for Aboriginal Health Research Committees published by the NHMRC is an unacceptable document. It has removed the requirement for community level endorsement or approval and, as of June 2003, NHMRC has rendered obsolete all previous guidelines (together with their community-driven/endorsed and developed Appendices) without transparency of intention or notice of any kind. They have even been deleted from the NHMRC website. In effect, the Guidelines were substituted with well-meaning and sound ethical complementary principles which NACCHO helped to develop. However these principles were never intended to be sufficient – nor to replace the former documents which were developed with considerable community input. In this legislated, approved process, NACCHO, its affiliates and organisation membership have indicated that the NHMRC had not consulted appropriately with Aboriginal and Torres Strait Islander community-representative organisations. Since the NHMRC ignored the collective voice of the Aboriginal Community Controlled Health Sector (ACCHS) the recently approved Aboriginal Ethical Guidelines that have replaced earlier acceptable instruments is now being forced upon Aboriginal communities and actively marketed by the NHMRC.

This has placed the ACCHS in an invidious situation where it has less protection than a "Collectivity" under the Collectivity provisions of the NHMRC National Ethical Statement. That NACCHO has been invited by the NHMRC to belatedly contribute to the 'implementation' process does nothing to lessen the fact that the new Guidelines undermine Aboriginal communities' rights; community endorsed protocols; and long fought achievements in establishing appropriate community-controlled mechanisms for processing research applications and liaising with researchers. Concerning the latter, there is an increased number who seek to work in this highly funded domain. Researchers need appropriate guidelines for interacting with Aboriginal communities and the Aboriginal community controlled health sector. These Guidelines need to be consistent with the National Statement by providing definitive direction rather than merely subjective principles. The most inappropriate, unethical provision within the replacement document is that it enables and legitimises a process where committees, (eg., University ethics committees) with or without Aboriginal representation, can decide what is ethically appropriate for Aboriginal communities.

Commonwealth Privacy Provisions

NACCHO, the newly formed (in May 2003) Coalition of Aboriginal Health Ethics Committees (CAHEC), and the AH&MRC (NSW Affiliate) responded to an invitation to contribute to the early stages of a review of the Commonwealth Privacy provisions. In outline, these were the general privacy issues/concerns affecting Aboriginal and Torres Strait Islander peoples as put to that inquiry:

- Encroachment of community consent/opinion through academia. Consent guidelines of NHMRC replaced ones approved by NACCHO with ones that have ignored NACCHO;

- Unfettered access to data and irresponsible use of data without approval of Aboriginal Ethics Committees, which is culturally inappropriate;
- Identification of Aboriginal communities through research; invading their privacy due to lack of understanding of Aboriginal cultures; constant narrowing down of data so that it identifies communities and individuals;
- Anecdotal evidence of abuse to access data through government databases. De-identified data is potentially identifiable because of the size (small) of Aboriginal communities;
- Not just aggregation of identifiable data but identifiability of aggregated data that is important from the Aboriginal perspective.

For example, regarding point three above: Identification of Aboriginal communities through research. Any proposal that involves having a unique identification number for Aboriginal and Torres Strait Islander peoples is of great concern to the Aboriginal community. Moreover, the concern of State/Territory Affiliates of NACCHO is linked to the specific Aboriginal 'Medicare Card' enthusiastically promoted by the HIC, thereby having Aboriginal people personally identified within a class of people on national government data sets.

Any lack of transparency about precisely what kinds of data are being stored and its potential transference to other data sets erodes the Aboriginal and Torres Strait Islander community's confidence that their data will be treated appropriately. Under National Privacy Principle 8, in Aboriginal and Torres Strait Islander health, in order to identify whether a person is an Aboriginal or Torres Strait Islander person, for example in the HIC form, anybody can state on the form whether they consider themselves to be an Aboriginal and Torres Strait Islander person. Accuracy is therefore a serious problem and subsequent use of statistics based on such data remains questionable.

Policy Development on Principles and Protocols

The best way forward is for the establishment of principles and protocols on behaviour, not merely legislative change. The key issue in the research context is not simply the collection and disclosure of medical data, but rather, how it is used by government, health organisations and researchers. A process has finally been restarted (having been regarded as "urgent" in mid 1990's and due for completion in 1997) which includes NACCHO, to develop such principles and protocols (regarding Aboriginal and Torres Strait Islander health data) as required under Framework Agreements – yet OATSIH, which facilitates this NAGATSIHID task group, needs to make it a much higher priority as the lack of National Health Data Protocols continues to hamper a range of projects and reporting processes.

SEWB MODULE ABORIGINAL AND TORRES STRAIT ISLANDER 2004-05 HEALTH SURVEY

As NACCHO has recommended, Aboriginal liaison staff will be permanently employed in each State and Territory to liaise with Aboriginal communities and NACCHO, and many Indigenous interviewers for this ABS Aboriginal and Torres Strait Islander Health Survey which will conduct about 10,000 interviews with adults throughout Australia in 2004-05.

Despite the lack of provision of any additional resources to facilitate NACCHO's ongoing work on this project in an effective and efficient manner, NACCHO eventually fulfilled its commitment to NAGATSHID, 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'. NACCHO agreed to help develop suitable questions for inclusion in the ABS Health Survey by recommending appropriate questions on SEWB/mental health.

NACCHO had earlier found unacceptable a proposal to include the Kessler-10 Psychological Distress Scale as the 'proxy' for Aboriginal mental health in the 2001 ABS National Health Survey (NHS). In its place NACCHO and its NSW Affiliate in particular, successfully collaborated with the ABS and the AIHW to develop a module which spanned a much wider range of topics such as anger, discrimination preventing proper access to health services, social conditions generally, family resilience, and incarceration.

The ABS expressed in writing its recognition of the Secretariat's profound contribution to the development and trialling of the new SEWB module, whilst assuring NACCHO that it agreed with the vast majority of the terms and conditions it had set for this Trial. In partnership with its Affiliates, NACCHO has also resolved to eventually develop its own culturally appropriate 'wellness' survey before the 2010 ABS survey – to compliment the individualistic ABS approach with reliable community indicators of wellness.

SERVICE ACTIVITY REPORTING

Reporting on the 2000-01 data was released in early 2003 and was included in some detail in last year's Annual Report. Reporting on the 2001-02 data is expected to be released in late 2004.

The Service Activity Reporting (SAR) data development has continued to lag in reporting due to insufficient resources in both OATSIH and NACCHO. Government and Service accountability continue to be a key objective of the unfolding Service Activity Reporting (SAR) database-development joint project with OATSIH. Annually, services routinely complete forms based on the scope and focus of their activities, staffing and resource needs, and mostly, individual client contacts. A Key Results report is distributed to all Services along with an individualised report which helps them see their activities in a regional context. NACCHO is heavily committed to supporting this complex primary health data management and reporting exercise.

SAR - Towards a National Aboriginal Primary Health Care Profile

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 and promotion of the sector.

One of the major issues has continued to be 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. Due to the widespread concern about the continuing shortfall in funding to address Aboriginal health, the following is provided to demonstrate how the SAR data has been used by the Commonwealth, and NACCHO's response to such allocations.

Summary of SAR Enhancement Funding Process

Purpose

To inform of the operations of the Service Activity Reporting (SAR) Enhancement funding program which was designed to continually provide services identified as being in greatest need with the financial means to employ additional clinical and administrative staff. These funds were primarily for recurrent staffing positions as other funding mechanisms were in train to identify resource needs for infrastructure (eg., buildings, computing, vehicles). The funding provided under the Program is of a recurrent nature meaning that once a new position is funded and created in a Service, OATSIH base line funding for that Service is increased accordingly in each succeeding year. These funding increments are indexed in order that the Service may retain the ability to meet inflationary effects in staff remuneration in successive years.

Outcomes

Since the introduction of this Program in year 2000, the Office for Aboriginal and Torres Strait Islander Health (OATSIH) has provided funding to support the addition of 129 full-time equivalent staff positions to Aboriginal Community Controlled Health Services funded by OATSIH. These additional positions have covered both clinical and administrative staff. Originally, funding for the program was limited to $1.5 million annually. In the financial year 2003-2004, the annual funding level has been increased to $5 million.

Recent Experience

The following table on the next page shows the total funding for the both rounds of SAR Enhancement funding in 2003/04.

