

National Aboriginal Community Controlled Health Organisation

NACCHO ANNUAL REPORT 2006–07

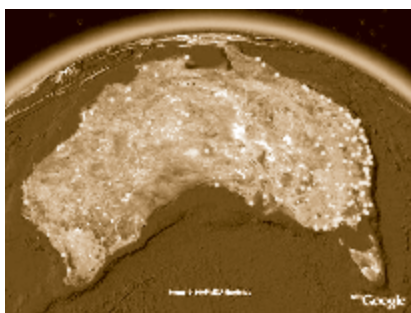
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ABOUT NACCHO

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



Map of Australia showing the geographical location of over 140 ACCHSs as members of NACCHO, July 2007.

NACCHO is the national peak body representing over 140 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and well being issues. It has a history stretching back to a meeting in Albury in 1974.

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

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

In keeping with the philosophy of self-determination, Aboriginal communities operate over 140 ACCHSs across Australia. They range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services without medical practitioners, which rely on Aboriginal health workers and/or nurses to provide the bulk of primary care services, often with a preventive, health education focus. The services form a network, but each is autonomous and independent both of one another and of government. The integrated primary health care model adopted by ACCHSs is in keeping with the philosophy of Aboriginal community control and the holistic view of health that this entails.

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

(NAHS, 1989).

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

ABOUT NACCHO

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

NACCHO's work is focussed on:

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

REPORTS

Chairperson's Report



As I am sure you all know, following the Extraordinary General Meeting in March last year changes were made to the constitution which included a restructuring of the Board and formal recognition of the State and Territory Affiliates of NACCHO. This financial year, 2006–07, was the first full year with the new Board which I believe has functioned well. I am pleased to report that we as a sector have reaffirmed our commitment to work collectively and effectively. We have come a long way in a short space of time, particularly given the complexity of issues and work required to bring us back together in this difficult political climate.

Unfortunately we still have a long way to go.

The political climate, if anything, has become even more difficult during this year. Our relationship with OATSIH remains strained. A proposal during the year to develop a partnership agreement, in the hope that this would articulate responsibilities on both sides, being rejected outright. The repeated undermining of the ACCH sector with the strong emphasis on “mainstreaming” continues in particular with the introduction and funding of the “Brokerage” model. The Howard government’s unrelenting neglect of our issues both nationally and internationally and its belief that “practical reconciliation” or doing things “to” our mob rather than “with” our mob will be the solution to the life expectancy gap I believe remains a huge barrier to progress.

Against this background we have however had some notable wins: the Program for the Improved Access of Aboriginal Peoples and Torres Strait Islanders to the PBS, the funding of full time Public Health Officer positions in each of our Affiliates, the funding of support to achieve accreditation for ACCHs and finally the launch of the Aboriginal Health Worker and Torres Strait Islander Health Worker National Competency Standards which are a key to the future of this group of often neglected and poorly recognised health professionals.

As your Chairperson, I am committed to ensuring we all work together to achieve the goal of improving the health of our Peoples and eventually closing the life expectancy gap completely. Throughout the year I have continued to stress the need to attend to our own business and priorities, optimise communication with our State and Territory Affiliates and how to better provide support to our member services.

In order to keep focused on *our* business we invested time in 2005/06 to complete an Action Plan for 2006/07. It had three priorities areas:

1. To provide leadership and direction in Aboriginal health policy development;
2. To build and enhance ACCHSs capacity to provide more effective and efficient primary health care services; and
3. To be an efficient and effective secretariat to achieve our vision, aims, objectives and goals.

The details of the work in these areas can be found in the Chief Executive Officer's report and other parts of this annual report. We have been working hard at the national and international level to raise the profile of Aboriginal and Torres Strait Islander Health issues and to increase our influence on policy development nationally. We have in particular been developing our media and advocacy activities. As we aim to do our core business through primary prevention and early intervention in the primary health care context, it is vital that we continue to build and strengthen our relationships with the key players in this arena such as the DOHA, RACGP, AGPN and AMA.

We have continued to work on a range of priority issues for our member services ranging from arguing for competitive pay for health professionals and support workers, through data ownership and management issues to protocols and support for the management of specific illnesses such as rheumatic heart disease and otitis media.

In the third priority area we made a decision to change the way in which NACCHO did some of its key business by involving our State and Territory Affiliates in much more of our operations. Certain program areas were out sourced to a number of our Affiliates. This unfortunately has not been as successful as we hoped and 2 of the 3 outsourced program areas (the Media/Communication Unit and Health Information and Data Unit) have been reabsorbed into core NACCHO activities.

I would like to thank my fellow Board members for your commitment and efforts throughout the year. I thank the Affiliates for the work you have contributed to nationally and locally. I would also like to thank the NACCHO Secretariat for your hard work and dedication. I would finally like to thank you, the members of NACCHO for your input and participation on a number of levels to progress and improve the health of our Peoples. It is only through your passion and perseverance against the odds to provide high quality integrated primary health care that has given us the credibility to influence policy at the national level.

I look forward to working collaboratively with you all until the Annual General Meeting and Members Conference in Sydney in November 2007. This is a voting year. We need to ensure that whoever forms the leadership following the elections, they are able to bring us all together and lead the whole sector. Only in such a way can we hope to truly do the best possible job for the health of our mob.

Henry Councillor
Chairperson

The Naccho Board

Current NACCHO Board Members (as of end June 2007) included:

Henry Councillor, Chairperson

Henry is a Jaru man from the Kimberley Region where his family hails from the Mt Dockwell area, south west of Halls Creek, Western Australia. Henry has been employed with the Kimberley Aboriginal Medical Service's Council Inc (KAMSC) for the past 21 years, including service 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. He has been on the NACCHO Board for the past ten years and involved with NAIHO/NACCHO for 15 years and aims to progress partnerships with mainstream services for the betterment of the health of Aboriginal people.

Dr Naomi Mayers, Deputy Chairperson

A Yorta Yorta/Wiradjuri woman, Naomi was born at the Erambie Mission Cowra, NSW.

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 Aboriginal Health and Medical Research Council of NSW (AHRMC) 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

Gloria Kahn

Gloria is a Nyoongar woman from the South West of Western Australia is the current Chairperson of the Aboriginal Health Council of Western Australia (AHCWA). Gloria has also been the Chair and the Deputy Chair of the South West Aboriginal Medical Service. Gloria sits on the Ministerial Council for Suicide Prevention, the Telethon Institute Alcohol Exposure in Pregnancy Reference Group, the Western Australian Aboriginal Health Information and Ethics Committee, Aboriginal Justice Agreement Working Group, WAACHS Steering Committee, Kulunga Research Network Steering Committee, Disability Services Reference Group and WACRRM GP Consultant Reference Group. Gloria's background is in nursing and she holds a degree in Aboriginal Community Health and Mental Health

Counselling. When not in the boardrooms of AHCWA, SWAMS and NACCHO, Gloria is heavily involved in voluntary work for her local Donnybrook community.

Phillip Matsumoto

Phillip was born in Broome and has been an active advocate in Aboriginal health, housing and education for the past thirty years. Phillip also holds the positions of Chairperson of Broome Regional Aboriginal Medical Service, Vice-Chair of AHCWA, and is a current KAMSC Board Member. Philip holds a Diploma in Aboriginal Community Development and is a Justice of Peace. Philip finds that being on a Health Board has given him the knowledge and understanding what we as Aboriginal people are striving for to deliver better health and living conditions to our people.

New South Wales

Christine Corby (appointed November 2006)

Christine is a Gamilarai woman whose mother's family originates from the Walgett-Collarenebri region in the northwest of NSW. Her father was English. Christine has lived and worked in Walgett for the past 25 years. The first 11 with the Aboriginal Legal Service and the past 19 as the CEO of the Walgett Aboriginal Medical Service (WAMS). Over the past 19 years Christine has overseen the growth of WAMS to a medical service that delivers a comprehensive range of primary health care services. Christine is a strong advocate for localised training programs; innovative services that reflect the community needs and has always been known to put forward strong arguments and representation on these and many other issues. Christine maintains a very broad involvement in all levels of health through her role on the executives of both the national and State Aboriginal health organisations, the AHMRC and NACCHO. Christine has a Diploma in Health Sciences and a Graduate Diploma in Health Services Management. She is also a recipient of the Centenary Medal and an Order of Australia Medal. The Order of Australia Medal was awarded to Christine Corby on account of her tireless commitment and dedication to improving the health and welfare of Aboriginal and non-Aboriginal people in Walgett in addition to recognising her outstanding contribution at Regional, State and National levels on behalf of all Aboriginal people.

Valda Keed

Val was born in Peak Hill, NSW, and is a proud Wiradjuri woman. Val is in her third term as Chairperson of the Peak Hill Aboriginal Medical Service. Val is a board member of the Aboriginal Children's Service in Sydney and a member of the Central Southern NSW Aboriginal Legal Service in Wagga. Val serves as the national representative for NACCHO on the Australian Health and Medical Research Council (AH&MRC). Additionally, Val has long been involved in the Aboriginal housing sector and 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. Val currently holds the position of Treasurer of the Weigelli Drug and Alcohol Centre, Cowra.

Australian Capital Territory

Julie Tongs

Julie is a Wiradjuri woman born in Leeton NSW and grew up in a small country town called Whitton. Julie moved to the ACT region 36 years ago, where she now lives. Julie's long history of community service and involvement in the ACT has provided her with a strong knowledge and understanding of the issues impacting on Aboriginal people in the ACT and region. Julie has been involved with Winnunga Nimmityjah Aboriginal Health Service (AHS) for some 15 years. Julie was elected by the community as a Director on the Board 14 years ago and was appointed the CEO 9 years ago. Julie has and continues to represent the ACT and Winnunga Nimmityjah AHS on many local and national steering committees and has been a Director on the NACCHO Board for nine years. In this way Julie has gained a vast amount of knowledge and experience at a national representative and strategic planning level.

South Australia

Polly Sumner-Dodd

Born at Raukkan, South Australia, Polly was raised and educated in Adelaide. She began her career with the Public Servants Association 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 since 1983. She has been a member of various Boards including AHCSA and NATSIHC, and has been the Chairperson of the Aboriginal Sobriety Group for 24 years.

Yvonne Buza

Born in Wallaroo and belonging to the Walker family of Point Pearce, Yvonne spent her early years with her large family and the Narrunga people on the York Peninsula coast later moving to Roxby Downs in the Northern and Far Western Region of South Australia where she now resides. Yvonne attended Adelaide University and began her career as a Teacher of English as a Second Language and went onto spend many years working with Aboriginal children in very isolated communities in the APY lands. Yvonne has since worked in policy and planning roles in Aboriginal education and health and acts in a senior advisory role to country health SA. She is the current Chairperson of the Northern and Far Western Aboriginal Health Advisory Committee, Secretary of AHCSA and an active member to many other Aboriginal community representative groups, including the Aboriginal State-wide Women's Advisory Committee. In her spare time, Yvonne teaches Aboriginal language and dance and privately tutors Aboriginal students in Country SA.

Tasmania

June Sculthorpe

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

Elizabeth Adams (appointed November 2006)

Lizzie, a Mardigan Aboriginal woman, is the Chairperson of the Queensland Aboriginal and Islander Health Council and the CEO of Goolburri Health Advancement Aboriginal Corporation. She is also the Deputy Chairperson of the Aboriginal and Torres Strait Islander Corporation of Health, Education and Training.

Lizzie began her career in nursing and Aboriginal Affairs in the early eighties. She has worked for a range of Aboriginal Community Controlled Organisations such as housing, legal, education and health. It is these experiences and opportunities that have forged Lizzie's commitment to the rights and health of Aboriginal and Torres Strait Islander people.

Lizzie plays an active role in the Aboriginal and Torres Strait Islander community. It is through this active participation that Lizzie strives to work towards maintaining and improving the social, economic and cultural status of Aboriginal and Torres Strait Islander people at the local, State and National levels.

Sheryl Lawton

Born at Augathella, near Charleville in Queensland, Sheryl is currently CEO of the Charleville Western Area Aboriginal and Torres Strait Islander Corporation for Health. This appointment follows a life-time of experience and involvement in primarily community based organisations in the Charleville area. On finishing high school, Sheryl has added to her education through courses at TAFE and at the Mt Gravatt Teachers' College in Brisbane. Sheryl holds a Certificate 4 in Governance (Business) and a Diploma in Business Management. 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 1989 to 1996 and has been the Deputy Chairperson of QAIHC for the past four years.

Northern Territory

Stephanie Bell

Stephanie, a Kullilla/Wakka Wakka woman, is the Director of the Central Australian Aboriginal Congress. She is also: Chairperson of the Aboriginal Medical Services Alliance

of the Northern Territory (AMSANT); Chair of the Central Australian Remote Health Development Service; Chair of the NT Aboriginal Health Forum; a member of the Territory's key government/non-Government Aboriginal Health Partnership Committee; and, is a current Board member of the CRC for Aboriginal and Tropical Health.

Paula Arnol (appointed November 2006)

Paula was born and raised in Cairns, her mother's family originates from Yarrabah in the far north Queensland region. Paula has lived in Darwin for the past 20 years and is the proud mother of 3 children, whom one is currently studying medicine at Melbourne University. Paula is an active member in her community through her children's sports and other activities. Paula's favourite pastime is listening to the old people reminisce and tell their stories of when they were younger.

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

Victoria

Justin Mohamed

Justin is a Goreng Goreng man who was born and raised in Bundaberg, QLD, and moved to Shepparton Victoria in 1988. He has been actively involved with Rumbalara Aboriginal Co-operative for over 14 years as the CEO and currently as a Board member. He is currently employed as the Director of the Academy of Sport, Health and Education (ASHE) an initiative of the Rumbalara Football Netball Club and the University of Melbourne. 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 health status of Aboriginal people on local, state and national levels. Justin's key committee positions include the NACCHO Board (Treasurer), VACCHO Executive (Chairperson) and Rumbalara Aboriginal Co-operative Ltd Board member.