State/Territory	Services	Total Allocated	Positions Funded (FTE)
Australian Capital Territory	1	$35,000	0.5
New South Wales	14	$1,560,603	18.5
Queensland	13	$1,095,345	19
Victoria	5	$324,975	4
Tasmania	3	$195,277	3
South Australia	4	$299,727	3
Western Australia	4	$774,145	8
Northern Territory	9	$829,903	10
National Totals	53	$5,114,975	66

NACCHO welcomes these allocations (representing less than five per cent of total annual OATSIH allocation to the community controlled health sector), as they were a representative fraction of what is required to seriously address shortfalls in primary health care staffing, in particular to address chronic illness and ongoing life expectancy on par with poorer African states. A total of $9.6 million has been allocated to services as recurrent funds under SAR Enhancement Funding since the program's inception in 2000.

State/Territory	SAR Enhancement Funding for the last four years (2001/02-2003/04)
ACT	$57,107
NSW	$3,011,668
NT	$1,477,770
QLD	$2,163,025
SA	$591,073
TAS	$289,175
VIC	$545,299
WA	$1,497,480
Total	$9,632,597

Members interested in how such allocations are made can obtain further information from OATSIH or NACCHO.

SAR Staffing Modelling Shortfall Agreed by the Commonwealth

As demonstrated above, 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 agreed formulae published within each SAR form.

NACCHO and OATSIH over the past year reached agreement that, as stated in the SAR Key Results report for 2000-01, notwithstanding the inadequacies of the draft staffing model, 'the application of the draft model indicates that a shortfall remained in the core staffing of a large number of services as at the 2000-01 SAR Questionnaire' (Commonwealth of Australia 2003:53).

Independent Analysis of SAR Data

Further, it was also agreed that the Consultant engaged to undertake the independent analysis of SAR data will be asked to "Analyse and report the results and appropriateness of the SAR staffing model in relation to the declared resource needs of services outlined in the Comments sections of the SAR questionnaire. This analysis should also address the range and variety of service types that the SAR data covers".

PATIENT INFORMATION RECALL SYSTEMS

Finally, after two years of lobbying, the inaugural NACCHO-OATSIH National forum on Information Technology and Aboriginal Health Services Patient Information and Recall Systems Workshop was held in Canberra in May 2004.

There was a broad representation of Services, and several concrete recommendations were made. A draft report is now circulating for comment and NACCHO will continue to advocate for action in response to those agreed recommendations from this workshop. Amongst the recommendations was one to set up a data review committee to develop a data collection and management plan including definitions of core data items and a policy framework around privacy and security of data. A number of strategic action areas were identified including the need to clarify the purpose of PIRS, and to base overall budget planning on a realistic appraisal of capacities and needs across the sector, and to review vendor arrangements.

HEALTH*CONNECT* NT INFORMATION TRIAL

Wurli Wurlinjang, one of our member Services, has acted as a 'hub' for information arising from a Northern Territory Trial based at Katherine - one of two 'fast-tracked' Trials for the National HealthConnect project. The way this has been trialled shows that with an individual's consent, health care events recorded on existing client data management 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. This could significantly enhance the community's capacity to control information about its client as they interact with the wider health system.

HealthConnect 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. The Katherine Trial is primarily concerned with Aboriginal health issues associated with a mobile population in remote locations. NACCHO is represented on the HealthConnect Stakeholder Reference Group through the Secretariat and continues to have a number of concerns about the feasibility of this project, and the serious implications of centrally stored personal health information, the linking of databases, and the electronic transfer of such information.

NATIONAL PERFORMANCE INDICATORS

The Jurisdictional Reports for 2000 against Aboriginal and Torres Strait Islander Health Performance Indicators. NACCHO continued to advocate for better quality data from the jurisdictions against the Aboriginal and Torres Strait Islander health performance indicators. A report on the 2001-02 data is due in late 2004.

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 conferences.

It also continued to issue media releases to provide an Aboriginal Community-Controlled Health Service viewpoint on issues affecting Aboriginal Australians. NACCHO also carries out extensive lobbying activities with all political parties and continues to build alliances with a wide range of influential NGO organisations.

PRESS RELEASES AND SPEECHES

2003-2004 saw NACCHO issue press releases on a wide-range of topics, use its media expertise to assist Affiliate and member organisations and to showcase the National Aboriginal Community Controlled Health Sector in a number of major forums.

For example, at the beginning of the financial year, NACCHO was part of a major non-Government Australian Health Care Summit in Canberra. At this summit, NACCHO put forward a five-point plan to improve Aboriginal health, the main point being the creation of a new National Health Partnership Agreement on Aboriginal health that locked in the Commonwealth, all State and Territory Governments, ATSIC and NACCHO. NACCHO's Chairperson, Mr Henry Councillor, also joined with the organisers to help promote conference outcomes.

Shortly afterwards, NACCHO announced the results of it's clinical research trial – the largest trial of its kind ever conducted – into the management of 'runny ears' – a chronic infection of the middle ear which can cause serious hearing loss. The results from the trial were published in the Medical Journal of Australia with NACCHO subsequently winning that journal's major prize for the best piece of research published in 2003-2004. Also in August, Mr Councillor was able to announce the signing of an historic Memorandum of Understanding (MOU) between NACCHO and SIDS and KIDS, the first for SIDS and KIDS with another non-government organisation.

Other press releases by Mr Councillor, included:

- A release on behalf of the full NACCHO Board condemning the treatment of its State Affiliate body in WA, the West Australian Aboriginal Community Controlled Health Organisation (WAACCHO) by the WA State Government; and a
- Tribute from NACCHO on the death of a great Aboriginal leader and one of the founders of NAIHO, NACCHO's predecessor and Aboriginal Community Controlled Health Services, Dr Bruce McGuinness.

Among the major speeches delivered by Mr Councillor included addressing members of the Divisions of General Practice annual conference in Brisbane when the signing of a

formal MOU between NACCHO occurred and the ADGP was announced; his address at the opening of the first and only Aboriginal Community Controlled Health Service run Kidney Dialysis Centre in Australia in Broome and the opening address at NACCHO's annual conference and AGM in Melbourne in November, of 2003.

NEW CHAIRPERSON

On November 14, at the Melbourne NACCHO AGM and Members Meeting, it was announced that long-serving CEO of the Victorian Aboriginal Health Service, Mr Tony McCartney, had been elected as NACCHO's Chairperson. Accepting the appointment, Mr McCartney thanked Mr Councillor for his leadership and drive, and added that his commitment was to see NACCHO genuinely recognised and accepted as Australia's peak Aboriginal health organisation.

In one of his first media releases, Mr McCartney called on the Federal Government to commit funding in the 2004/5 Budget to give meaning to its promises to fund additional programs to attack drug use in Aboriginal communities. Soon afterwards, both NACCHO and the National Rural Health Alliance (NRHA) issued a joint press release stating that they had written to Federal Health Minister, Tony Abbott seeking a commitment that the new dental initiatives in MedicarePlus would give priority attention to Indigenous patients.

Other major media releases included:

- Calls to all Federal Parliamentarians to step back and think seriously about voting on future administrative arrangements affecting the lives of Aboriginal Australians as mainstreaming was not the way to go;
- The announcement that NACCHO would takes its concerns about the appalling state of Aboriginal health to the United Nations;
- Criticisms of the Federal Government's 2003/4 Budget once again failing to address the real health issues facing Aboriginal Australians, despite a welcomed additional $40 million over four years to continue the vital Primary Health Care Access Program (PHCAP).

Major speeches included those to the 15th International Conference on Reduction of Drug Related Harm in Melbourne when Mr McCartney said substance misuse was one of the biggest challenges facing Aboriginal communities. The Government was also urged to adopt a number of future pathways and directions that if adopted would make a real difference.

Mr McCartney also addressed the World Health 2004 Conference and the Kimberley Health Summit in Broome where once again the opportunity was taken to reinforce the fact that the Aboriginal Community Controlled Health Sector was a successful sector, one that is growing – and growing rapidly – and was achieving results despite so many services being under-resourced.

Other major speeches have included speeches to the Royal Australian College o f General Practice (RACGP); General Practice Education and Training (GPET); the RACGP/Australian College of Rural and Remote Medicine - Joint Consultative committee (ACRRM), the Australian Divisions of General (ACRRM) and the Royal Australian College of Physicians,

SHOWCASING

The major showcasing event in 2003-2004 was NACCHO's awareness raising efforts at the 18th World Conference on Health Promotion and Health Education in Melbourne in May of 2004 which was attended by over 2,700 delegates from more than 80 countries. NACCHO maintained an information booth throughout the conference while also delivering a 90 plenary session on the Aboriginal Community Controlled Health Sector entitled "Success through Black Eyes".