Karlene Dwyer

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 (VAHS) and the Aboriginal Advancement League 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. 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

CHAIRPERSON – HENRY COUNCILLOR
DEPUTY CHAIRPERSON – DR NAOMI MAYERS

NACCHO CANBERRA SECRETARIAT

Chief Executive Officer – Dea Delaney Thiele, Senior Policy Officer – Louise Cooke (to 07/00-16/01/07), Public Health – Dr Sophie Couzos, Operations Manager – Elaine Lomas, Finance Officer – Kim Sinclair, Receptionist – Dewi Leach, Policy Officer (Health Information) – John Hendry, P/T Policy Officer (NPS) – Scott Davis, Policy Officer (Workforce) – Claire Anderson, Policy Officer (Drugs and Alcohol) – Linda Banach, Policy Officer (NPS) – Sharon Bonython-Erison, Policy Officer (Media) – Sam Moskwa (30/04/07), Policy Officer (SEWB) – Keryn Pholi, Executive Assistant – Denise Burdett (18/09/06), Administration Assistant – Dani Larkin, Administration Assistant – Mitch Daley (28/11/06), Cleaner – Beverly Smith, Casual Administration – Sophie Erzay, Casual Administration Assistants – Leanda Tyrell and Allison Tonkin.

NACCHO QLD BOARD REPS	NACCHO WA BOARD REPS	NACCHO VIC BOARD REPS	NACCHO SA BOARD REPS	NACCHO NT BOARD REPS	NACCHO TAS BOARD REP	NACCHO NSW BOARD REPS
Elizabeth Adams Sheryl Lawton	Gloria Kahn Phillip Matsumoto	Justin Mohamed Karlene Dwyer	Polly Summer-Dodd Yvonne Buza	Stephanie Bell Paula Amol	June Sculthorpe	Christine Corby Valda Keed
QLD MEMBERS (AS ADVISED BY QAIHC)	WA MEMBERS (AS ADVISED BY ACHWA)	VIC MEMBERS (AS ADVISED BY NACCHO)	SA MEMBERS (AS ADVISED BY AHCSA)	NT MEMBERS (AS ADVISED BY AMSANT)	TAS MEMBER	NSW MEMBER (AS ADVISED BY AHMRC)
Brisbane AICHS, Bridgford Health Service, Charleville and Western Districts, Cunnamulla AMS, Goolburri Dental Health Service, Gurriny Health Service, Gurriny Yealamuca Kambu Medical Service, Kalwin Health Service, Mackay AICHS, Mudth Niyleta Corporation, North Coast AICHS, Barambah Regional Medical Service, Townsville AICHS, Yulu Burri Ba, Nhulundu Wooribah, Apunipima Cape York Health Council, Korawinga AC, Injilini, Girudala Community Cooperative Society, Bunderberg Burnett AC.	Yura Yungi AHS, Broome Regional AMS, Carnarvon AMS, Derbarl Yerrigan HS, Beagle Bay Community HS, Kimberley AMSC South West AMS, Mawankarra HS, Puntukurnu AMS, Nganajarra AHS, Bega Garbarring HS, Geraldton Regional AMS, Wirraka Maya AMS, Ord Valley AHS, Derby AHS, Nindilinggarri Cultural HS, Bidjandanga ACHS, Jurruguk Health Service, Wiluna AMS.	Central Gippsland AHC, Moogil AC, Lake Tyers H&CS, Gippsland and East Gippsland AC, Gundijmara AC, Ramahyuck District AC, Wathaurong AC, Bunurong HS, Victorian AHS, Rumbalara AC, Mungabareena AC, Murray Valley AC, Mildura AC, Kirrae CHS, Ballarat and District AC, Goolum Goolum Co-op, Dja Dja Wrung AC, Ngwala Wilumbong, Njemda AC, Winda Mara AC, Dhau Wurd-Wurrung Elderley CA, Budja Budja AC, Bendigo District AC, Aboriginal Community Elders Service, Western Suburbs Indigenous Gathering Place Assoc.	Nunkuwarrin Yunti of SA Inc, Tullawon HS, Aboriginal Sobriety Group, Oak Valley HS, Port Lincoln AHS, Nganampa Health Council, Umoona Tjutjaku HS, Kalparin Community, Kanggi Yuntuwarrin AHS, Ceduna Kooniba AHS, Pika Wiya AHS, Pangula Mannamurra, Wakefield AHAC, Hills Mallee Southern AHAC, Mid North AHAC, Riverland AHAC, South East AHAC, Eyre AHAC, Northern AHAC.	Amplatwatja HC, Anyinginyi Health AC, Central Australian Aboriginal Congress, Mutitjulu HS, Danila Dilba AHS, Sunrise AHS, Urapuntja HS, Wurli Wurlinjang AHS, Pintubi Homelands AHS, Miwatj AHC, Katherine West HB, Imanpa HS, Congress Alukura.	Tasmania Aboriginal Corporation NACCHO ACT BOARD REP Julie Tongs ACT MEMBER Winnunga Nimmitjiah AHS	AMS Redfern, Pat Dixon Medical Centre, Biripi AMS, Brungle AHS, Albury /Wodonga AHS, Awabakal AMS, Balranald AHS, Bourke AMS, Annarjun AHS, Brewarrina AMS, Bulgarri Ngaru AC, Cobar AHS, Condoblin AHS, Coomealla AHC, Coonamble AHS, Cumbo-Gunera AHS, Cummeragunja H&D, AC, Daruk AMS, Dharah Gibini AMS, Dhoongang AHS, Durri AMS, Euraba Mungindi AHS, Galambila AHS, Griffith AMS, Illawarra AMS, Katungal AMS, Menindee AHS, Murrin Bridge AHS, Nambucca Valley AHS, Ngambra AHS, Orange AHS, Parkes AHS, Peak Hill AMS, Plus X AC, Riverina M&DHAC, South Coast AMS, Tamworth AHS, Tharawal AC, Thubbo AMS, Tobwabba AMS, Toomelah AHS, Walhalow AC, Walgett AMS, Wanarah AHS, Weimija AC, Wellington ACHS, Yoorana-Gunja Family Violence Healing Centre, Yerrin AHS.

Chief Executive Officer's Report



2006/07 has once again provided challenges and opportunities for NACCHO. A year of consolidation after the turbulence of 2005/06. However, as noted by Henry above, the political environment has not improved and our attempt at setting some guiding principles for our interactions with OATSIH were dismissed out of hand. We have however continued good relations with Tony Abbott's office and have developed a good rapport with the Opposition which will ensure we are well placed to influence the policy agenda.

Throughout the year NACCHO continued to work to advocate on behalf of our membership and to provide advice and expertise in order to advance Aboriginal health across a range of government, non-government, national and international settings. In particular I have continued to travel widely and make presentations at a huge variety of event thus increasing the knowledge and understanding of what our sector has achieved and could achieve if fully financed and supported.

I am delighted to report that 2 long term projects have borne fruit this year. The first being our lobbying to have the rural and remote s100 access to pharmaceuticals program extended to all ACCHSs. Though the project will not replicate exactly the successful s100 program the Program for the Improved Access of Aboriginal Peoples and Torres Strait Islanders to the Pharmaceutical Benefits Scheme (PBS) is expected to bring similar benefits to needy patients at participating Aboriginal Community Controlled Health Services (ACCHSs). The second long-term project that NACCHO has been involved with is the development of the Competency Standards for Aboriginal Health Workers and Torres Strait Islander Health Workers. These were launched in early 2007. This opens the door to development of further training programs and career paths for our workers.

We worked hard again this year at providing our network with regular information to ensure you are kept abreast of national activities in order for you to make informed decisions. Once again we have been limited in what we can do by lack of staff resources but our work with Oxfam on the Close the Gap Campaign has lead to the development of a Media and Communications Program which will be funded by Oxfam over the next 2 years. It is hoped this will increase the effectiveness of our communication with our Affiliates and member services as well as with the general public and policy makers.

NACCHO's strategic priorities during the year were:

- To provide leadership and direction in policy development;
- To build and enhance ACCHSs capacity to provide more effective/efficient PHC services; and

- To be a more efficient and effective Secretariat to achieve our vision, aims and objectives.

Programs, activities and achievements are noted in detail in later sections of the Annual Report.

Strategic Priority One: To provide leadership and direction in policy development

Under this priority activities focused on:

- Whole of Government initiatives;
- Key Federal Ministers and Government agencies;
- Aboriginal Health Worker issues;
- Advocating for sovereign rights;
- Building an evidence base for, within and about our Sector;
- Building and maintaining relationships and partnerships; and
- Setting the public agenda.

Key achievements in this area relate to continuing work with and development of collaborative arrangements with other Government and non-government organisations. These are further detailed later in the Annual Report.

Strategic Priority Two: To build and enhance ACCHSs capacity to provide more effective/efficient PHC services

Under this priority work focused on:

- Building the capacity of members;
- Developing workforce benchmarks;
- Increasing SEWB and mental health activities and programs;
- Increasing access to public health programs;
- Making children our priority;
- Negotiating the streamlining of Government funding processes;
- Striving for accredited status for all ACCHSs;
- Getting MBS/PBS to work better for our sector;
- Strengthening our information systems; and
- Monitoring progress and outcomes.

As will be seen later in the Annual Report, there has been major progress in increased access by Aboriginal people to PBS, funding of Public Health Officers for our Affiliates and much activity around data management. There has been considerable progress in this area but also with the tendering out of SCARF and the development of SAMSIS considerable uncertainty about continued control of the data by the services or NACCHO and appropriate management of data has been created.

Strategic Priority Three: To be a more efficient and effective Secretariat to achieve our vision, aims and objectives

Under this priority work focused on:

- Strengthening of our partnerships with State and Territory Affiliates – including the outsourcing of 3 areas of work to Affiliates; and
- Provision of Data and Information to the NACCHO Network – with the Oxfam funding information flow is expected to improve in 2007/08.

The Directors, Affiliates and Secretariat staff are to be commended on the achievements of this year. I would like to thank all staff and consultants who worked with us throughout the year for their efforts.

In closing, I would also like to thank the funding bodies for their support, in particular OATSIH and Oxfam. We also appreciate the number of organisations who have shown respect for NACCHO's processes and been willing to spend the time to develop and implement MOUs with us.

Dea Delaney Thiele

Chief Executive Officer

WORKFORCE ISSUES

Aboriginal Health Worker and Torres Strait Islander Health Worker National Competency Standards and Qualifications – Support Materials Project

This is being undertaken in partnership with the Community Services and Health Industry Skills Council (CS&HISC).

This project will support the implementation of four of the eight new Aboriginal and Torres Strait Islander Primary Health Care Qualifications.

This joint partnership should be seen as phase two of the Aboriginal Health Worker and Torres Strait Islander Health Worker National Competency Standards and Qualifications.

The NACCHO Board gave their endorsement for the organisation to enter into this partnership.

A Project Coordinator position is to be created within the ISC to work closely with NACCHO to ensure that the ACCH sector's issues will be addressed.

Key aims of the six month project are:-

- priority areas for industry skills development;
- relevant industrial issues;
- training and assessment issues;
- strategies for collection, collation and consolidation of industry information;
- communication with industry; and
- content of materials including:- access, equity and diversity issues; culturally relevant information; language and literacy issues.

An Industry Reference Group is to be formed, its key role is to ensure the key aims are met but to also act as a Quality Assurance Panel.

CS&HISC Projects which impact on the ACCHS Sector

- In November 2006 the development of resources improving the capacity of workers in Aboriginal and/or Torres Strait Islander communities to recognise and respond to mental health and related alcohol and other drug issues was begun. Materials have been drafted and are being tested by three Aboriginal and Torres Strait Islander RTOs in three locations, Kintore, Port Lincoln and Yarrabah.
- The mapping of existing NT courses for registered AHWs to the new national qualifications was begun in May 2007. The NT mapping is now complete.

- Development of Workplace English Language and Literacy (WELL) resources for the new Certificate 2 in Aboriginal and/or Torres Strait Islander Primary Health Care as a on the Job Assessment and Training Strategy. The NT Human Services Training Advisory Council (HSTAC) has started working on this project in June 2007, included for development will be a recognition tool.
- A series of free workshops funded by the Department of Health and Ageing will be conducted around the country starting in June 2007. These workshops aim to provide a clear and comprehensive understanding of the new national Aboriginal and/or Torres Strait Islander Health Worker qualifications. The workshops will include information about the new national qualifications and their implications for the workplace. Information about the assessment requirements including Recognition Assessment will also be included. The workshops will cater for both employers and Registered Training Organisations (RTOs).
- The ISC have commissioned a report using its own funds to develop a snapshot of implementation issues and a proposed Australia wide plan of action principally to advise Government employers and funding bodies.

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

ATSIHRTON is an initiative of NACCHO and is a network of Aboriginal and Torres Strait Islander Registered Training Organisations who come together as a collective to build the capacity of its member RTOs to drive education and training for Aboriginal and Torres Strait Islander health workforce.

The benefits of ATSIHRTON are twofold, firstly at the community level, building stronger career pathways for Aboriginal health professionals through a coordinated network of education and training options that link into other tertiary education providers. Secondly, it provides a strong voice on issues affecting Aboriginal Health Registered Training Organisations (RTOs) and provides Aboriginal health education to key stakeholders and funding bodies.

To manage the establishment and ongoing development of ATSIHRTON, the NACCHO Board made a decision that the Aboriginal Health Council of South Australia, (AHCSA) be the host agency. As such the AHCSA Board is responsible for the funding agreement with DOHA.