NACCHO also showcased internationally at the 8th International Symposium on OTITIS Media at Fort Lauderdale, USA, the results of its unique Ear Trial.

Other international forums in which NACCHO showcased the innovativeness of Aboriginal health programs included the major conference on Hepatitis C in Canada and an international conference on SIDS and KIDS, also in Canada. More details on each of the initiatives mentioned in this Section will be more fully covered in other parts of the annual report.

PUBLICATIONS/WEBSITE

In 2003-2004 NACCHO's Website recorded an average of 1,200 unique visitors each month and nearly l2,000 page views per month, or nearly 140,000 page views for the year. Additionally, a new, brief two-page information bulletin entitled "TakeNote" was also introduced during the year. "TakeNote" is a monthly bulletin to all member services from NACCHO to keep them informed of initiatives in which NACCHO has played, or is still playing, a role for the benefit of the Aboriginal Community Controlled Health Sector.

2003-2004 also saw NACCHO begin work to improve NACCHO's Website links to the GP Network which was established some two years ago to provide better linkages and professional support to GP's working to improve Aboriginal health both within and outside of the ACCH Sector. NACCHO's own website was also improved significantly by way of a much more expanded Home Page and the inclusion of both NACCHO News and TakeNote as part of the website.

MEDIA ASSISTANCE

NACCHO HAS continued to provide assistance to various Affiliates and individual member services in relation to media strategies; both writing and issuing of media releases. This was particular so with WA State Affiliate, WAACCHO, at the time of the removal of its funding by the WA State Government.

2003 MEMBERS MEETING AND AGM

127 member services attended NACCHO's 2003 AGM and Members Meeting which was held in Melbourne in November, 2003 to coincide with the 30th Anniversary Celebrations of the Victorian Aboriginal Health Service at Fitzroy.

The conference began with a welcome to country from Victorian elder, Joy Murphy and then opening addresses from NACCHO's Chairperson, Mr Henry Councillor, the Shadow Minister for Health and Ageing, Ms Julie Gillard and Aboriginal activist Michael Mansell.

Day One included major plenary sessions included the reports from all State Affiliates, an open discussion session, and plenary sessions entitled "Strengthening the capacity of ACCHSs and concurrent workshops on topics such as lobbying for the Sector using Service Activity Data, Section 100 and a workshop on General Practice in Aboriginal and GP Accreditation and Workforce development. It also included feedback from the various sessions, reports on the Outcome of the NACCHO Ear Trial and a visit to the Victorian Aboriginal Health Service and the launch of the Kimberley Aboriginal Medical Services Council's book "Aboriginal Primary Health Care –An Evidence Based Approach" Day Two featured a keynote address from noted Aboriginal activist and academic, Gary Foley entitled "Political Issues – engaging with Government" and concurrent workshops on Health Finance, SEWB Research and International Declarations on Indigenous Rights and major feedback sessions and the adoption of conference recommendations and closing comments. It also included a decision to hold a protest march to highlight the context and reality in which the Federal Government's report "Overcoming Indigenous Disadvantage – Key Indicators 2003 - launched the same day in Melbourne – should be viewed. Member marched in protest to Melbourne University where the launch ceremony was being held and Chairperson, Henry Councillor read a prepared statement and handed a written explanation on the reasons for NACCHO's protest march to various Government officials.

NATIONAL COMMITTEES/WORKING GROUPS REPRESENTATION

NACCHO Representation on National Committees/Working Groups:

- NACCHO 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 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;
- 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; and
- Public Interest Advocacy Centre Forum.

PUBLIC HEALTH

There have been some major achievements for NACCHO over this past year including:

- Receiving the best research award from the AMA/Wyeth for 2003;
- Launch of the Adult Health Check Medicare Rebate for Aboriginal and Torres Strait Islanders aged 15-54 years; and
- RACGP and NACCHO Board endorsement of the print-ready version of the National Guide for a Preventive Health Assessment in Aboriginal and Torres Strait Islander Peoples.

PUBLIC HEALTH STRATEGIES GUIDELINES AND SUBMISSIONS

NACCHO provides strategic advice to high level health policy forums throughout the year. In particular, the National Health Priority Areas Action Council and its subcommittees, received direction on the barriers to asthma management faced by ACCHSs, the need for a national rheumatic fever and heart disease strategy, stroke affecting Aboriginal peoples, a national chronic disease strategy, a national diabetes strategy, and cancer prevention through primary health care. NACCHO has also commenced a national evaluation of the Federal Governments Asthma 3+ Plan program in conjunction with the University of Adelaide involving ACCHSs across Australia.

NACCHO assisted member services on a range of child health matters such as dissemination of information on community grants, policy priorities to the Federal Government, a peer review publication, as well as meetings and appraisal of the Office of Hearing Services workplan. We contributed to the Federal Governments Feasibility study on hearing services provision and we provided advice to Senators in Senate Estimates regarding reforms to the Commonwealth Hearing Services Program to ensure equity with regard to Aboriginal children's hearing health needs. In particular, we attended the Berrimpa Hearing Health Seminar in Brisbane hosted by OATSIH in June 2004, and made a compelling case for the reforms needed.

This year saw NACCHO further develop the National Guide to a Preventive Health Assessment in Aboriginal and TSI peoples in partnership with the Royal Australian College of General Practitioners (RACGP). This product was developed to provide the evidence underpinning the new Adult Health Check Medicare Rebate (see below) and supports the delivery of preventive health interventions to those who are least able to ask for it. The Guide is a unique collaborative effort led by NACCHO and involves more than eight non-Government organisations that are alliance members known as the Chronic Disease Alliance. The National Guide was piloted with over 40 GPs this year, strongly supported by them, and endorsed by the RACGP and the NACCHO Board. NACCHO, the RACGP and Alliance members have recommended an implementation strategy to the Department of Health and Ageing with the Guide shortly to be posted on websites and printed.

Through membership of the AMA Indigenous Health Taskforce, NACCHO significantly contributed to the development and release of the AMA discussion paper on workforce needs and shortfall.

Sexual health matters have been a priority this year because of the revision of the 2nd National Indigenous Australians Sexual Health Strategy (NIASHS), 2nd Hepatitis C strategy and 5th HIV/AIDS strategies. NIASHS was developed as a supplement to these programs because of the excess burden of illness, and does not substitute for these programs. NACCHO has ensured that jurisdictions funded under the mainstream strategies fulfil their responsibilities to the Aboriginal population.

This year also marked the release of the new Adult Health Check Medicare Rebate for Aboriginal and Torres Strait Islanders aged 15-54 years (known as Item 710). This was launched by the Honerable Minister for Health Tony Abbott and the NACCHO Chair on the 3rd May in NSW. This is a significant achievement for NACCHO as this outcome had its origins in recommendations arising from the NACCHO AGM in Hobart in 1999. NACCHO drafted a detailed proposal for the introduction of such a rebate in 2001, convened a national workshop with the ADGP, and assisted the Department to draft the descriptor. It will be pleasing to see member services across the country access a rebate for giving Aboriginal people an opportunity to sustain their health. An effective implementation strategy is something NACCHO is currently working towards.

Internationally, NACCHO revised the 'Health of Indigenous Peoples: WONCA Kuching Statement for Action' at the WONCA conference in Spain in 2003, and was a member of the International Network of Indigenous Health Knowledge (a tri-nation initiative involving Canada and NZ).

RESEARCH

We are pleased to report that NACCHO's work resulted in being awarded the Medical Journal of Australia and Wyeth Award for the best research published in the MJA for 2003. This arose from a peer reviewed publication during this period regarding the NACCHO Ear Trial. NACCHO also reported to the Department of Education, Science and Training on the impact of CSOM on school attendance and had excellent media coverage including in the British Medical Journal. The Ear trial has also been used as a case study for postgraduate public health training. NACCHO presented the findings of this study at the GP Primary Health Care Research Conference in Brisbane on 2-4 June 2004 and was considered an outstanding highlight of the conference. Our efforts are continuing in discussions with pharmaceutical agencies, specialists, and the TGA regarding the availability of safer ear drops for ear infections.

Other efforts have involved the evaluation of the National Indigenous Immunisation Pneumococcal Program, in a steering role involving the National Centre for Immunisation Research and Surveillance, and steering the Review of the OATSIH Eye Health Program.

NACCHO also plays a significant role in the appraisal of numerous publications and research applications and the provision of research advice to projects undertaken by other organisations.

The NACCHO Board also directed the secretariat to seek research funding for the development of a National Aboriginal Collaborative Research and Development Unit of NACCHO. NACCHO believes that with 128 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.

More information is available by contacting the Secretariat at NACCHO.

PRIMARY HEALTH CARE ACCESS PROGRAM

The Primary Health Care Access Program (PHCAP) represents the most significant source of new funding in Aboriginal health for some years. However, since its inception, NACCHO has held concerns about the inadequacy of its overall funding levels, the lengthy implementation involved and practices contrary to the Framework Agreements and the collaborative approach to planned service delivery of primary health services. At both the state and national levels, NACCHO has called on the Commonwealth to speed up the process of getting PHCAP funding to the ground. These concerns became more urgent in the second half of this financial year, given the new Commonwealth-driven imperative to expend allocated funds by the end of the financial year (30 June 2004). This imperative at times overrode existing consultative processes and ignored planning undertaken over the past several years. It also raised the possibility that PHCAP funds not expended before 30 June could be returned to consolidated revenue. In response to this issue, NACCHO Directors and Affiliates met to discuss PHCAP developments in February 2004, and the concerns of the membership were consolidated into a position paper, developed April 2004, which articulated NACCHO policy and could act as a basis for lobbying bureaucrats and politicians in reforming PHCAP.

The paper stated that given the appalling state of Aboriginal health, it would be a shameful admission of administrative failure to return monies allocated to improving primary health care, and noted the fact that this situation had been allowed to arise over the past four years was an indictment of the Commonwealth structures charged with stewardship of these funds.

NACCHO's immediate goal was to obtain a commitment that no unspent PHCAP funds were returned to consolidated revenue, but instead allocated to properly developed proposals or rolled over to the following financial year. In the longer term, NACCHO called for reforms to be implemented to ensure the situation did not arise in the future, and that failures in PHCAP administration did not undermine the likelihood of increases to funding for Aboriginal health in the longer term. To this end, NACCHO sought:

- A re-confirmation of the Partnership Forums at the state level as the peak consultative body in each state and territory, and the establishment of processes to strengthen these bodies;
- The establishment of a national Partnership Forum to mirror those at state level, to provide the national consistency and monitoring processes so lacking in PHCAP implementation; and
- A bi-partisan approach to moving beyond short-term funding allocations and a commitment to on-going needs-based funding for Aboriginal primary health care.

NACCHO continues to monitor the situation and to this end has secured commitments from OATSIH to attend Board meetings on a regular basis to provide updates to NACCHO.

QUALITY USE OF MEDICINES

In 2000 the Federal government launched the National Medicines Policy. The policy's aim is to achieve optimal health outcomes for all Australians while meeting economic objectives. In order to achieve this objective, the policy was broken into four priority areas: quality use of medicines, access to affordable medicines, safety and quality and a viable and responsible pharmaceutical industry. The federal government provided $12.45 million to the National Prescribing Service (NPS) to promote quality use of medicines in the community. In 2004 NACCHO was successful in negotiating a contract with NPS to deliver QUM messages to the Aboriginal community over a two year period.

Quality Use of Medicines (QUM) aims to achieve better health outcomes through the education of health professionals and community members on health management options, choosing the safest and most suitable medicines (effective and cost efficient) and the correct use of medicines.

NATIONAL PRESCRIBING SERVICE

NACCHO has made a submission to the NPS on their priority areas for inclusion in a submission to the Australian Department of Health and Aging for continuation of funding for the core Quality Use of Medicines Program, the Australian Prescriber and the Community Quality Use of Medicines Program. The funding application is for the 2005 – 2009 period. NACCHO has submitted that the NPS make Aboriginal health a priority in all core business areas. NACCHO submitted that we be involved in strategic planning that provides a coordinated approach to Aboriginal health through QUM at a NPS organisational level and that NPS adequately fund and resource NACCHO to provide advice and expertise on Aboriginal QUM issues.

NACCHO COMMUNITY QUALITY USE OF MEDICINES PROJECT

Through this project NACCHO aims to provide support to member services and community members in a number of ways. Port Lincoln Aboriginal Health Service, Victorian Aboriginal Health Service and Kimberley Aboriginal Medical Service Council have been participating

in designing and informing the project design. Education Modules for Aboriginal Health Workers will be piloted in these three services prior to a national rollout. The 10 modules, for delivery over a 12 month period, are designed to provide information and training on medicines and QUM related to the most commonly seen chronic illnesses: diabetes, asthma and hypertension.

There has been a great deal of work done by government and pharmaceutical companies on the development of Consumer Medicines Information (CMIs). A large number of medicines now have CMIs available. However there is widespread criticism of the volume and complexity of information supplied as well as criticism of the lack of information on the efficacy or cost effectiveness of the particular medicine relative to other medications. NACCHO is responding to this by developing Health Information Sheets. These sheets will provide pictorial based information on chronic diseases, the medicine used to treat the illnesses and prompts for how to access further assistance and information. As in the case of the education modules, these will be trialled and adapted according to feedback, prior to national rollout.

With the increasing use of medicines and access to medicines under such arrangements as section 100 of the National Health Act, NACCHO is developing a Policy and Procedures Manual for the Management and administration of medications in an Aboriginal Health Service. This will provide evidence based, best practice guidelines that services will be able to access and adapt according to the needs of their particular service. Consideration will be given to various state legislative provisions and the impact it may have on particular policies or procedures outlined.

SECTION 100 SUPPORT PROJECT

This project is funded from the Pharmacy Guild of Australia under their Rural and Remote Infrastructure Grants.

To date the project has focussed on the progression of the paper for improved access to the PBS for Aboriginal people in non remote areas. This work has resulted in a proposal that has the endorsement of NACCHO along with the Pharmacy Guild of Australia, AMA, and endorsement by the full committee of the Australian Pharmaceutical Advisory Committee. This proposal has been presented to the Minister for Health and further work on gaining endorsement from other political parties has begun. This is seen as the most important outcome for this project. NACCHO has liaised closely with the Pharmacy Guild regarding changes to the Business Rules for the Section 100 support allowance. This allowance provides funding for a pharmacist to visit and support an Aboriginal Health Service that supplies medication under s.100. Currently the allowance is small and after two reviews we are trying to get this increased, so health services may receive further support. This work continues to be undertaken in conjunction with the Pharmacy Guild.

NACCHO has been able to contribute to evaluations of both the Section 100 scheme by the Commonwealth and the evaluation of the Pharmacy Guild's Rural and Remote Pharmacy

Program by Human Capital Alliance. Input into both these reviews will assist to make changes to the current Section 100 supply mechanism along with changes to the Section 100 allowance, which ultimately will lead to better pharmacy services in Aboriginal Health Services.

Ongoing participation in discussion with the Pharmacy Guild regarding Home Medication Reviews for Aboriginal peoples culminated in four workshops being conducted at the Medication Management Review Facilitator Conference. Outcomes of these sessions will provide the foundation for further recommendations to improve the uptake of this service through our sector.

Some of the key deliverables in this project are the subject of other projects or core business being undertaken currently ie AHW competencies, Dispensary technician training, pharmacy scholarships. This project is keeping informed of the work being undertaken and will inform the development of the papers required in this project.

It is clear that having this project funded within NACCHO has increased the pharmaceutical expertise within the secretariat. NACCHO has been able to assist in the development of the Community QUM project also being undertaken by NACCHO in partnership with the NPS and a number of other activities that have assisted in working towards QUM for Aboriginal peoples. Ongoing requests from our sector and pharmacists regarding technicalities of Section 100 and the allowance have been raised with NACCHO. These have been able to be resolved or referred to the DOHA for further action.

SOCIAL AND EMOTIONAL WELL BEING

NACCHO continued to work with the Federal Government on the finalisation of the Mental Health and Social and Emotional Well Being National Strategic Framework. This document was finalised by the Social Health Reference Group in late 2003 where it then went up the line for endorsement by the National Aboriginal and Torres Strait Islander Health Council and AHMAC through the National Mental Health Working Group. This may take some time as it has to be signed off by each State and Territory.

Overall, NACCHO see this document's implementation central to improving Aboriginal health and well being and have been pushing for funding to be attached to the framework. At this point In time however, the government have not allocated any funding for its implementation.

RACGP ACCREDITATION STANDARDS

RACGP have recently reviewed the RACGP Standards for General Practice accreditation. This has included a consultation process with NACCHO members to ensure that the new RACGP Standards meet the needs of the sector. The RACGP are trialling the new Standards and will pilot them in a small number of NACCHO member services to assess their suitability and cultural appropriateness for use in the Accrediting of Aboriginal Community Controlled Health services.