ATSIHRTON's goal is:-

To achieve a sustainable national network based on Aboriginal community-controlled health philosophy that builds the capacity of its member RTOs to drive education and training for the Aboriginal and Torres Strait Islander health workforce.

There are five objectives to achieve this goal:

- 1) To achieve a consistent, streamlined and collaborative approach to enable networking, planning and delivery of culturally relevant education and training in Aboriginal and Torres Strait Islander health across the states and territories;
- 2) To ensure and facilitate quality and relevance of training and appropriate levels of resourcing, through strengthening and maintaining links with community, industry and funding bodies;
- 3) To strengthen the capacity of Aboriginal RTOs in complying with AQTF standards;
- 4) To provide professional advice and advocacy support to network members and NACCHO on nationally relevant Aboriginal and Torres Strait Islander health workforce, education, training and resourcing issues; and
- 5) To strengthen and maintain the specialist position of Aboriginal RTOs within the VET sector.

The DOHA contract for \$193,000 was signed by AHCSA in December 2006. The ATSIHRTON Project Officer, Ms. Kim Morey was recruited in March 2007. The focus and tasks undertaken by the Project Officer are guided by ATSIHRTON and the OATSIH endorsed work/action plan for the January – June 2007 period.

During this reporting period, the following documents were developed:

- 3 year funding proposal which incorporated the governance arrangements for the Network;
- 1 year Business Plan;
- 3 year Strategic Plan;
- Communication Strategy;
- Draft Copyright protocols;
- Member Obligations; and
- Member Reporting Proforma.

A three year funding proposal was submitted to DOHA on 30 April 2007.

DOHA response to this budget was to ask that it be reworked in line with DOHA expectations.

During the establishment phase of ATSIHRTON, the Membership criterion was determined and all of the following criteria must be met for membership to ATSIHRTON:

- Full membership to either a NACCHO Affiliate or to an ACCHS/NACCHO;
- Currently an RTO, in the process of becoming an RTO or has entered into an auspicing arrangement with a member of RTO (subject to agreement of the membership); and
- Offers or plans to offer some of the AHW qualifications, from Certificate 11 to Advanced Diploma, based on industry/community need in their service area.

Midterm Review of the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework

Objective 5 Strategy 41 of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (Yellow Book):-

“The Aboriginal and Torres Strait Islander Health Workforce Strategic Framework will be reviewed by AHWOC (Australian Health Workforce Officials Committee) and AHMAC (Australian Health Ministers Advisory Committee) in 2007 with a mid term report in 2005”

The mid term review was begun in April 2006. A summary report has been produced and will be circulated to members of ATSIHWWG for comment.

Converting CDEP positions to wage positions within community based Aboriginal and Torres Strait Islander Health Care and Substance Use Services

In July 2006 OATSIH sought the assistance of the NACCHO WIPO Network to inform our sector of proposed new Budget initiative of converting CDEP positions to wage positions.

The WIPO Network was not to be used as a specialist resource on this project but as an information resource on the specifics of the project, to be then of assistance to those services taking up this initiative.

This initiative was being managed by the Program/Development and Implementation Section within OATSIH who in August 2006 sent to NACCHO Secretariat a letter requesting the assistance of the WIPO Network, letter of invitation to lodge a submission for funding plus a submission proforma.

Invitations to apply for funding went to 194 OATSIH funded primary health care and substance use service organisations. Submissions received from fifty organisations, for a total of 180 CDEP –subsidised positions nationally. A total of 151 part and full time positions in 41 of these organisations were eligible for funding.

Eligible positions included AHWs, maintenance workers, clinic receptionists, clinic transport officers, finance officers and counsellor/support workers.

DOHA State and Territory offices informed successful organisations with letters of offer. All eligible CDEP positions were transformed into positions with full wages by the end of March 2007. Included in the funds transfer for this initiative were funds for the up skilling and training of occupants of these positions.

National Aboriginal and Torres Strait Islander Health Council (NATSIHC) “Pathways to Health Workforce for Aboriginal and Torres Strait Islander People”

This Health Council Options Paper has been an agenda item of NATSIHC since 2005.

This paper had not been developed to a point where it could be submitted to council for sign off and due to the time factor and the changing education and workforce environment, it was decided the paper needed reworking to maximise the policy content.

The objective of the Health Council paper is to outline strategic policy opportunities and priorities for reform, as well as specific strategies for action, to guide both the education and health sectors in working together to develop the Aboriginal and Torres Strait Islander health workforce.

It was agreed by the Health Council on 23 August 2006 that Dr. Mark Wenitong the AIDA representative on council lead the Working Group to progress the paper. AIDA in discussions with DOHA obtained funds to employ a Project Manager and Consultant Research/Writer – Mr. Greg Phillips.

Drafts have been circulated amongst the working group for comment.

It is expected that a workshop will be held in Canberra in late 2007 to draw together stakeholders to provide advice on strengthening pathways into the health workforce. Specifically, workshop participants will be invited to refine the issues outlined, and identify solutions for consideration, in the Health Council paper.

ATSIHWWG is a key partner in the development of the paper, which relates directly to ATSIHWWG’s workplan priorities, which include ‘improving Indigenous education and training pathways into health professions.’

ATSIHWWG will be asked to consider endorsing the paper once it is finalized and to refer the paper to the Health Workforce Principle Committee.

National Aboriginal Health Worker Association

The final report on the establishment of a national AHW Association is with DOHA who are also in consultation with Stamfords Advisers/Consultants, the consultants who undertook the feasibility study.

Uncertainty still remains about the establishment of a national AHW Association.

GP Salary Disparity

NACCHO brought to the attention of the AMA Indigenous Health Taskforce the matter of salary disparities between doctors employed within ACCHS and those employed in the

hospital or private sector. Information was collated from Affiliates regarding GP salary rates. The difference in salaries between GP's in ACCHSs and those who work in hospital sectors or private general practice are large and in many areas in the order of \$100,000 per year. NACCHO has also been in regular communication with OATSIH on this matter for some time. The funding shortfall to achieve GP salary parity within ACCHSs was incorporated in the 2007-08 NACCHO budget submission.

Australian College of Rural and Remote Medicine (ACRRM) – Aboriginal and Torres Strait Islander Health Curriculum Development

ACCRM have commissioned the development of two advanced curriculum statements, one in remote medicine and one in Aboriginal and Torres Strait Islander health. This will be for advanced ACRRM registrars who have already undertaken the primary curriculum requirements.

To develop this curriculum invitations were issued for representatives to form an Indigenous health working party made up of community and medical representatives.

HEALTH FINANCING

Federal Budget Submission

NACCHO prepared and disseminated its submission for the 2007-08 Federal Budget, and provided summaries and analyses of the Federal Governments announcement over this period. We continue to promote the need to augment the delivery of primary health care through ACCHSs according to the level of need because ACCHSs deliver quality care and are accessible, appropriate, affordable, acceptable, and make the health system equitable for Aboriginal peoples across Australia. Expansion to core primary health care requires more workforce and infrastructure.

Australia's mainstream health system offers Aboriginal and Torres Strait Islander peoples a lesser level of service, right across the continuum of care, than the rest of the population – less on prevention, less on primary health care, less for surgery in hospital and less for rehabilitation. According to an International Covenant on Economic, Social and Cultural Rights paper the apparent higher expenditure on hospital care is less than it should be on a needs basis, given the higher illness levels. Spending less on people with worse health is not good national policy. Whilst spending on ACCHSs has increased over the years this is only at the same rate as the rest of the health system, so the gap has not closed.

Single Funding Agreement

NACCHO has engaged in extensive consultation with its membership in response to the substantial changes to the OATISH Single Funding Agreement (SFA) in 2007/08. The major issues of concern to the ACCH Sector included, but were not limited to, the requirement for Auditor's certificate, the apportionment of administrative expenses.

Further cause for concern is insertion in this year's Agreement of numerous new provisions. It should be noted that this year's agreement contains, for the first time, a multi-year funding arrangement. OATSIH rationale for these arrangements is that they are appropriate for the "better performing organizations, that they will provide greater certainty for planning and operations and that the numerous changes were made for the sake of consistency with other Department of Health Agreements. The concern of member is that ACCHS will have to exercise increased levels of response (and care and diligence) in order to meet the requirements of the 2007/08 SFA without concomitant increase in resources.

To date the OATSIH position is that no further change to the 2007/08 SFA contract will be entertained. This response has been circulated to members.

Access to the Pharmaceutical Benefits Scheme

NACCHO continued its work in three vital areas: enhancing equitable access to the Pharmaceutical Benefits Scheme (PBS); special PBS listing of medicines; and pharmaceutical modules for Aboriginal Health Workers.

QUMAX Program

During this period, and in partnership with the Pharmacy Guild of Australia, NACCHO developed a national strategy to enhance equitable access to pharmaceuticals. The 'QUMAX Program' or Quality Use of Medicines Maximised for Aboriginal peoples and Torres Strait Islanders was endorsed by the Professional Programs and Services Advisory Committee and funded by the Australian Government as part of the 4th Community Pharmacy Agreement.

The QUMAX Program will commence in early 2008 and is a highly significant program for all ACCHSs *in non-remote areas* to ensure there is improvement in quality use of medicines for Aboriginal and Torres Strait Islander clients. This means support for safe, effective and appropriate use of medicines and access to medicines for clients who are not accessing medicines under existing arrangements. This is in response to evidence that medicines access through the PBS for Aboriginal peoples and Torres Strait Islanders is considerably less than that for non-Indigenous Australians.

The Program will provide medicines support to approximately 70 ACCHSs in non-remote areas for a two year period through partnerships with community pharmacists. A customized package of interventions will be developed with each ACCHS under QUM work plans. The packages will include QUM training to ACCHSs and cultural training to community pharmacies; transport support to ACCHSs for medicines access from a community pharmacy; Dose Administration Aids (DAA) to high risk clients; after hours pharmacy support; and assistance with access to medicines for eligible and needy clients facing financial barriers. NACCHO is pleased to have appointed Ms Vicki Sheedy as Program Manager over the next three years.

Details of the program were presented to member services at the NACCHO Annual General Meeting in 2006.

Special listing of medicines

NACCHO is a member of an expert advisory group on medicines that are needed by Aboriginal populations that are not on the PBS. This work is a specific initiative under the 2004 Federal Budget and is consistent with Australia's National Medicines Policy. During this period, work progressed in enhancing Aboriginal peoples' access to antifungal medicines (such as terbinafine) and ivermectin (for crusted scabies). Efforts were also made to assist services with regard to the lack of availability of appropriate formulations of benzathine penicillin. NACCHO has also written to Merck Sharpe and Dohme and Novartis with respect to specific medicines.

Good Medicines, Better Health Project (GMBH)

This joint project with the National Prescribing Service (NPS) and the Aboriginal Health Council of South Australia (AHCSA) continued during this year. This program is designed

to enhance the role of Aboriginal Health Workers in providing medicines support and information to their clients.

The Kimberley Aboriginal Medical Services Council developed the initial modules with further refinement by the Aboriginal Health Council of South Australia. Four modules on asthma, hypertension, diabetes and quality use of medicines were developed to comply with AHW training requirements.

In the period July 2006 – June 2007, NACCHO and the AHCSA have completed the development phase of the GMBH project inline with the work plan agreed with NPS.

AHCSA in partnership with NACCHO and the GMBH project steering group have produced signed off versions of the site based trainers workbooks on:

- Training and Assessment (TAA);
- QUM General adapted from Work with Medicines;
- QUM Asthma;
- QUM Hypertension; and
- QUM Diabetes.

These training resources are for the Senior Aboriginal Health Workers who will be delivering the program in their local services and communities. The Resources have been reviewed by and signed off by NACCHO Public Health Officer, the NACCHO Project Officer and NPS Education and Quality Assurance Program (EQAP), Curriculum Development and Training (CDT).

The process of collecting and reviewing Consumer Information Resources (including videos, pamphlets, etc) currently published and being used was an action proposed by the steering group. This activity has progressed with NPS and NACCHO working collaboratively to developing an agreed process to collect and review resources which could be potentially used as endorsed resources by the site based trainers in support of the delivery of the program. This process commenced in this reporting period and has been rolled over into the new contract between NACCHO, AHCSA and NPS for the period July 2007 – June 30, 2008, which is known as the piloting phase of the GMBH project.

Overall the project is progressing well, and it is anticipated that by the end of December 2007, the project will commence delivering training session at a local community level.

Access to Medicare

NACCHO utilised several opportunities to enhance Aboriginal people's access to the MBS during this period, including meeting with Medicare Australia to develop strategies to better meet the needs of the ACCHS sector. A dual approach is needed to correct the disparity in health care utilisation by Aboriginal peoples through Australia's universal health care program like the MBS. This means enhancing primary health care capacity

commensurate with need (by proportionately redirecting shortfalls in MBS spending through to ACCHS), and by enhancing ACCHSs utilisation of the MBS (by supporting additional workforce and provision of information and other supports).

The NACCHO submission to the Attorney Generals Department in February 2007 referred to poor MBS access and the need to address this through enhancement of Primary Health Care Access Program (PHCAP) funding to ACCHSs. Combined NACCHO and Oxfam work on the 'Close the Gap' campaign also provided the evidence-base underpinning this need (see also political advocacy).

Work to enhance utilisation of the MBS involved provision of advice to OATSIH to establish consumer demand for checks and provider education. The Australian Governments preferred approach was to support the accelerated child health check program in remote locations under a Council of Australian Governments (COAG) initiative. Similarly, this period saw the introduction of the 'emergency response' in the NT and the roll-out of child health checks in remote Aboriginal communities by external visiting health teams in conjunction with the Australian Defence Force. NACCHO's preferred approach for child health assessments through 'back fill' of existing staff in health services to alleviate the burden of acute health problems and allow population health activities such as health checks by trusted local staff was not supported.