ACCREDITATION

NACCHO has been working closely with Australian General Practice Accreditation Limited (AGPAL) to ensure that NACCHO Members have access to "Quality in Practice" accreditation. To date over 70 Members Services have registered with AGPAL to participate in the Accreditation process. Over 50 of these are fully accredited and are now receiving the Practice Incentive Program (PIP) monies.

There are many advantages in becoming a fully accredited Aboriginal Medical Service such as:

- Locum Accreditation allows Aboriginal Medical Services to gain access to the Practice Incentive Program (PIP). This means that an AMS that has two or more GP's could receive thousands of dollars in incentive payments within a year;
- Accreditation offers the formal recognition required by government agencies when AMSs apply for grants and also provides the AMS the satisfaction of knowing that they have a quality service to offer their clients that is comparable with mainstream General Practice description of the GP Network; and
- With the extra incentives Accreditation can pay for itself many times over.

Whilst NACCHO totally supports the accreditation models there is concern that over 60% of Member Services cannot attain accreditation due to the lack of adequate and appropriate infrastructures and resources to assist them to achieve this mark of quality.

NACCHO is continuing discussions with AGPAL to find funds to train Aboriginal Surveyors to carry out the accreditation processes in Member Services, but also feels the need to find alternative pathways for members to access the PIP payments without having to go through a rigorous process. NACCHO firmly believes that there must be a process put in place or developed that will include those AMSs which through no fault of their own cannot attain accreditation but are delivering a quality service to the Aboriginal community whereby they should be able to access the PIP funding.

ABN 89 078 949 710

DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2004.

Directors

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

Henry Councillor (resigned 28/11/2003)
Naomi Mayers
Chris Bin Kali (resigned 14/4/2004)
Margaret Culbong (resigned 3/11/2003)
Greg Stubbs
Rachel Atkinson
Brian Riddiford (resigned 8/10/2003)
Justin Mohamed
Jill Gallagher
Anthony McCartney
Julie Tongs
Polly Sumner-Dodd
Leslie Kropinyeri
Maureen Williams
Stephanie Bell
Mavis Govan
Kenneth Kunoth
Robert Holt (resigned 8/10/2003)
Valda Keed
Raymond Dennison (resigned 21/10/2003 – appointed 2/12/2003)
Frank Vincent
Cheryl Mundy (resigned 14/4/2004)
Sheryl Lawton (appointed 8/10/2003)
Michael Adams (appointed 9/10/2003)
Deborah Kaye Oakley (appointed 3/11/2003)
Karlene Dwyer (appointed 22/1/2004)
June Sculthorpe (appointed 27/4/2004)
Georgina Wilson (appointed 4/5/2004)

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

Operating Results

The loss of the company for the financial year after providing for income tax amounted to $2,005.

Review of Operations

A review of the operations of the company during the financial year and the results of those operations found that during the year, the company continued to engage in its principal activity, the results of which are disclosed in the attached financial statements.

Significant Changes in State of Affairs

No significant changes in the state of affairs of the company occurred during the financial year.

Principal Activity

The Principal activity of the company during the financial year was to

- Assist member organisations to provide competent and free medical services.
- Assist member organisations to provide dental services of qualified dentists.
- Assist member organisations to acquire health clinics in which health services can be provided free of charge.
- Providing competent and timely advice to member organisations on administrative processes, taxation requirements and governance matters for the competent management of Aboriginal Health Services.
- Provide expertise in data analysis, performance indicators and health program assessment to address the overall health needs of Aboriginal people.
- Analyse health policy and protocols that directly impact upon the health of Aboriginal people.
- To engage in research to redress the specific health needs of Aboriginal people.
- To act as the national umbrella organisation representing Aboriginal Community Controlled Health Services relating to Aboriginal health and well being and to assist them in delivering holistic and culturally appropriate health and health related services. This comprises the running of the National Secretariat and the provision of secretarial services to the NACCHO Board and the full membership.

No significant change in the nature of these activities occurred during the year.

After Balance Date Events

The Company has received advice that its funding agreement has been extended until 30 September 2004. There is some uncertainty about whether the Company will receive advice about whether adequate continuing funding will be offered after 30 September 2004. If the Company does not receive and accept an offer of adequate funding from the Department of Health and Aging, it will need to review its budgets to reduce its expenditure levels. If the company is unable to reduce its expenditure levels sufficiently, it may be required to liquidate its assets to pay out its liabilities at values different to those values recorded in the financial statements and may not be able to continue as a going concern. Whilst these financial statements have been prepared on a going concern basis, it would not be appropriate to prepare these financial statements on a going concern basis if the company is not offered continuing funding after 30 September 2004.

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

Future Developments

NACCHO will continue to build on its achievements over the last twelve months. The need to advocate on behalf of member organisations is not expected to diminish. The company's role as a principal advisor to the Federal Government on Aboriginal Health matters will continue.

Environmental Issues

The Company's operations are not regulated by any significant environmental regulation under a law.

Dividends Paid or Recommended

No dividends were paid or declared since the start of the financial year.
No recommendation for payment of dividends has been made.

Information on Directors

The information on directors is as follows:

Henry Councillor	Former Chair NACCHO, CEO KAMSC, former Chair of WAACCHO , former member of NACCHO Finance Committee, member of past NACCHO subcommittees on Substance misuse, Media and Public Relations; member on range of WA and National Committees
Dr.Naomi Mayers	NACCHO Deputy Chair, Chair of AH and MRC, CEO AMS Redfern and NACCHO, Rep on the Health Council, member of NACCHO Finance Committee, and SAR sub committee, member on past NACCHO subcommittees on Substance Misuse, Health Financing AFAO and NACCHO WP, Board member on a range of NSW and National Committees,
Margaret Culbong	Executive Director Geraldton AMS, former WAACCHO Board member, member of NACCHO SAR Subcommittee, member of past NACCHO Subcommittees on Oral Health, Public Health, SEWB , member on a range of WA and National Committees
Chris Bin Kali	Chair of KAMSC, Regional Planning and Advocate Officer at KAMSC
Rachel Atkinson	CEO TAIHS Townsville, Chair of QAIHF, member of NACCHO Finance Committee, member of past NACCHO Subcommittees on Recruitment, Substance Misuse, Member of AFAO WP
Justin Mohamed	A Goreng Goreng man, raised in Bundaberg QLD. CEO of Rumbalara Aboriginal Coop Ltd. NACCHO Treasurer, Convener of NACCHO Finance Committee, member of past NACCHO Subcommittees on Substance Misuse, Health Financing and Workforce issues, VACCHO Board member, Board member on a range of Victorian and national committee's
Jill Gallagher	Descent of the Gunditjmara people. CEO of VACCHO, former Director of the Museum of Victoria (Aboriginal Heritage) Board and member NACCHO's SAR sub committee, member on a range of Victorian committees.
Julie Tongs	CEO Winnunga Nimmityjah AHS, Member of NACCHO Finance Committee and SAR sub committee, member of past NACCHO sub committees on Recruitment and Workforce, member ACT health forum.

Information on Directors *(Continued)*

Polly Sumner-Dodd	CEO of Nunkuwarrin Yunti of SA Inc., Board member AHCSA, member of past NACCHO subcommittees on SEWB, Substance Misuse and Media and PR, Board member on a range of SA and National Committee's
Frank Vincent	CEO of Daruk ACCMS, Board member of AH&MRC, member on a range of NSW and National Committees, member of NACCHO SAR Committee
Stephanie Bell	Director of Central Australian Aboriginal Congress, AMSANT Board Member, member on a range of NT and National Committees, and NACCHO SAR Committee
Ken Kunoth	Director of Urapuntja Aboriginal Medical Service
Greg Stubbs	CEO of Bega Garnbirringu Health Services, Vice Chairman of the Reconciliation Committee for the City of Kalgoorlie-Boulder, Chair of Kurran Baku Garnbirringu Aboriginal Corp, Committee member for WACCHO and Joint Planning Forum, Committee member for Goldfields Indigenous Housing Org. Inc, Member of Kalgoorlie- Boulder Chamber of Commerce, Regional Development Sub Committee
Mavis Govan	Director of Wurli Wurlinjang Health Service, AMSANT Board Member, and member on numerous State Committees and Boards
Brian Riddiford	CEO of Goondir Health Service, QAIHF member, serves on numerous state and regional health, housing and education committees
Valda Keed	Chairperson of Peak Hill Aboriginal Medical Service. Member on AH&MRC, Aboriginal Legal Service Wagga and various regional committees
Raymond Dennison	Vice Chair AH&MRC, Aboriginal HIV/AIDS Health Worker at Pius X AMS, representative on various committees: AH&MRC Ethics Committee, Ministerial Advisory Committee on Hepatitis, NSW HIV Health Promotion Committee, NSW Sexual Health Advisory Committee, NSW Aboriginal HIV Health Committee

Information on Directors *(Continued)*

Anthony McCartney	Current NACCHO Chair, former CEO of Victorian Aboriginal Health Service, former Chair of VACCHO, member on the committee of the Victorian Advisory Council in Koori Health, on committees at the Austin Hospital in Melbourne and member of the NACCHO SAR Committee
Maureen Williams	Chairperson of Umoona Tjutagku Health Service, Coober Pedy, SA and Board Member of Aboriginal Health Council of SA.
Leslie Kropinyeri-	Chair of Port Lincoln AHS, and Chair of SA Aboriginal Health Council
Cheryl Mundy	A Palawa woman from the Pyemmairenar Band of the North East Tribe in Tasmania, involved in the early NAIHO before the founding of NACCHO
Robert Holt	CEO Kambu Medical Service, QAIHF Member, Board member of ATSICHET and a member on a range of QLD committees.
Sheryl Ann Lawton	Manager of Charleville Western Area Aboriginal and Torres Strait Islander Corporation for Health, former chair and deputy chair of ATSIC's Goolburri Regional Council, SAR Committee
Michael Adams	Descent of the Yadhiagana people of Cape York, and traditional ties with the Wardaman people of central western NT. Chairperson of the Aboriginal and Islander Health Service Ltd and Chairperson of the National Aboriginal and Torres Strait Islander Male Reference Group
Deborah Kaye Oakley	Chairperson of the Carnarvon Medical Service Aboriginal Corporation, Board member of WAACCHO, Chair of the Carnarvon CDEP
Karlene Dwyer	Descendant of the Kirrae Wurrong people, CEO of the Njernda Aboriginal Corporation. Director of VACCHO and Chair of the Lodden Mallee Aboriginal Reference Group.
June Sculthorpe	Currently health policy and planning officer at the Tasmanian Aboriginal Centre
Georgina Wilson	Chairperson of the Ord Valley Aboriginal Health Service (OVAHS) for the past four years, Georgina is a Miriwoong woman from the East Kimberley. In addition, she has been a member of the Kimberley Aboriginal Medical Services Council executive committee for the past two years and is a WAACCHO Board member.

Meetings of Directors

Directors	Director's meetings	
	Number Eligible to attend	Number attended
Tony McCartney	4	3
Naomi Mayers	4	4
Deborah Oakley	3	3
Chris Bin Kali	3	3
Greg Stubbs	4	4
Justin Mohamed	4	4
Karlene Dwyer	2	2
Jill Gallagher	4	3
Rachel Atkinson	4	3
Sheryl Lawton	3	3
Michael Adams	3	3
Robert Holt	1	1
Cheryl Mundy	3	2
June Sculthorpe	1	1
Frank Vincent	4	4
Valda Keed	4	4
Ray Dennison	3	3
Les Kropinyeri	4	4
Mae Govan	4	0
Julie Tongs	4	3
Polly Sumner-Dodd	4	3
Stephanie Bell	4	2
Maureen Williams	4	3
Brian Riddiford	1	1
Henry Councillor	2	2
Georgina Wilson	1	1
Margaret Culbong	3	0
Kenneth Kunnoth	4	1

The above attendance also includes the attendance of proxies.

During the year, five Finance Committee Meetings were held. Attendance by Directors was as follows:-

Directors	Number Eligible to attend	Number attended
Henry Councillor	3	2
Justin Mohamed	5	5
Julie Tongs	5	1
Rachael Atkinson	5	3
Tony McCartney	2	2
Naomi Mayers	5	3

Options

No options over issued shares or interests in the company were granted during or since the end of the financial year and there were no options outstanding at the end of the financial year.

Indemnifying Officers

During or since the end of the financial year, the company has given indemnity or entered an agreement to indemnify, or paid or agreed to pay insurance premiums as follows:

The company has paid premiums insuring all Directors of NACCHO against a liability incurred in their roles as Directors of the company except where the liability arises out of conduct involving a willful breach of duty.

The total amount of the insurance premium paid was $5,647.

Proceedings on behalf of the Company

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

The company was not a party to any such proceedings during the year.

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

Director

Anthony McCartney

Director

Naomi Ruth Mayers

Dated this 3rd day of September 2004

FINANCIAL REPORT

STATEMENT OF FINANCIAL PERFORMANCE

For the year ended 30 June 2004

	Notes	**2004** **$**	2003 $
Revenue from ordinary activities	2	**2,762,752**	3,034,217
Other expenses from ordinary activities		**(2,764,757)**	(2,931,433)
Profit from ordinary activities		**(2,005)**	102,784
Total changes in equity other than those resulting from transactions with owners as owners	13	**(2,005)**	102,784

STATEMENT OF FINANCIAL POSITION

As at 30 June 2004

	Notes	2004 $	2003 $
CURRENT ASSETS			
Cash assets	5	**663,730**	443,518
Receivables	6	**56,347**	170,346
Other	7	**25,891**	10,973
TOTAL CURRENT ASSETS		**745,968**	624,837
NON-CURRENT ASSETS			
Property, plant and equipment	8	**106,597**	84,278
Intangible assets	9	**228**	267
TOTAL NON-CURRENT ASSETS		**106,825**	84,545
TOTAL ASSETS		**852,793**	709,382
CURRENT LIABILITIES			
Payables	10	**244,183**	336,495
Provisions	11	**101,809**	85,344
Other	12	**277,500**	63,816
TOTAL CURRENT LIABILITIES		**623,492**	485,655
NON-CURRENT LIABILITIES			
Provisions	11	**19,185**	11,606
TOTAL NON-CURRENT LIABILITIES		**19,185**	11,606
TOTAL LIABILITIES		**642,677**	497,261
NET ASSETS		**210,116**	212,121
EQUITY	22		
Retained profits	14	**210,116**	212,121
TOTAL EQUITY	13	**210,116**	212,121

STATEMENT OF CASH FLOWS

For the year ended 30 June 2004

	Notes	2004 $	2003 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		**218,933**	367,047
Operating grant receipts		**2,847,712**	2,752,086
Payments to suppliers and employees		**(2,821,104)**	(3,156,496)
Interest received		**20,712**	14,190
Net cash provided by/(used in) operating activities	19 (b)	**266,253**	(23,173)
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		**51,273**	-
Payment for property, plant and equipment		**(97,314)**	(29,017)
Net cash used in investing activities		**(46,041)**	(29,017)
Net increase/(decrease) in cash held		**220,212**	(52,190)
Cash at beginning of financial year		**443,518**	495,708
Cash at end of financial year	19 (a)	**663,730**	443,518

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2004

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

The financial report is for the entity National Aboriginal Community Controlled Health Organisation as an individual entity. National Aboriginal Community Controlled Health Organisation is a company limited by guarantee, incorporated and domiciled in Australia.

The financial report has been prepared on an accruals basis and is based on historical costs. It does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

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

(a) Income Tax

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

(b) Property, Plant and Equipment

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

Property

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

Plant and equipment

Plant and equipment is measured on the cost basis.

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

Depreciation

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

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

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

(c) Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the company are classified as finance leases. Finance leases are capitalised, recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values. Leased assets are depreciated on a straight line basis over their estimated useful lives where it is likely that the company will obtain ownership of the asset, or over the term of the lease. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

Lease incentives received under operating leases are recognised as a liability. Lease payments received reduced the liability.

(d) Intangibles

Goodwill

Goodwill is initially recorded at the amount by which the purchase price for a business or for an ownership interest in a controlled entity exceeds the fair value attributed to its net tangible assets at date of acquisition. Goodwill is amortised on a straight line basis over the period of 20 years. The balances are reviewed annually and any balance representing future benefits the realisation of which is considered to be no longer probable are written off.

(e) Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year together with benefits arising from wages and salaries, annual leave and sick

leave which will be settled after one year, have been measured at the amounts expected to be paid when the liability is settled plus related on-costs. Other employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

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

(f) Cash

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

(g) Revenue

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Other revenue is recognised when the right to receive the revenue has been established.

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

(h) Goods and Services Tax (GST)

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

(i) Comparative Figures

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation for the current financial year.