NACCHO provided advice and support to OATSIH in the Medicare Modelling Project during this period which is a national extension of the Queensland Aboriginal and Islander Health Council (QAIHC) project. The Queensland survey found that ACCHSs had not been maximizing opportunities to use the MBS in their service provision. The national project aims to replicate the QAIHC approach to document current Medicare billing practices at 15 ACCHSs throughout Australia. This will then inform strategies to address barriers to optimal utilization of the MBS. Work will continue throughout 2007.

Inequitable MBS arrangements with Aboriginal Health Worker (AHW) rebates continued to be communicated to the Department of Health and Ageing. NACCHO efforts to enable equitable eligibility criteria regardless of jurisdictional place of residence, have not led to any reforms in this area. For example, the MBS item 10996 is for the provision of wound care by AHWs, but the Schedule only permits AHWs from the NT to claim this rebate. This period saw the introduction of new rebates for AHWs which continued to be restricted to the NT.

HEALTH INFORMATION, DATA MANAGEMENT AND RESEARCH

During the last year, NACCHO has continued to advocate on health information and data issues, develop the NACCHO profile in this area, provide advice and actively worked towards the implementation of the National Indigenous Health Information Plan.

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

NACCHO attended two NAGATSIHID meetings and consolidated its previous work with this body, continuing to advocate for the needs of Aboriginal and Torres Strait Islander Peoples in relation to issues such as collection, use, storage, analysis and protection of health information and health related data. At the December 2006 meeting of NAGATSIHID, the NAGATSIHID Strategic Plan 2006 to 2008 was presented. This Plan included twenty strategic themes. Other matters considered by the meeting were the Health Performance Framework (HPF), data development matters and business rules.

At the second meeting in June 2007, over twenty matters were addressed. Key outcomes of the meeting include:

- NAGATSIHID agreement to fund a small workshop to address the significance issues in relation to the return of data to communities;
- NAGATSIHID agreement that progress on implementation Strategic Plan be a standing item at all NAGATSIHID meetings;
- Burden of Disease Report was not endorsed;
- Report on Data development arising from the HPF was noted; and
- NAGATSIHID Draft Business Rules endorsed.

National Data Principles

This year saw the endorsement of the NAGATSIHD National Data Principles by the Australian Health Ministers Advisory Council (AHMAC) in October 2006 after years of effort by NACCHO. These principles affirm that the analysis, interpretation and reporting of Aboriginal and Torres Strait Islander health and health-related information should occur collaboratively with Aboriginal and Torres Strait Islander peoples. There is however, no implementation process in place and NACCHO is continuing to advocate and lead the development of such processes. For example, there is no Departmental support to operationalise the above principle. As a result, NACCHO is unable to ensure that collaboration occurs with ACCHSs and NACCHO (when data is aggregated at the national level).

Health Performance Framework

The Health Performance Framework was released during this period and NACCHO contributed significantly to an appraisal of draft technical specifications and to the draft

policy analysis report. Subsequent NACCHO work focussed on 'right to health' indicators and these issues have been highlighted in a submission to the Attorney Generals Department (see political advocacy below).

Healthy for Life and the Support, Collection, Analysis and Reporting Framework (SCARF)

The Healthy for Life (2005-06) Federal Budget initiative progressed with the development of an evaluation framework and NACCHO efforts managed to ensure that essential indicators being collected from services were feasible, appropriate and valid markers of quality assurance.

In order to protect the interests of ACCHSs and operationalise the National Data Principles, In November 2006 in partnership with University of Queensland, NACCHO tendered for the Support, Collection, Analysis, Reporting Framework (SCARF) and management of HFL data when aggregated at the national level. This role was however awarded to the Menzies School of Health Research and Australian Institute of Health and Welfare.

The NACCHO Board did not agree with the data governance structure proposed by both OATSIH and the winning tenderers, and recommended (to the Federal Health Minister) a structure that ensured all NACCHO Affiliates had a governance role. This however, has been rejected. NACCHO is continuing to ensure that the analysis, interpretation and reporting of ACCHS data when aggregated at the national level is undertaken collaboratively with the representative bodies established by Aboriginal peoples. Member services have been informed of these issues.

According to the Board's recommendations, quality advice was provided to OATSIH for optimal governance of SCARF data from HFL sites. Meetings with OATSIH have been undertaken and a letter from the NACCHO Board was submitted to the Federal Health Minister regarding failure to progress an optimal data governance structure involving NACCHO and all NACCHO Affiliates. Further developments are in progress.

Service Activity Reporting (SAR)

This year NACCHO took the initiative to reform the Review of the Service Activity Reporting (SAR) Information Agreement, to this end engaging OATSIH in negotiations. A NACCHO Position Paper was presented to the SAR Steering Committee meeting held in March 2007. As a result a sub-committee was established with a mandate to oversee the Review of the SAR Information Agreement. Also at this year's SAR Steering Committee meeting the members agreed to attend a client level data workshop later in 2007. An update on the Patient Information Recall Systems (PIRS) was made at the meeting and a decision was taken for the PIRS and SAR teams to meet to discuss integration of PIRS products and SAR reporting requirements.

Concurrently, NACCHO continues to negotiate actively with OATSIH with a view to making progress towards implementation of the PIRS Stock Take recommendations.

Further NACCHO continues to advocate for SAR Key Results reports to be made available in a more contemporary timeframe.

Service Delivery Reporting Framework (SDRF)

NACCHO has been advised that IT solutions continue to be developed by OATSIH with a view to the integration of SAR, Service Delivery Reporting Framework (SDRF), and PIRS.

In the meantime, ACCHS continue to report against the SAR, SDRF and the Support, Collection, Analysis and Reporting Function of the Healthy for Life Program (SCARF) requirements, which the Aboriginal Community Controlled Sector is finding particularly onerous in the context of available resources. NACCHO maintains a strong interest in implementation of integrated reporting systems that will accurately reflect the activities of ACCHS, meet the requirements of funding bodies and lead more efficient use of already limited resources. This integration/review is a component of SCARF.

Research

NACCHO continued to peer review research proposals during this year and a significant number of requests were declined due to limited secretariat capacity. Strategic research opportunities arose during this period including but not limited to:

- QUMAX Program in collaboration with the Pharmacy Guild;
- Smoking cessation and pharmacotherapy survey of ACCHSs in collaboration with OATSIH;
- Healthy for Life Evaluation in collaboration with University of Queensland;
- Survey of GPs in the management of otitis media in collaboration with University of Sydney;
- MOU is under consideration with National Centre for Immunisation Research and Surveillance;
- Social and Emotional Well Being (SEWB) Project:

The project, 'NACCHO Formative Research on Isolation and Loneliness within Aboriginal and Torres Strait communities to inform the development of measures for inclusion in the national SEWB Module' will inform the development of a series of questions which will be developed for inclusion in the ABS Indigenous Health Survey's SEWB module.

The project is now complete, following the analysis and presentation of finding from the research project. The findings of the project were discussed at a meeting in November 2006, hosted by AIHW and ABS, which brought together a range of key stakeholders.

It was concluded not to include questions on isolation and loneliness in the SEWB module of questions; and

- A research project on the Impact of ACCHS on Community Capacity Development:

NACCHO board endorsed a research proposal which will look at the impact of the ACCHS on community capacity development. The sites involved are Derby AMS, Katherine West Health Board, and the Charleville and Western Districts Aboriginal and Torres Strait Islander health service. The Methodology will be based on the Most significant change technique and will look at the mechanism by which community capacity is being developed via the ACCHSs.

POLITICAL ADVOCACY AND RELATIONSHIP MANAGEMENT

Media and Advocacy

NACCHO undertook unprecedented activity during this period to ensure Aboriginal people's rights to health are respected.

NSFATSIH Implementation Plan

The National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH) outlines the Australian Governments commitment to improving the health of Aboriginal peoples to 2013. An earlier than usual revision of the Implementation Plan commenced during this year. NACCHO provided a detailed appraisal of the revised Plan which appeared to have diluted the importance of ACCHSs. NACCHO is yet to hear if the amendments it has requested have been respected.

Submissions

Submission to the Australian Government, Attorney-General's Department on the Common Core Document May 18th 2007

In February 2007, NACCHO prepared a submission to the Attorney-Generals Department following the call for public comments regarding the Australian Governments 'Core Document' containing its reports to the United Nations (UN) treaty bodies. In particular, the submission related to Australia's Fourth report under the International Covenant on Economic, Social and Cultural Rights which is part of the Core Document. In the Fourth report, the Australian Government included reference to the health of Aboriginal peoples and Torres Strait Islanders and this submission addressed some of those claims and made recommendations to enhance reporting on Indigenous Australians right to health (this can be accessed at: <http://www.naccho.org.au/PolicyReports/Reports/Submission-to-the-Aust-Govt,-A.html>).

Budget Submission to the DOHA: Aboriginal Health Initiatives for Consideration for Inclusion in the 2007/08 Budget 1st January 2007

This document provided an overview of key changes that NACCHO believes will lead to significant improvements in Aboriginal health status. It sets out the following:

- Key points to consider;
- Background on key health issues;
- Long term strategies; and
- Initiatives that can build upon existing activity and/or can be implemented in 2007/08.

Press Releases

20 May 2007	Government dithers as Aboriginal people keep dying
20 Mar 2007	NACCHO appalled by violence in Zimbabwe
08 Mar 2007	Blackfellas 'ripped off' by federal funding
11 Feb 2007	Abbott Praised For Listening To Blackfellas
06 Dec 2006	Aboriginal Kids Die As Roll-Out Dries Up
01 Dec 2006	Health Group Warns Of AIDS Epidemic In Aboriginal Communities
01 Dec 2006	Peak Aboriginal Health Group Warns Of AIDS Epidemic
21 Nov 2006	Children To Benefit As Asthma Plans Set To Save Millions
08 Nov 2006	Aboriginal People Say Canberra Must Comply With UN Health Goals
03 Nov 2006	NACCHO demands urgent review to save the "generation of despair"
09 Sep 2006	Support Critical To Improve Aboriginal Health
21 July 2006	PBS listing of Medicines for Aboriginal Peoples health needs

Publications

Medical Journal of Australia

NACCHO contributed two articles which were published in the Medical Journal of Australia in May 2007:

- Couzos S, Thiele D. *The International Covenant on Economic, Social and Cultural Rights and the right to health: is Australia meeting its obligations to Aboriginal peoples?* Med J Aust. 2007 May 21;186(10):522-4.
- Wenitong M, Mokak R, Councillor H, Thiele DD, Calma T. *Rising to the health challenge for Aboriginal and Torres Strait Islander peoples: what will it take?* Med J Aust. 2007 May 21;186(10):491-2.

NACCHO/Oxfam 'Close the Gap' Report

NACCHO co-write with Oxfam the report: NACCHO, Oxfam Australia. Close the Gap: Solutions to the Indigenous health crisis facing Australia. Oxfam Australia published in April 2007. The report outlines solutions to the Indigenous health crisis in Australia and was launched in Canberra in April 2007.

Health Equality Plan

NACCHO coordinated the development of the NACCHO: Oxfam Australia 'Equality in Health Plan'. This Plan aims to close the health policy gaps to complement existing Federal government priorities for Aboriginal peoples and Torres Strait Islanders. The Plan was endorsed by the NACCHO Board in May 2007¹ and copies are available on the NACCHO website.

¹ <http://www.naccho.org.au/Files/Documents/Equality%20in%20Health%20Plan.pdf>.

Aboriginal Primary Health Care: an evidence-based approach

During this period, NACCHO completed the 3rd Edition of the Oxford University Press textbook: *Aboriginal Primary Health Care: An evidence-based approach* in collaboration with the Kimberley Aboriginal Medical Services Council.

This was a very resource intensive exercise consisting of 23 chapters over 800 pages and over 40 contributing authors, gratefully supported by the former Program Management and Implementation section of OATSIH. The book will appear in medical bookshops across Australia in November 2007 and forms the main text used in the education of students in health and policy makers.

Aboriginal Peoples making the Health System Equitable May 2007

This 18 page A4 Booklet provides a comprehensive summary of NACCHO, why it exists, why it needs to exist, its achievements to date and what still needs to be done. This is the second edition which was updated in the first half of 2007.

Awards

NACCHO was honoured to be short listed for the Human Rights and Equal Opportunity Commission Organisation Award. NACCHO was commended by the judges for its specialised work in “developing broad responses to meet important health needs in Indigenous communities”.

Conferences/Delegations

NACCHO Delegates attended the International Symposium on the Social Determinates of Health Indigenous People in April 07.

Study tour to New Zealand

In February 2007 NACCHO, represented by the CEO and Project Officer, undertook a study tour in New Zealand, the purpose of which was to:

- meet leaders within the Maori Health System;
- develop an understanding of the impact and structure of Maori Community Health Services and the diversity of models;
- meet and develop relationships with Maori Health providers and researchers;
- learn from the experiences of Maori Health Service Providers; and
- identify opportunity for international collaboration.

Website

The website continued to receive significant numbers of “hits” during this 12 month period. There is a plan to make the information easier to access during 2007/08.

Take Note – Naccho News

Only 1 Edition of Take Note was published during this period: Take Note 10 April/May 2007.

Activities in Partnership with Key NGOS

NACCHO has worked with many NGOs on initiatives which aim to strengthen the role that ACCHSs play in providing quality services to Aboriginal Peoples. The following provides an overview of activities in this area:

OXFAM

During this reporting period NACCHO has developed a strong working relationship with OXFAM. We worked closely together to develop and publish in April 2007 the NACCHO, Oxfam Australia. Close the Gap: Solutions to the Indigenous health crisis facing Australia. This was followed with the development and endorsement by the NACCHO Board of the 'Equality in Health Plan'. This Plan aims to close the health policy gaps to complement existing Federal government priorities for Aboriginal Peoples and Torres Strait Islanders.

Also during this reporting period OXFAM agreed to fund the NACCHO Communications Strategy for a two year period. This project will focus on developing NACCHO's media profile.

AMA Indigenous Taskforce

NACCHO continued to support the Australian Medical Association (AMA) in the development of its annual report cards through membership of the Indigenous Health Taskforce. This year saw the release of their important report on institutional racism: 'Institutionalised Inequity: Not just a matter of money'. (AMA Report Card Series 2007. May 2007).

Asthma Foundation and National Asthma Council

NACCHO was pleased to develop partnerships with these agencies through MOUs which it is hoped will be agreed and signed in 2007.

Cancer Council

NACCHO developed a joint submission with the Cancer Council Australia for the Senate Inquiry into Gynaecological Cancers, in June 2006. This was followed by NACCHO attendance at the Senate Committee Hearing in August 2006.

National Prescribing Service

NACCHO continued to work on the Good Medicines Better Health project with the National Prescribing Service (NPS) and the Aboriginal Health Council of South Australia (AHCSA).

AIDA

During this reporting period NACCHO continued to work on its relationship with AIDA. Dr Mark Wenitong, AIDA President, presented at the 2006 NACCHO AGM.

HREOC

NACCHO has continued to work with and support the Human Rights and Equal Opportunity Commission (HREOC) to promote the recommendations of the Social Justice Report (2005).

Australian General Practice Network (AGPN) formally ADGP

Dr Jenny Thompson the Chair of AGPN presented to the August 2006 Board meeting. Following which NACCHO worked with AGPN to review and update our MOU due to be signed later in 2007. NACCHO and AGPN have also encouraged Divisions to develop such memoranda and partnerships with their local Aboriginal Medical Services.

RACGP

NACCHO continues to work with The RACGP and its newly appointed Manager of the RACGP Aboriginal and Torres Strait Health Unit, Mr Alan Brown, (a current Board member of the Victorian Aboriginal Health Service, Melbourne) to advocate on issues of health, inequity and RACGP support for initiatives that promote the health of Aboriginal and Torres Strait Islander peoples and communities. Mr Alan Brown and Ian Watts (National Manager – GP Advocacy and Support at RACGP) presented to the August 2006 Board meeting.

SIDS and Kids

NACCHO and AHCWA worked with SIDS and Kids to finalise the workplan and the booklet on 'Safe Sleeping' Messages. The work was not completed during this reporting period.

National Committees/Working Groups Representation

In addition to working with key Non-Government Organisations, NACCHO makes itself available to work with a range of Government and non-government committee's and working groups to advance Aboriginal health matters. NACCHO is represented by a range of people within the network. There is a never ending demand for NACCHO Representation on such groups, and as such they are prioritised by the Board. NACCHO extends its thanks to all those who assisted in representing NACCHO on the following National committee's and working groups:

- Aboriginal and Torres Strait Islander Health Council;
- Aboriginal and Torres Strait Islander Health Registered Training Organisation Network (ATSIHRTON);
- Asthma Expert Advisory Group;
- Asthma Foundation - Asthma Community Grants Support Steering Committee;
- Asthma Friendly Schools Steering Committee;
- Australian HIV Observational Database Steering Committee;
- Australian Medical Association Indigenous Health Task Force;
- Australian Pharmaceutical Advisory Council;
- Business Improvement Group;
- COAG Mental Health Expert Reference Group;
- Community Services and Health Industry Skills Council (CS&HISC);
- Expenditure on Health Services for Aboriginal Peoples Working Group;
- Good Medicines Better Health Project Steering Group;
- Human Rights and Equal Opportunities Commission Planning committee;
- Indigenous Australian Sexual Health Committee (IASHC);
- International Network of Indigenous Health Knowledge Network (INIHKD) - International Steering Group;
- National Advisory Group for Aboriginal and Torres Strait Islander Health, Information and Data (NAGATSIHID);
- National Aboriginal Health Excellence Awards – Steering Committees;
- National Indigenous Disability Network Reference Group;
- National Heart Foundation Aboriginal and Torres Strait Islander Health Advisory Committee;
- National Indigenous Drug and Alcohol Committee (NIDAC);
- National Influenza Pandemic Action Committee- Primary Care Working Group;
- NATSINSAP Implementation Reference Group;
- Professional Programs and Services Advisory Committee- Indigenous and Rural Steering Committee;
- RACGP Aboriginal and Torres Strait Islander Health Working Group;
- Reference Group for the Fourth National Indigenous Men’s Health Conference;
- Sexual Health Promotion Conference Organising Committee (a sub-group of IASHC);
- Special Drugs List Advisory Group; and
- Trachoma Surveillance Reference Group.

POLITICAL ADVOCACY AND RELATIONSHIP MANAGEMENT



Opening Ceremony – 2006 NACCHO AGM in Perth.



Oral Health Workshop – Yvonne Buza (NACCHO Board member), Kelvin Onus, (VACCHO Representative), Christine Ingram (Manager VAHS Dental Clinic) and Dr Alex Thomas (Dentist at VAHS).



Henry Councillor, NACCHO Chairperson, at the 2006 AGM.

2006 AGM and Members Meeting 7-9 November

122 delegates attended the 2006 Annual General Meeting and Conference held in Perth on 7th November 2006.

State and Territory reports were presented to the members. The following is an overview of these reports.

Western Australia

Aboriginal Health Council of Western Australia (AHCWA) has completed a full year of operation under its new Constitution, has continued to consolidate and has new premises. They reported on:

Continuing operations:

- Core funding – Office of Aboriginal Health;
- Support from Oxfam Community Aid Abroad including funding for a Medical Policy Officer, including Cultural Safety Training and Train the Trainer for GPs and for Regional Development;
- General Practice Education and Training;
- Policy Development; and
- Sudden Infant Death Syndrome.

New Projects:

- Hepatitis C project;
- ABCDE Project Officer;
- National Primary Care Collaborative Project;
- Best Practice in Governance and Administration;

POLITICAL ADVOCACY AND RELATIONSHIP MANAGEMENT



Granny G meets Mary G at the 2006 AGM (alias Elaine Lomas and Mark Bin Baka).



Dea Delaney Thiele NACCHO CEO and Janine Englehardt (AHCSA) at the 2006 AGM.



Mick Reid, Uncle Ben Taylor and Mark Saunders at the National Sexual Health Meeting held in Perth the day after the 2006 AGM.

- Asthma Project Officer;
- Workforce Issues;
- Management Support; and
- Tobacco Control.

Future Projects:

- Cultural Security Training;
- AHW Accreditation Panel;
- Medicare Education Officer;
- Mental Health; and
- ACCHS Support Service.

Victoria

Currently there are 25 member services and 35 staff. VACCHO holds three member services meetings per year. VACCHO is settling into new premises. This year is VACCHO's 10 year anniversary.

The three main objectives outlined in the VACCHO Strategic Plan are:

- develop capacity of member organisations;
- develop strong partnerships with local, state and commonwealth government agencies and other organisations; and
- develop VACCHO's capacity as a peak body in Aboriginal health matters.

VACCHO is a Registered Training Organisations (RTO): the new National Aboriginal Health Worker Training Packages are due to be signed off in February 2007, yet there are no resources to develop support materials or resources to implement the Training Packages

and there is a lot of work to be done. It is also a concern that as an Aboriginal RTO, VACCHO has to compete for funds, neither the Skills Council nor OATSIH are forthcoming with funding to support this development of support materials.

At the state level VACCHO is working hard to develop effective relationship with State government. VACCHO has secured a position as representative on the Premiers Aboriginal Advisory Committee.

VACCHO initiated the Futures Project which is considering strategies to ensure the ACCH Sector remains viable in the long-term.

There is concern that the proposed 38 networks across the state, to be introduced as a result of the new arrangements in Aboriginal Affairs, will allow the government to bypass the ACCH Sector when making decisions about health issues. The proposed regionalisation is a model unacceptable to VACCHO. The role of the OIPC is also an area of concern.

The Framework Agreement is still in effect, but it appears that governments at both state and commonwealth level often bypass these arrangements as it suits them to do so.

The Business Improvement Group (BIG) offers opportunity for the CEOs of NACCHO and the state affiliates to meet regularly;

VACCHO attended a United Nations training program in Darwin focusing on human rights and delegates should note that the draft Declaration relating to human rights of Indigenous peoples has been under consideration for more than 10 years, and the Australian government is one of three or four countries which continue to strongly opposed adoption of the Declaration;

Tasmania

This was a busy year, made more so by the continued demands of OATSIH regarding increasing levels and detail of reporting. This only hinders services, and further, OATSIH is often not very timely in their dealings with the service.

The Tasmania Aboriginal Centre is now an RTO, with 17 AHW trainees, who have to be carried by existing funding as there has been no funding forthcoming for the RTO.

The second phase of the Healthy for Life program has commenced.

Have initiated the "Alan Carr Easy Way to Stop Smoking" program in Tasmania, and it is proving very suitable to our needs.

Tasmania Aboriginal Centre is on the steering committee of a Social Norms Analysis Project. This project focuses on youth in schools and alcohol issues.

With regard to the Tasmanian Stolen Generations, the Labour Government has introduced legislation in Parliament to enable claims and determine eligibility, something for which the Tasmanian Aboriginal Centre has been fighting for a long time.

Queensland

This has proved a significant year for the Community Controlled Health Sector in Queensland, marking the commencement of historic reforms in the Queensland health system. Membership consists of 20 Community Controlled Health Services, with two new applications in progress. There has been significant growth in staffing in 2005/06, with a current staffing of 50 FTE positions.

There has been an independent audit of progress/performance of the implementation of the Framework Agreement, including: identification, report and analysis of activities to date; assessment and report on extent of achievement; identification, assessment and report on effectiveness of structures, processes and systems; recommendations for improvement.

The following activities were reported on:

- Member Support which was focused on building capacity of member organisations to provide comprehensive primary health care through provision of comprehensive support services;
- Development of a Relationship Management Strategy including strengthening partnerships with key organisations;
- Workforce Planning and Development including QAIHC College of Aboriginal Health;
- The development of a Centre for Clinical Research Excellence;
- The Healthy for Life on going work program;
- QAIHC MBS Project analysing ACCHS ability to claim MBS;
- The Urban Brokerage 2006/2007 Budget Initiative agreed joint principles for operation; and
- The QAIHC Population Health Unit development of a regional hub model for the coordination, monitoring and service delivery support for chronic disease prevention and management initiative in Aboriginal and Torres Strait Islander health.

Northern Territory

Once again a busy year in the Northern Territory who reported on:

- Implementation of the policy paper “Pathways to Community Control”, including developing governance and management. There needs to be assessment and a panel to work with clinics in transition to deliver comprehensive primary health care in Aboriginal communities;
- Submission to the House of Representatives Standing Committee on Health Funding, addressing Primary Health Care Access Program (PHCAP), MBS issues etc;
- Working with OATSIH to address remuneration of ACCHS GPs to make it comparable to remuneration in private practice, also other clinicians including AHW;
- National Aboriginal and Torres Strait Islander Health Worker Competency Standards;

- COAG mental health program – ACCHS representation on the state reference group. NACCHO needs to pursue this at the national level;
- Congress submission to the House of Representatives Standing Committee on Court Reform in relation to the debate about statehood for the NT;
- AMSANT submission to the NT Government Inquiry into Child Abuse;
- AMSANT governance manual being developed and will be posted on the website once completed;
- Lobbying in Canberra to Commonwealth Ministers' to present alternative ideas/ initiatives to address pressing issues, including drug and alcohol, the Home Visiting Program, Men's programs, accountability and good governance; and
- OIPC was to present an annual report card on Aboriginal Affairs to the Commonwealth Parliament. This has not been done since the abolition of ATSIC. Why not?

South Australia

Again a busy years. There are three new members of AHCSA. Main issues/activities were:

- Ongoing concerns regarding the changes in relation to administration of Aboriginal Affairs. ACCHS need to be recognised and supported as key service providers in the health system;
- Working with members and State and Commonwealth Health Departments on future directions review;
- As a result of the South Australian Generational Review, all funds going to remote communities are controlled by one board with AHCSA part of that board. This process allows focus on mainstream health service providers' performance;
- South Australian Aboriginal Health Partnership continues with signing of the Framework Agreement for 2005/2010;
- the State wide Strategic Plan 2003/2006 is looking at the ACCH Sector, including areas such as chronic disease, eye health, medical specialist programs;
- APHC workers forum held three times per year – all AHW participate, whether they work in mainstream or ACCHS;
- research and ethics committee meets monthly;
- National Aboriginal RTO Network is developing, with the implementation plan in progress;
- working with NACCHO and National Prescribing Services on the Quality Use of Medicine Program;
- Aboriginal and Torres Strait Islander Cancer forum was held in September to develop a strategy to decrease the mortality rate and increase access to screening and intervention programs;
- Centre of Clinical Research in Aboriginal Health focusing on 3 to 4 major business areas including chronic disease, and the translation of research into community programs;
- PHC training for AHW continues with over 250 students graduating by end of 2006; and

- AHCSA supports NACCHO as the national peak body, and works to improving communication between NACCHO and its state affiliates.

Australian Capital Territory

It was reported that the ACT Government has been supportive of the ACCH Sector and that the ACCH Sector in ACT has a strong relationship with the Commonwealth Government;

Winnunga Nimityjah has:

- achieved accreditation, this is a significant issues for all Aboriginal organisations as government wants all Aboriginal organisations to be accredited but there are major resource issues involved and governance policies and procedures need to be customised;
- employed the first ACT trained AWH;
- been funded for a feasibility study to become an RTO for the ACT;
- commenced the process of financial assessment of Winnunga Nimityjah by Access Economics;
- participated in PHCAP and Healthy for Life; and
- begun to develop its own model for service delivery to Aboriginal people in custody, as there is a new prison being planned for the ACT.