(j) Adoption of Australian Equivalents to International Financial Reporting Standards

Australia is currently preparing for the introduction of International Financial Reporting Standards (IFRS) effective for financial years commencing 1 January 2005. This requires the production of accounting data for future comparative purposes at the beginning of the next financial year.

The company's management, along with its auditors, are assessing the significance of these changes and preparing for their implementation. We will seek to keep stakeholders informed as to the impact of these new standards as they are finalised.

	Notes	2004 $	2003 $
NOTE 2: REVENUE			
Operating activities			
- rendering of services including operating grants		**2,634,028**	2,652,980
- interest	2(a)	**20,71**	14,190
- other revenue		**104,934**	367,047
		2,759,674	3,034,217
Non - operating activities			
- proceeds of sale of property, plant and equipment		**3,078**	-
Total Revenue		**2,762,752**	3,034,217
(a) Interest from:			
- other persons		**20,712**	14,190
NOTE 3: PROFIT FROM ORDINARY ACTIVITIES			
Profit (losses) from ordinary activities has been determined after:			
(a) Expenses:			
Depreciation of non-current assets			
- Plant and equipment		**26,803**	17,323
Amortisation of non-current assets:			
- patents and trademarks		**39**	39
Remuneration of the auditors for:			
- audit or review services		**5,274**	5,274
- other services		**2,525**	1,902
Consultancy fees		**44,736**	68,899
Meetings and workshops		**48,517**	63,237
Wages and salaries		**1,018,955**	1,064,248
Rent		**128,594**	116,130
(b) Revenue and Net Gains			
Net gain on disposal of non-current assets			
- property, plant and equipment		**3,078**	-
Base funding		**814,022**	601,972
Executive development		**219,828**	214,462
Reimbursement of costs		**42,767**	137,158
Other grant funding		**1,605,543**	2,083,424

NOTE 4: REMUNERATION AND RETIREMENT BENEFITS

	2004	2003
	$	$
(a) Directors' remuneration		
Income paid or payable to all directors of the company by the company and any related parties	**165,190**	144,525
Number of directors whose income from the company or any related parties was within the following bands:		
	No.	No.
$0 - $9,999	**26**	27
$20,000 - $29,999	**-**	1
$40,000 - $49,999	**1**	-
$110,000 - $119,999	**1**	1

The names of directors who have held office during the financial year are:
Henry Andrew Councillor (resigned 28/11/2003)
Naomi Ruth Mayers
Chris Bin Kali (resigned 14/4/2004)
Margaret Culbong (resigned 3/11/2003)
Greg Stubbs
Rachel Atkinson
Brian Riddiford (resigned 8/10/2003)
Justin Mohamed
Jill Gallagher
Anthony McCartney
Julie Tongs
Polly Sumner-Dodd
Leslie Kropinyeri
Maureen Williams
Stephanie Bell
Mavis Govan
Kenneth Kunoth
Robert Holt (resigned 8/10/2003
Valda Keed
Raymond Dennison (resigned 21/10/2003 – appointed 2/12/2003)
Frank Edward Vincent
Cheryl Mundy (resigned 14/4/2004)
Sheryl Ann Lawton (appointed 8/10/2003)

Michael Adams (appointed 9/10/2003)
Deborah Kaye Oakley (appointed 3/11/2003)
Karlene Dwyer (appointed 22/1/2004)
June Maureen Sculthorpe (appointed 27/4/2004)
Georgina Wilson (appointed 4/5/2004)

	2004 $	2003 $
(b) Retirement and Superannuation Payments		
Amounts of a prescribed benefit given during the financial year to a director or prescribed superannuation fund in connection with the retirement from a prescribed office.	**10,249**	8,761

Full particulars are not provided as the directors believe this would be unreasonable.

NOTE 5: CASH ASSETS

Cash on hand	**839**	1,207
Cash at bank	**652,891**	442,311
Deposits at call	**10,000**	-
	663,730	443,518

NOTE 6: RECEIVABLES

CURRENT		
Trade debtors	**31,855**	123,631
Other debtors	**24,492**	46,715
	56,347	170,346

NOTE 7: OTHER ASSETS

CURRENT		
Other current assets	25,891	10,973

	2004 $	2003 $
NOTE 8: PROPERTY, PLANT AND EQUIPMENT		
PLANT AND EQUIPMENT		
(a) Plant and equipment		
At cost	**59,557**	59,557
Less accumulated depreciation	**(44,255)**	(38,634)
	15,302	20,923
(b) Motor vehicles		
At cost	**68,350**	29,017
Less accumulated depreciation	**(3,796)**	-
	64,554	29,017
(c) Office equipment		
At cost	**48,564**	48,564
Less accumulated depreciation	**(31,793)**	(25,971)
	16,771	22,593
(d) Computer equipment		
At cost	**111,331**	111,331
Less accumulated depreciation	**(101,361)**	(99,586)
	9,970	11,745
Total plant and equipment	**106,597**	84,278

(a) Movements in Carrying Amounts

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

	Plant and equipment $	Motor vehicles $	Office equipment $	Computer equipment $	Total $
2004					
Balance at the beginning of the year	20,924	29,017	22,593	11,745	84,279
Additions	-	97,314	-	-	97,314
Disposals	-	(48,193)	-	-	(48,193)
Depreciation expense	(5,622)	(13,584)	(5,822)	(1,775)	(26,803)
Carrying amount at end of year	15,30	64,554	16,771	9,970	106,597

	Notes	2004 $	2003 $
NOTE 9: INTANGIBLE ASSETS			
Patents, trademarks and licenses at cost		**14,525**	14,525
Less accumulated amortisation		**(14,297)**	(14,258)
		228	267
NOTE 10: PAYABLES			
CURRENT			
Unsecured liabilities		**54,720**	136,052
Trade creditors		**189,463**	200,443
Sundry creditors and accruals		**244,183**	336,495
NOTE 11: PROVISIONS			
CURRENT			
Employee benefits	11(a)	**101,809**	85,344
NON-CURRENT			
Employee benefits	11(a)	**19,185**	11,606
(a) Aggregate employee benefits liability		**120,994**	96,950
(b) Number of employees at year end		**18**	19
NOTE 12: OTHER LIABILITIES			
CURRENT			
Deferred income		**277,500**	63,816
NOTE 13: EQUITY			
Total equity at the beginning of the financial year		**212,121**	109,337
Total changes in equity recognised in the statement of financial performance		**(2,005)**	102,784
Total equity at the reporting date		**210,116**	212,121
NOTE 14: RETAINED PROFITS			
Retained profits at the beginning of the financial year		**212,121**	109,337
Net profit (loss) attributable to members of the entity		**(2,005)**	102,784
Retained profits at the end of the financial year		**210,116**	212,121

	2004 $	2003 $
NOTE 15: CAPITAL AND LEASING COMMITMENTS		
(a) Operating lease commitments		
Non-cancellable operating leases contracted for but not capitalised in the financial statements:		
Payable		
- not later than one year	**110,643**	132,631
- later than one year and not later than five years	**27,302**	30,594
	137,945	163,225
General description of leasing arrangement:		
Renal of Premises		

NOTE 16: EVENTS SUBSEQUENT TO REPORTING DATE

The Company has received advice that its funding agreement has been extended until 30 September 2004. There is some uncertainty about whether the Company will receive advice about whether adequate continuing funding will be offered after 30 September 2004. If the Company does not receive and accept an offer of adequate funding from the Department of Health and Aging, it will need to review its budgets to reduce its expenditure levels. If the company is unable to reduce its expenditure levels sufficiently, it may be required to liquidate its assets to pay out its liabilities at values different to those values recorded in the financial statements and may not be able to continue as a going concern. Whilst these financial statements have been prepared on a going concern basis, it would not be appropriate to prepare these financial statements on a going concern basis if the company is not offered continuing funding after 30 September 2004.

NOTE 17: ECONOMIC DEPENDENCE

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

NOTE 18: SEGMENT REPORTING

The Company operates in Australia in the Community Services Segment.