New South Wales

The following activities were reported on:

- Ongoing provision of AH&MRC services to members;
- AH&MRC Aboriginal Health College;
- Coalition for Research to Improve Aboriginal Health (CRIA);
- Collaborative Centre for Aboriginal Health Promotions (CCAHP);
- AH&MRC Public Health Programs and Policy;
- AH&MRC Workforce Development;
- Secure Aboriginal Medical Services Information Systems (SAMSIS);
- AH&MRC Ethics Committee;
- AH&MRC Consultancy Service;
- Policy Involvement and Committees; and
- Partnership development/consolidation.

General Meeting

Key issues discussed at the meeting included how to increase non remote access to the Pharmaceutical Benefits Scheme; how to increase ACCHS access to/claiming of Medicare - MBS Enhanced Primary Care (EPC) Items, Indigenous Child Health Checks, QAIHC research on utilisation; and Sexually Transmitted Infections (STIs).

Presentations

Presentations were made by:

- John Paterson and Peter Bonner from AMSANT – NACCHO Media Overview;
- Tom Calma – HREOC;
- Kathy Malera-Bandjolan – UN Report;
- Anna Leditshke – EPC Items;
- Katie Paneretto – Medicare Research;
- Jimmy Peters and Tyson Murphy from VACCHO – Medicare Enhancements;
- Jacqui Katona – Lumbu Foundation;
- Mark Wenitong – Australian Indigenous Doctors Association (AIDA);
- Mark Saunders – STI, HIV/AIDS and BBV Overview; and
- Chris Lawrence and Prof John Kaldor – HIV and International Resilience Project.

Workshops

The Conference also provided the opportunity to workshop other key issues for the sector including:

- Health Workforce;
- GP and GP Accreditation Issues;
- Research and Ethics;
- Health Issues;
- Brokerage Model;
- Oral Health; and
- Hepatitis C.

National Sexual Health Meeting—10th November 2006

The Conference also included the National Sexual Health Meeting to consider HIV/AIDS and BBVs in Aboriginal Communities, topics presented and discussed included:

- NACCHO's Future Directions in Addressing BBVs, HIV/ AIDS and STIs in Aboriginal and Torres Strait Islander Communities;
- Indigenous Australian Sexual Health Advisory Committee (IASHC);
- Building Partnerships to enhance capacity National, State and Local Partnerships;
- Priority Target Groups – what can we do to improve outcomes for high risk groups?
- What can we do to enhance ACCHS, Affiliates and NACCHO capacity in this area?

SERVICE SUPPORT

Public Health

NACCHO continued activity to ensure the health sector is responsive to the needs of the Aboriginal population. The scope of activities (as usual) was very broad and ranged from advocacy for programs to benefit Aboriginal peoples, to the development of education tools and guidelines.

During this period NACCHO provided a presentation at the national roundtable on the role of the HPV vaccine for cervical cancer prevention. Through the AMA, NACCHO continued to advocate for a national rheumatic fever strategy which now appears to be in development. NACCHO representatives continue to work on new National Antenatal Care Guidelines and in the collation of trachoma surveillance information. The NACCHO Achievements Booklet was also revised and posted on the new NACCHO website to summarise NACCHO activities.

Child Health

NACCHO worked with OATSIH and facilitators throughout this period with regard to the Federal Budget allocation for maternal and child health and chronic disease prevention known as the 'Healthy for Life' (HFL) program (from 2005). Many ACCHSs have signed up to this program as it provides vital funding for core primary health care. Services taking part are required to submit data to a central repository to ascertain clinical outcomes and quality assurance.

In November 2006 in partnership with University of Queensland, NACCHO tendered for the support, collection, analysis, reporting (SCARF) and management of HFL data when aggregated at the national level. One of the SCARF requirements is to also revise the SDRF and the SAR collected from services, which currently come under an Information Agreement between the Department and NACCHO. Unfortunately, NACCHO was unsuccessful in this venture. Menzies School of Health Research in partnership with the AIHW are now the providers of the SCARF.

According to the Board's recommendations, quality advice was provided to OATSIH for optimal governance of SCARF data from HFL sites. Meetings with OATSIH have been undertaken and a letter from the NACCHO Board was submitted to the Federal Health Minister regarding failure to progress an optimal data governance structure involving NACCHO and all NACCHO Affiliates. Further developments are in progress.

NACCHO supported advice to Affiliates on a consumer communication strategy for child health MBS (in the form of a road show).

This period also saw the introduction of the Howard Governments pre-election 'emergency' response in the Northern Territory which involved the roll-out of child health checks by external visiting health teams. NACCHO communicated to OATSIH that the preferred model is for 'back fill' of existing staff in health services to alleviate the burden of acute

health problems and allow population health activities such as health checks by trusted local staff.

This was demonstrated through the findings of the implementation of the COAG accelerated child health check program implemented by OATSIH and involving six remote areas across Australia where the option of 'back fill' was provided. Several of our member services are participating in this program.

Asthma

NACCHO is a member of the Asthma Expert Advisory Group and through this process advocated for and appraised the Asthma Awareness Communication Initiative to benefit Aboriginal peoples. During this period, a Memorandum of Understanding was signed with the Asthma Foundation to progress the Asthma Spacers Ordering Scheme (ASOS) which was a NACCHO/AF/OATSIH initiative. The ASOS has been very well received by services and assists them to provide spacer devices to clients with asthma. The secretariat developed a media release and memo to ACCHSs (July 2006) as well as communication with Affiliates informing them of the scheme and how to order spacers.

The NACCHO Board also endorsed the Asthma Foundation 'short-wind' booklet for use in the ASOS.

Pandemic Influenza Planning

NACCHO appraised and provided edits to the Department regarding the development of an Aboriginal annex for the Pandemic Plan. Advice was also provided to the Department regarding the development of birdflu brochure for remote Aboriginal communities (November 2006).

NACCHO continued efforts with regard to seeking government support for ACCHSs and their role in the event of a pandemic of influenza. NACCHO participation continued in the Australian Governments National Influenza Pandemic Primary Care Working Group. A NACCHO presentation (December 2006) was made to a Departmental forum entitled, "Australian Flu Pandemic: Preparedness and the Aboriginal population".

Negotiations are underway in the development of an MOU with the National Centre for Immunisation Research and Surveillance (NCIRS) as endorsed by the NACCHO Board in 2006. Advice was provided to the NCIRS to define a role for a National Immunisation Coordinator to report to the NACCHO Board on efforts to enhance the immunization status of Aboriginal children.

Sexual Health and Hepatitis C

NACCHO has undertaken a substantial amount of work in the areas of HIV/AIDS, sexual health and blood-borne virus (BBV) transmission over this period. These efforts were directed towards the development of new Sexual Health and Hepatitis C strategies and their implementation plans which supplement and coordinate ACCHSs efforts in sexual

health. This was possible through NACCHO membership of the Indigenous Australians Sexual Health Committee (IASHC). NACCHO delegate to the IASHC and the NACCHO technical advisor to the delegate changed in this reporting period. NACCHO is committed to ensuring that issues of importance to Aboriginal people are represented at IASHC.

NACCHO over the past 12 months, have work on IASHC to inform a range of activities, review research proposal, and to provide advice to the Department on a range of important issues.

Hepatitis C

In December 2006, NACCHO entered into an agreement with Hepatitis Australia (HA) to work in collaboration with HA to map and scope prevention and education activities that are happening through ACCHS relating to Hepatitis C (HCV) in Aboriginal communities. A survey was conducted through ACCHS, and was supported by the NACCHO Board.

Letters were sent to all NACCHO member services requesting they participate in the project. Although the response rate for the project was low, it provided a good snap shot of the range and scope of activities being undertaken in ACCHS. In March 2007 the final report that was developed collaboratively between NACCHO and the Hepatitis Australia was endorsed by the NACCHO Board. A series of recommendation have been made to improve awareness of Hepatitis C issues in Aboriginal and Torres Strait Islander communities.

HIV/AIDS, Sexually Transmitted Diseases and BBVs

The NACCHO, HIV/STI and BBV Reference Group, was reconstituted in the last 12 months and has meet regularly to provide advice to the NACCHO board on these issues.

In December 2006, NACCHO hosted a national stakeholders meeting of organisations, individuals and NACCHO member services to examine how the ACCHS sector and others who are working in HIV/ AIDS, STI and BBVs could better engage with NACCHO and it members to ensure that issues around HIV/AIDS, BBV and STI were prioritised in Aboriginal communities. The meeting was attended by over 90 people representing a range of key agencies and provided an opportunity for networking, to develop and enhance partnerships and to assist NACCHO in informing its future direction. A key outcome from this meeting was a recommendation that NACCHO continues to prioritise these important issues and work with member to develop a series of activities which could enhance the work and support the work of the sector.

Reproductive Health

In April 2007, NACCHO was invited to attend a meeting of stakeholders (10th May), who had a stated interest in women reproductive and sexual health issues, to discuss advocacy approaches for the new technology of Vaginal Microbicides. NACCHO attended this meeting, with a staff member and with Kathy Malera Bandjolan as a delegate of the NACCHO HIV, STI and BBV Reference group.

Women's reproductive and sexual health concerns are important women's issues in Aboriginal communities. The high rates of STIs², (namely Chlamydia, gonorrhoea, and syphilis) and adolescent pregnancy³ in combination with lower socioeconomic status, and a number of social enablers and barriers tend to suggest that current prophylaxis for both pregnancy and STIs are currently having limited effect.

The development of a safe, and effective microbicides is still a way from being achieved, and it is important to note that while a product may be developed in the next few years, consideration of the significant benefit this technology will have both as a potential prevention tool, which empowers women via the fact that the technology is invisible, control and application of the technology rest with women, would be a significant advance in giving increased control to women over their reproductive facilities and potentially a mechanism to significantly reduce the spread of STI, which do not require the consent of the male sexual partner, as is the case with condoms. The NACCHO board has adopted a watching brief on this issue.

The NACCHO, HIV/STI and BBV Reference Group, was reconstituted in the last 12 months and has met regularly to provide advice to the NACCHO board on these issues.

Establishment of the National Indigenous Disability Network (NIDN)

NACCHO has been working to support the development of state based Aboriginal Disability Networks (ADNs) and an overarching National Indigenous Disability Network (NIDN). NACCHO received a small grant over two years from FACSIA to support this work. Its primary outcomes are to develop a network of state based consumer groups which can disseminate information about the services available to Aboriginal and Torres Strait Islander people with disabilities, and to advocate for policy and services to meet their specific needs, which would ultimately form a national network.

In early 2007 the NACCHO Board endorsed a decision of the NIDN Reference Group to amend the planned activities for the project and it was decided to work with FACSIA to vary the contract to allow NIDN to host a national meeting/ workshop of state based Aboriginal Disability Networks and individuals in those states without networks. At the time of production, NACCHO is still waiting a formal response.

National Consultation with Aboriginal and Torres Strait Islander People with Disabilities on services delivered under the Commonwealth, State and Territory Disability Funding agreement (CSTDA)

NACCHO was contracted for a period of 6 weeks to liaise with the ADNs around Australia. NACCHO was chosen based on the proposed methodology and the fact that the organisation had relationships with Aboriginal People with Disabilities around Australia.

2 2006 Annual Surveillance Report available online at www.med.unsw.edu.au/nchechr access on the 20th June 2007.

3 In 2000, 21.8% of all aboriginal births were to adolescent mothers aged 12-19 years, information available at http://www.health.nsw.gov.au/pubs/aboriginal_health/files/abl_perinatalflyer.pdf accessed online on the 20th June 2007.

The report was completed on time and on budget. Under the conditions of the contract the report is a confidential report and not in the public domain. The broad issues which NACCHO sought to answer under the contract were:

1. What the CSTDA has delivered to people with disability so far;
2. Whether CSTDA services have been appropriate to the needs of people with disability, their families and carers;
3. Identifying the current gaps in service provision; and
4. The best way to structure services to ensure they are appropriate to the needs of people with disability, their families and carers.

Drug and Alcohol Initiatives

National Indigenous Drug and Alcohol Committee (NIDAC) of the: The Prime Ministers Australian National Council on Drugs (ANCD)

Since the employment of designated staff within NACCHO undertaking the portfolio of Drug and Alcohol a renewed and invigorated response to drug and alcohol in the sector has been taken. The primary input from NACCHO has been through extensive involvement in committee where a range of essential outcomes have been made in both policy and funding initiatives.

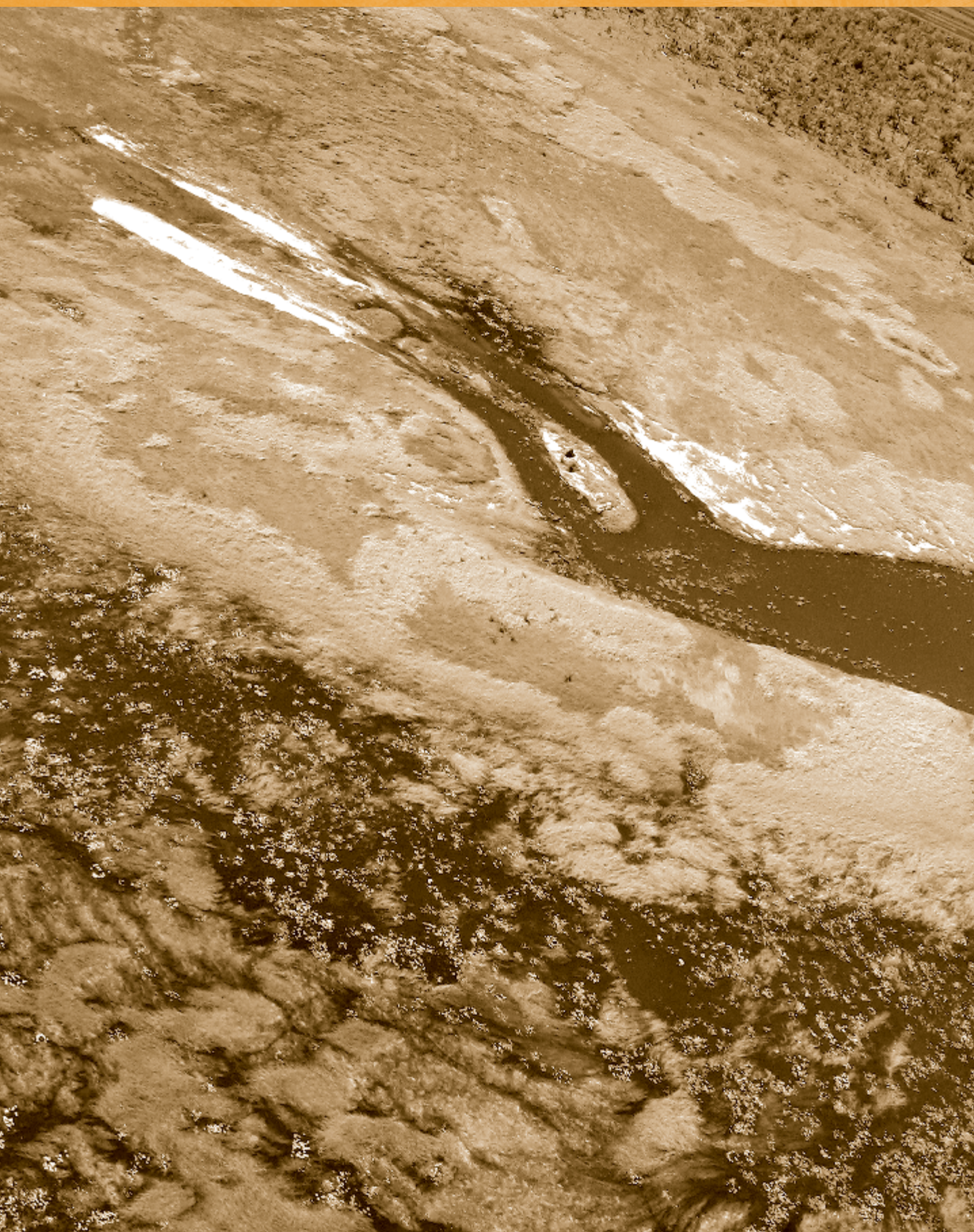
The key highlight of contributing through NIDAC has been the opportunity to attend community meetings scheduled prior to the NIDAC meeting to discuss key issues affecting and relevant to the various communities around Australia. These community meetings provided the opportunity to focus the work of NIDAC and provide direction to NACCHO in respect to its response to drug and alcohol issues identified by which drug and alcohol workers, community members, and other health professionals operating on the ground.

Research

Committee members have generously contributed to the myriad of research proposals which derive from drug and alcohol research in the community sector. Through NACCHOS involvement in NIDAC research that benefits the community, provides adequate resources and follows community expectations and protocols that benefit Aboriginal communities has been advanced. Conversely it has also allowed a process through which research bodies which fail to follow protocols for research in Aboriginal communities and does not directly benefit those communities can be challenged.

Funding

Various announcements have been made in the area of drug and alcohol. These are varied and NACCHOS participation has been peer reviewing applications and advocating for appropriate resources in the drug and alcohol field that is delivered on the ground. Most of these relate to research with some direction and direct delivery of service to Aboriginal Medical Services through designated funding. The Opal Fuel initiatives are one of these initiatives and appear to be successful in those communities in which it has been rolled out.



National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

Directors' Report

Your directors present their report on the company for the financial year ended 30 June 2007.

Directors

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

Henry Andrew Councillor
Naomi Ruth Mayers
Justin Mohamed
Rachel Atkinson (resigned November 2006)
Stephanie Bell
Yvonne Buza
Vanessa Davies (resigned November 2006)
Karlene Dwyer
Valda Keed
Gloria Khan
Sheryl Lawton
Phillip Matsumoto
Coralie Ober (resigned November 2006)
John Paterson (resigned October 2006)
June Sculthorpe
Polly Sumner-Dodd
Julie Tongs
Frank Vincent (resigned October 2006)
Elizabeth Adams (appointed November 2006)
Paula Arnol (appointed October 2006)
Christine Corby (appointed October 2006)

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

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

Operating Results

The deficit of the company for the financial year after providing for income tax amounted to \$124 (2006: loss of \$16,346).

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 act as the national umbrella organisation representing Aboriginal Community Controlled Health Services relating to Aboriginal health and well being. This comprises the running of the National Secretariat and the provision of secretarial services to the National Executive Committee and the full membership. No significant change in the nature of these activities occurred during the year.

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

After Balance Date Events

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

Likely Developments

The company expects to maintain the present status and level of operations and hence there are no likely developments in the company's operations.

Environmental Issues

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

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.

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

Meetings of Directors

DIRECTORS	DIRECTORS' MEETINGS	
	Number eligible to attend	Number attended
Henry Andrew Councillor	4	4
Naomi Ruth Mayers	4	4
Karlene Dwyer	4	1
Rachel Atkinson	2	-
Frank Vincent (resigned October 2006)	1	1
Justin Mohamed	4	2
Polly Sumner-Dodd	4	2
Julie Tongs	4	2
Valda Keed	4	4
Gloria Khan	4	4
Phillip Matsumoto	4	4
June Sculthorpe	4	3
Stephanie Bell	4	4
John Paterson (resigned October 2006)	1	1
Sheryl Lawton	4	2
Coralie Ober (resigned November 2006)	2	-
Yvonne Buza	4	3
Vanessa Davies (resigned November 2006)	1	-
Elizabeth Adams (appointed November 2006)	2	2
Christine Corby (appointed October 2006)	3	-
Paula Arnol (appointed October 2006)	3	3

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

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.

Auditor's Independence Declaration


A copy of the auditor's independence declaration as required under section 307C of the *Corporations Act* 2001 is set out on page 4.

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



Director
Justin Mohamed

Dated: 26 September 2007



Director
Naomi Ruth Mayers

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

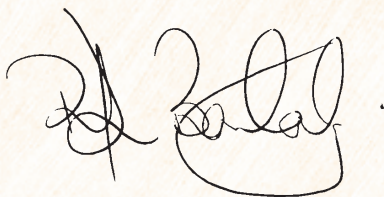
Auditor's Independence Declaration

UNDER SECTION 307C OF THE CORPORATIONS ACT 2001 TO THE DIRECTORS OF NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2007 there have been:

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

PKF Di Bartolo Diamond and Mihailaros

A handwritten signature in black ink, appearing to read 'Ross Di Bartolo', with a stylized flourish at the end.

Ross Di Bartolo
Partner

Dated: 12 October 2007

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

Income Statement

For the year ended 30 June 2007

	Note	2007 \$	2006 \$
Revenue from ordinary activities	2	2,657,476	2,363,451
Employee benefits expense		(1,379,986)	(1,328,023)
Depreciation and amortisation expenses	2	(29,875)	(19,040)
Other expenses from ordinary activities		(1,245,981)	(1,026,473)
Borrowing costs expense	2	(1,758)	(6,261)
Profit from ordinary activities		(124)	(16,346)

NACCHO FINANCIAL STATEMENTS

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

Balance Sheet

As at 30 June 2007

	Note	2007 \$	2006 \$
CURRENT ASSETS			
Cash and cash equivalents	3	370,220	269,755
Receivables	4	62,675	28,025
Other	5	19,740	7,825
TOTAL CURRENT ASSETS		452,635	305,605
NON-CURRENT ASSETS			
Property, plant and equipment	6	90,979	96,726
TOTAL NON-CURRENT ASSETS		90,979	96,726
TOTAL ASSETS		543,614	402,331
CURRENT LIABILITIES			
Payables	7	161,744	94,386
Provisions	8	112,720	80,833
Other	9	101,924	59,862
TOTAL CURRENT LIABILITIES		376,488	235,081
NON-CURRENT LIABILITIES			
Provisions	8	-	-
TOTAL NON-CURRENT LIABILITIES		-	-
TOTAL LIABILITIES		376,488	235,081
NET ASSETS		167,126	167,250
EQUITY			
Retained profits		167,126	167,250
TOTAL EQUITY		167,126	167,250

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

Statement of Changes in Equity

For the year ended 30 June 2007

	Retained Earnings \$	Total Equity \$
Balance at 1 July 2005	183,596	183,596
Net Surplus/(Loss) for the year	(16,346)	(16,346)
Balance at 30 June 2006	167,250	167,250
Balance at 1 July 2006	167,250	167,250
Net Surplus/(Loss) for the year	(124)	(29,392)
Balance at 30 June 2007	167,126	137,858

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

Statement of Cash Flows

For the year ended 30 June 2007

	Note	2007 \$	2006 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		33,140	20,666
Operating grant receipts		2,882,569	2,636,327
Payments to suppliers and employees		(2,800,821)	(2,709,876)
Interest received		14,244	15,506
Borrowing costs		(1,758)	(6,261)
Net cash provided by/(used in) operating activities	13(b)	127,374	(43,638)
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		16,364	44,912
Payment for property, plant and equipment		(43,273)	(91,304)
Net cash used in investing activities		(26,909)	(46,392)
Net increase/(decrease) in cash held		100,465	(90,030)
Cash at beginning of financial year		269,755	359,785
Cash at end of financial year	13 (a)	370,220	269,755

Notes to the Financial Statements

For the year ended 30 June 2007

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 Health Organisation as an individual entity. National Aboriginal Community 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.

Australian Accounting Standards include Australian equivalents to International Financial Reporting Standards (IFRS). Compliance with the Australian equivalents to IFRS (AIFRS) ensures that the financial report, comprising the financial statements and notes complies with IFRS.

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) Employee Benefits

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

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

(d) Cash

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

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

(e) 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).

(f) Goods and Services Tax (GST)

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

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

	Note	2007 \$	2006 \$
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NOTE 2: PROFIT FROM ORDINARY ACTIVITIES

Profit (losses) from ordinary activities has been determined after:

(a) Expenses

Borrowing costs:

- other persons	1,758	6,261
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Depreciation of non-current assets

- Plant and equipment	29,875	19,040
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Consultancy fees	247,495	50,621
------------------	---------	--------

Meetings and workshops	194,764	356,550
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Employee benefit expense	1,379,986	970,678
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Rent	119,773	77,607
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(b) Revenue and Net Gains

Net gain on disposal of non-current assets

- property, plant and equipment	(2,781)	(18,217)
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Grant funding	2,613,105	2,329,158
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Administration fees (EGM)	-	50,470
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Interest Income	14,244	15,506
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(c) Auditors Remuneration

- Audit Services	10,500	9,000
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- Other Services	-	-
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10,500	9,000
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NOTE 3: CASH AND CASH EQUIVALENTS

Cash on hand	469	294
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Cash at bank	308,456	230,449
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Corporate Credit Cards	22,282	-
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Deposits at call	39,013	39,012
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370,220	269,755
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National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

	Note	2007 \$	2006 \$
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NOTE 4: TRADE AND OTHER RECEIVABLES

CURRENT

Trade and other debtors		62,675	28,025
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NOTE 5: OTHER ASSETS

CURRENT

Prepayments		19,740	7,825
Other current assets		-	-
Total Other Assets		19,740	7,825

NOTE 6: PROPERTY, PLANT AND EQUIPMENT

PLANT AND EQUIPMENT

(a) Plant and equipment

At cost		74,004	74,004
Less accumulated depreciation		(59,349)	(54,705)
		14,655	19,299

(b) Motor vehicles

At cost		27,038	25,775
Less accumulated depreciation		(1,817)	(3,044)
		25,221	22,731

(c) Office equipment

At cost		66,159	65,869
Less accumulated depreciation		(51,747)	(39,013)
		14,412	26,856

(d) Computer equipment

At cost		150,581	134,636
Less accumulated depreciation		(113,890)	(106,796)
		36,691	27,840

Total property, plant and equipment		90,979	96,726
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NACCHO FINANCIAL STATEMENTS

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

(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
2007	\$	\$	\$	\$	\$
Balance at the beginning of the year	19,299	22,731	26,856	27,840	96,726
Additions	-	27,038	290	15,945	43,273
Disposals	-	(19,144)	-	-	(19,144)
Depreciation expense	(4,644)	(5,404)	(12,734)	(7,094)	(29,876)
Carrying amount at end of year	14,655	25,221	14,412	36,691	90,979
			Note	2007 \$	2006 \$

NOTE 7: TRADE AND OTHER PAYABLES

CURRENT

Trade creditors and accruals	37,401	18,849
Sundry creditors	124,443	75,538
	161,844	94,386

NOTE 8: PROVISIONS

CURRENT

Employee benefits	10(a)	112,720	80,833
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NON-CURRENT

Employee benefits	10(a)	-	-
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(a) Aggregate employee benefits liability	112,720	80,833
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NOTE 9: OTHER LIABILITIES

CURRENT

Deferred income	101,924	59,862
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National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

NOTE 10: RELATED PARTY TRANSACTIONS

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

Henry Andrew Councillor	June Sculthorpe
Naomi Ruth Mayers	Stephanie Bell
Karlene Dwyer	John Paterson (resigned October 2006)
Rachel Atkinson	Sheryl Lawton
Frank Vincent (resigned October 2006)	Coralie Ober (resigned November 2006)
Justin Mohamed	Yvonne Buza
Polly Sumner-Dodd	Vanessa Davies (resigned November 2006)
Julie Tongs	Elizabeth Adams (appointed November 2006)
Valda Keed	Christine Corby (appointed October 2006)
Gloria Khan	Paula Arnol (appointed October 2006)
Phillip Matsumoto	

Key Management Personnel

Key management personnel comprise directors and other key persons having authority and responsibility for planning, directing and controlling the activities of the organization.