	2004 $	2003 $
NOTE 19: CASH FLOW INFORMATION		
(a) Reconciliation of cash		
Cash at the end of the financial year as shown in the statement of Cash Flows is reconciled to the related items in the statement of financial position as follows:		
Cash on hand	**839**	1,207
Cash at bank	**652,891**	442,311
At call deposits with financial institutions	**10,000**	-
	663,730	443,518
(b) Reconciliation of cash flow from operations with profit from ordinary activities after income tax		
Profit (Loss) from ordinary activities after income tax	**(2,005)**	102,784
Non-cash flows in profit from ordinary activities		
Amortisation	**39**	39
Depreciation	**26,803**	17,323
Net (gain) / loss on disposal of property, plant and equipment	**(3,078)**	-
Changes in assets and liabilities		
(Increase)/decrease in receivables	**113,999**	(22,403)
(Increase)/decrease in other assets	**(14,918)**	454
Increase/(decrease) in grants received in advance	**213,684**	(162,908)
increase/(decrease) in payables	**(92,312)**	28,444
Increase in provisions	**24,044**	13,094
Cash flows from operations	**266,256**	(23,173)

NOTE 20: FINANCIAL INSTRUMENTS

(a) Interest Rate Risk

The company's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on classes of financial assets and financial liabilities, is as follows:

	Weighted Average Effective Interest Rate		Floating Interest Rate		Non Interest Bearing		Total	
	2004	2003	**2004**	2003	**2004**	2003	**2004**	2003
Financial Assets:	**%**	%	**$**	$	**$**	$	**$**	$
Cash	**3.00**	3.00	**662,891**	442,311	**839**	1,207	**663,730**	443,518
Receivables	**-**	-	**-**	-	**56,347**	170,346	**56,347**	206,576
Total Financial Assets			**662,891**	442,311	**57,186**	171,553	**720,077**	650,094
Financial Liabilities:								
Trade and sundry creditors	**-**	-	**-**	-	**244,183**	336,695	**244,183**	336,495
Total Financial Liabilities			**-**	-	**244,183**	336,495	**244,183**	336,495

NOTE 21: MEMBERS' GUARANTEE

The company is limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of $1 each towards meeting any outstanding obligations of the company. At 30 June 2004 the number of members was 131 (2003; 128).

	2004	2003
	$	$
NOTE 22: COMMITTMENTS - TRAVEL		
Expenditure commitments for travel and conferences	**18,902**	48,415
	18,902	48,415

NOTE 23: COMPANY DETAILS

The registered office of the company is:
NACCHO
Unit 9 11 Napier Close
Deakin ACT 2600
Phone 02 62827513 Fax 02 62827516

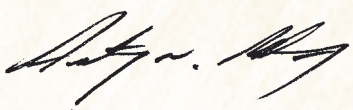
DIRECTORS' DECLARATION

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 4 to 15 are in accordance with the Corporations Act 2001:
   (a) comply with Accounting Standards and the Corporations Regulations 2001; and
   (b) give a true and fair view of the financial position as at 30 June 2004 and of the performance for the financial year ended on that date of the company.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

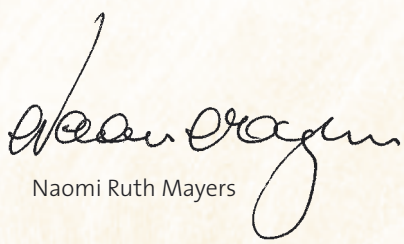
This declaration is made in accordance with a resolution of the directors.

Director



Anthony McCartney

Director



Naomi Ruth Mayers

Dated this 3rd day of September 2004

INDEPENDENT AUDIT REPORT

TO THE MEMBERS OF NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Scope

We have audited the financial report of National Aboriginal Community Controlled Health Organisation for the financial year ended 30 June 2004 comprising the Directors' Declaration, Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows and notes to the financial statements.

The company's directors are responsible for the financial report. We have conducted an independent audit of this financial report in order to express an opinion on it to the members of the company.

Our audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements in Australia and statutory requirements so as to present a view which is consistent with our understanding of the company's financial position and performance as represented by the results of its operations and its cash flows.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

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

(a) the Corporations Act 2001, including:

  (i) giving a true and fair view of the company's financial position as at 30 June 2004 and of its performance for the financial year ended on that date; and

  (ii) complying with Accounting Standards in Australia and the Corporations Regulations 2001; and

(b) other mandatory professional requirements in Australia.

Canberra Assurance Specialist Pty Ltd
PO Box 4186, Manuka ACT 2603

John Little
Director

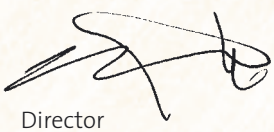
3 September 2004
Canberra

ADDITIONAL INFORMATION

DISCLAIMER TO THE MEMBERS OF NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

The additional financial data presented on pages 19 - 20 is in accordance with the books and records of the company which have been subjected to the auditing procedures applied in our statutory audit of the company for the financial year ended 30 June 2004. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than National Aboriginal Community Controlled Health Organisation) in respect of such data, including any errors of omissions therein however caused.

Canberra Assurance Specialist Pty Ltd
PO Box 4186, Manuka ACT 2603



Director

3 September 2004
Canberra

DETAILED PROFIT AND LOSS

For the year ended 30 June 2004

	2004 $	2003 $
INCOME		
Subsidies and grants	**2,634,028**	2,652,980
Other income	**81,539**	174,690
Consulting fees	**26,473**	192,357
Interest	**20,712**	14,190
TOTAL INCOME	**2,762,752**	3,034,217
LESS EXPENSES		
Salaries and wages	**1,018,954**	1,064,249
Fringe benefits	**367,398**	379,928
Government funding carried forward	**277,500**	63,816
Travelling expenses	**271,507**	442,562
Rent	**128,594**	116,130
Travelling and entertainment	**118,294**	176,100
Superannuation	**89,793**	85,461
Sundry expenses	**19,944**	37,465
Telephone	**58,162**	52,297
Meetings	**48,517**	63,237
Printing and stationery	**45,413**	41,868
Consultancy fees	**44,736**	68,899
Repairs and maintenance	**34,368**	76,429
Operating expenses	**34,094**	-
Leasing charges	**28,909**	44,964
Depreciation	**26,803**	17,323
Computer expenses	**22,658**	26,542
Promotion	**18,853**	17,517
Consumables	**14,297**	21,181
Postage	**13,586**	16,739
Fuel and oil	**12,336**	11,905
Insurance	**10,757**	33,395
Administration costs	**10,000**	-

	2004 $	2003 $
Subscriptions	**9,591**	12,226
Audit fees	**7,799**	7,176
Motor vehicle expenses	**6,666**	8,110
Cleaning	**5,805**	4,292
Electricity	**5,653**	4,576
Advertising	**4,006**	7,685
Employees' amenities	**3,227**	2,155
Hire of plant and equipment	**2,079**	8,810
Legal costs	**1,577**	6,216
Bank charges	**1,130**	1,239
Storage fees	**857**	576
Accounting fees	**500**	(345)
Magazines, journals and periodicals	**355**	326
Amortisation	**39**	39
Staff training and welfare	**-**	1,169
Outside Services	**-**	3,717
Medical supplies and tests	**-**	4,924
Fines and penalties	**-**	535
TOTAL EXPENSES	**2,764,757**	2,931,433
OPERATING PROFIT/(LOSS)	**(2,005)**	102,784

APPENDIX 1

CONTACTS/ORGANISATIONAL DETAILS

NACCHO National Secretariat

Alia House 1st Floor
9-11 Napier Close Deakin
ACT 2600

PO Box 168
Deakin West ACT 2600

Phone: 61 2 6282 7513
Fax: 61 2 6282 7516

www.naccho.org.au

NACCHO State/Territory Affiliates

AH&MRC

PO Box 1565
Strawberry Hills NSW 2012

Phone: 61 2 9698 1099
Fax: 61 2 9690 1559

Email: ahmrc@ahmrc.org.au

AHCSA

PO Box 75
Fullarton SA 5063

Phone: 61 8 8431 4800
Fax: 61 8 8431 4822

AMSANT

PO Box 653
Parap NT 0801

Phone: 61 8 8981 8433
Fax: 61 8 8981 4825

QAIHF

PO Box 8200
Wooloongabba QLD 4102

Phone: 61 7 3255 3604
Fax: 61 7 3255 3603

TAC

PO Box 569F
Hobart TAS 7000

Phone: 61 3 6231 3527
Fax: 61 3 6231 1348

VACCHO

PO Box 1328
Collingwood VIC 3066

Phone: 61 3 9419 3350
Fax: 61 3 9417 3871

WAACCHO

Unit 6 Wellington Fair
200 Wellington St
(Cnr Lord St)
Perth WA 6000

Phone: 61 8 9202 1393
Fax: 61 8 9202 1383

ACT

Winnunga Nimmityjah
Aboriginal Health Service
91A Wakefield Gardens
Ainslie ACT 2602

Phone: 61 2 6249 7555
Fax: 61 2 6262 7550

APPENDIX 2

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

APPENDIX 2

NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
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.