	2007	2006
Note	\$	\$

Key Management Personnel Compensation Summary

Short Term Employee Benefits	345,015	350,512
Long Term Employee Benefits	12,613	23,330
	357,628	363,842

NOTE 11: 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 12: SEGMENT REPORTING

The Company operates in the Community Services Segment.

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

	2007	2006
Note	\$	\$

NOTE 13: 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	469	294
Cash at bank	308,456	230,449
Corporate credit cards	22,282	-
At call deposits with financial institutions	39,013	39,012
	370,220	269,755

(b) Reconciliation of cash flow from operations with profit from ordinary activities after income tax

Loss from ordinary activities after income tax	(124)	(16,346)
Non-cash flows in profit from ordinary activities		
Amortisation	-	-
Depreciation	29,875	19,040
Net (gain) / loss on disposal of property, plant and equipment	2,781	18,217
Changes in assets and liabilities		
(Increase)/decrease in receivables	(34,650)	119,195
(Increase)/decrease in other assets	(11,915)	13,311
Increase/(decrease) in grants received in advance	42,062	(51,692)
Increase/(decrease) in payables	67,458	(133,450)
Increase/(decrease) in provisions	31,887	(11,913)
Cash flows from operations	127,374	(43,638)

NACCHO FINANCIAL STATEMENTS

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

NOTE 14: FINANCIAL INSTRUMENTS

Exposures to interest rate risk on financial assets and liabilities

2007	Fixed Interest Maturing					Floating Interest	Total
	Non Interest Bearing	1 Year or Less	1 to 2 Years	2 to 5 years	More than 5 years		
	\$	\$	\$	\$	\$	\$	\$

(i) Financial Assets

Cash and Cash Equivalents	22,751	39,013	—	—	—	308,456	370,220
Trade and Other Receivables	62,675	—	—	—	—	—	62,675
Total Financial Assets	85,426	39,013	—	—	—	308,456	432,895

Range of Effective Interest Rates

— 6.25% — — — 5.5%

(ii) Financial Liabilities

Trade and Other Payables	161,844	—	—	—	—	—	161,844
Other Liabilities	101,924	—	—	—	—	—	101,924
Total Financial Liabilities	263,768	—	—	—	—	—	263,768

Range of Effective Interest Rates

— — — — — —

2006	Fixed Interest Maturing					Floating Interest	Total
	Non Interest Bearing	1 Year or Less	1 to 2 Years	2 to 5 years	More than 5 years		
	\$	\$	\$	\$	\$	\$	\$

(i) Financial Assets	28,319	39,012	—	—	—	230,449	297,780
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Range of Effective Interest Rates

— 4.75% — — — 4.25%

(ii) Financial Liabilities	154,248	—	—	—	—	—	154,248
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Range of Effective Interest Rates

— — — — — —

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

Credit Risk Exposure

The maximum credit risk exposure of financial assets is represented by the carrying amounts of assets recognised in the statement of financial position net of any provisions for losses.

There are no significant concentrations of credit risk with any single counterparty or group of counterparties.

NOTE 16: COMPANY DETAILS

The registered office of the company is:

National Aboriginal Community Controlled Health Organisation
Level 1, 15 Torrens Street
BRADDON ACT 2612

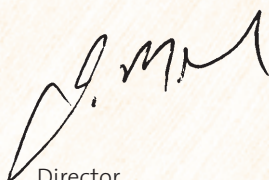
National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

Directors' Declaration

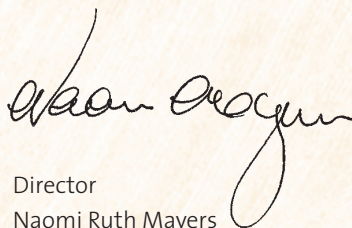
The directors of the company declare that:

1. The financial statements and notes, as set out on pages 5 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 2007 and of the performance for the financial year ended on that date of the company.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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



Director
Justin Mohamed



Director
Naomi Ruth Mayers

Dated: 26 September 2007

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

Independent Audit Report to the Members of National Aboriginal Community Controlled Health Organisation

Scope

The financial report and directors' responsibility

The financial report comprises the statement of financial position, statement of financial performance, statement of cash flows, accompanying notes to the financial statements and the directors' declaration for National Aboriginal Community Health Organisation, for the year ended 30 June 2007.

The directors of the company are responsible for the preparation and true and fair presentation of the financial report, in accordance with the Company's Constitution. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit approach

We conducted an independent audit in order to express an opinion to the members of the company. Our audit was conducted in accordance with Australian Auditing Standards, in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the Company's Constitution, including compliance with Accounting Standards in Australia, and other mandatory financial reporting requirements in Australia, a view which is consistent with our understanding of the company's financial position, and of their performance as represented by the results of its operations and cash flows.

We formed our audit opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the directors.

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

Independence

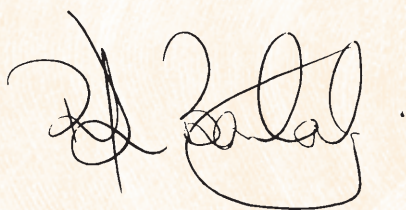
In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements and the *Corporations Act 2001*.

Audit Opinion

In our opinion, the financial report of National Aboriginal Community 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 2007 and of their performance for the year ended on that date; and
 - (ii) complying with Accounting Standards in Australia and the Corporations Regulations 2001; and
- (b) other mandatory financial reporting requirements in Australia.

PKF Di Bartolo Diamond and Mihailaros



Ross Di Bartolo
Partner

Dated: 12 October 2006


Canberra
GPO Box 588
CANBERRA ACT 2601

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

Disclaimer to the Members of National Aboriginal Community Controlled Health Organisation

The additional financial data presented on page 20 is in accordance with the books and records of the company which have been subjected to the auditing procedures applied in our statutory audit of the company for the financial year ended 30 June 2007. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than National Aboriginal Community Health Organisation) in respect of such data, including any errors of omissions therein however caused.

PKF Di Bartolo Diamond and Mihailaros
GPO Box 588
CANBERRA ACT 2601

A handwritten signature in black ink, appearing to read 'Ross Di Bartolo', with a stylized flourish at the end.

Ross Di Bartolo
Partner
Canberra

Dated: 12 October 2007

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

Detailed Profit and Loss

For the year ended 30 June 2007

	Note	2007 \$	2006 \$
INCOME			
Interest		14,244	15,506
Subsidies and grants		2,613,105	2,329,158
Other income		30,127	18,787
TOTAL INCOME		2,657,476	2,363,451
LESS EXPENSES			
Audit and bookkeeping fees		12,930	12,361
Advertising and Marketing		29,208	865
Bank charges		2,994	1,771
Cleaning		2,661	2,614
Computer expenses		19,192	24,051
Consultancy fees		247,495	50,621
Consumables		13,286	20,044
Depreciation		29,875	19,040
Electricity		5,929	4,559
Employees' amenities		2,215	3,866
Fines and penalties		-	420
Insurance		6,511	6,745
Interest paid		1,758	6,261
Leasing charges		-	3,709
Legal costs		2,953	1,201
Loss on disposal of non current assets		2,781	18,217
Meeting Costs		194,764	306,080
Motor vehicle expenses		8,701	15,357
Operating expenses		680	10,796
Postage		10,166	4,381
Printing and stationery		33,363	17,271

NACCHO FINANCIAL STATEMENTS

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

	Note	2007 \$	2006 \$
Recruitment costs		2,747	1,380
Relocation costs (new office)		-	47,796
Rent		119,773	77,607
Repairs and maintenance		3,374	4,338
Salaries and on costs		1,313,863	1,260,309
Security costs		637	2,205
Storage fees		10,869	7,145
Subscriptions		3,464	3,459
Superannuation		66,123	67,714
Telephone		50,202	39,257
Training and professional development		1,902	2,891
Travelling expenses		457,184	335,466
TOTAL EXPENSES		2,657,600	2,379,797
OPERATING SURPLUS/(LOSS)		(124)	(16,346)

Contacts/Organisational Details

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

NACCHO

Level 1
15 Torrens St
Braddon ACT 2612
Australia

P: 61 2 6248 0644
F: 61 2 6248 0744

E: dea@naccho.org.au
www.naccho.org.au

NACCHO State/Territory Affiliates

NACCHO AH&MRC

PO Box 1565
Strawberry Hills NSW 2012

P: 61 2 9212 4777
F: 61 2 9212 7211

NACCHO AHCSA

PO Box 787
Kent Town SA 5067

P: 61 8 8132 6700
F: 61 8 8132 6799

NACCHO AMSANT

PO Box 1624
Darwin NT 0801

P: 61 8 8944 6666
F: 61 8 8981 4825

NACCHO QAIHC

PO Box 8200
Woolloongabba QLD 4102

P: 61 7 3255 3604
F: 61 7 3255 3603

NACCHO TAC

PO Box 569F
Hobart TAS 7001

P: 61 3 6234 0700
F: 61 3 6231 1348

NACCHO VACCHO

PO Box 1328
Collingwood VIC 3066

P: 61 3 9419 3350
F: 61 3 9417 3871

NACCHO AHCWA

PO Box 8493
Stirling Street
Perth WA 6000

P: 61 8 9227 1631
F: 61 8 9228 1099

NACCHO ACT

Winnunga Nimmityjahs
Aboriginal Health Service
63 Boolimba Crescent
Narabundah ACT 2604

P: 61 2 6284 6222
F: 61 2 6284 6200

Abbreviations and Acronyms

ABS	Australian Bureau of Statistics
AC	Aboriginal Corporation or Congress
ACCHRTOs	Aboriginal Community Controlled Health Registered Training Organisations
ACCHSs	Aboriginal Community Controlled Health Services
ACRRM	Australian College of Rural and Remote Medicine
ADNs	Aboriginal Disability Networks
AF	Asthma Foundation
AGM	Annual General Meeting
AHAC	Aboriginal Health Advisory Committee
AHCSA	Aboriginal Health Council of South Australia
AHCWA	Aboriginal Health Council of Western Australia
AHMRC	Aboriginal Health and Medical Research Council of NSW
AHMAC	Australian Health Ministers Advisory Council
AHS	Aboriginal Health Service
AHW	Aboriginal Health Worker
AHWOC	Australian Health Workforce Officials Committee
AIHW	Australian Institute of Health and Welfare
AIDA	Australian Indigenous Doctors Association
AIDS	Acquired Immune Deficiency Syndrome
AMA	Australian Medical Association
AMSS	Aboriginal Medical Services
AMSANT	Aboriginal Medical Services Alliance Northern Territory
ANCD	Australian National Council on Drugs
APHC	Aboriginal Primary Health Care
APY	Anangu Pitjantjatjarra Yunkatjatjarra
ASOS	Asthma Spacers Ordering Scheme
ATSIC	Aboriginal and Torres Strait Islander Commission
ATSIHWWG	Aboriginal and Torres Strait Islander Health Workforce Working Group
ATSIHRTON	Aboriginal and Torres Strait Islander Health Registered Training Organisation Network
ATQF	Australian Training Quality Framework

APPENDIX 2— ABBREVIATIONS AND ACRONYMS

BBV	Blood borne virus
BIG	Business Improvement Group
CCAHP	Collaborative Centre for Aboriginal Health Promotions
CCHS	Community Controlled Health Services
CEO	Chief Executive Officer
COAG	Council of Australian Governments
CRIAH	Coalition for Research to Improve Aboriginal Health
CS&HISC	Community Services and Health Industry Skills Council
CSTDA	Commonwealth, State and Territory Disability Funding Agreement
DOHA	Department of Health and Ageing
EPC	Enhanced Primary Care
FACSA	Department of Family and Community Services and Indigenous Affairs
FTE	Full Time Equivalent
GMBH	Good Medicines, Better Health Project
GP	General Practitioner
HA	Hepatitis Australia
H&DAC	Health and Dental Aboriginal Corporation
HB	Health Board
HC	Health Council
HIV	Human Immunodeficiency Virus
HPF	Health Performance Framework
HREOC	Human Rights and Equal Opportunity Commission
HFL	Healthy for Life
HS	Health Service
HSTAC	Human Services Training Advisory Council
HWPC	Health Workforce Principle Committee
ICESCR	International Covenant on Economic, Social and Cultural Rights
ISC	Industry Skills Council
IASHC	Indigenous Australian Sexual Health Committee
INIHKN	International Network of Indigenous Health Knowledge Network
MA	Medicare Australia
M&DHAC	Medical and Dental Health Aboriginal Corporation
MBS	Medical Benefits Scheme

APPENDIX 2— ABBREVIATIONS AND ACRONYMS

MOU	Memorandum of Understanding
NACCHO	National Aboriginal Community Controlled Health Organisation
NAGATSIHID	National Advisory Group for Aboriginal and Torres Strait Islander Health, Information and Data
NAHS	National Aboriginal Health Strategy 1989
NAIHO	National Aboriginal and Islander Health Organisation
NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
NATSIWWG	National Aboriginal and Torres Strait Islander Workforce Working Group
NCIRS	National Centre for Immunisation Research and Surveillance
NIDAC	National Indigenous Drug and Alcohol Committee
NIDN	National Indigenous Disability Network
NPS	National Prescribing Service
NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health
OATSIH	Office of Aboriginal and Torres Strait Islander Health
OIPC	Office of Indigenous Policy Coordination
PBAC	Pharmaceutical Benefits Advisory Committee
PBS	Pharmaceutical Benefits Scheme
PGA	Pharmacy Guild of Australia
PHCAP	Primary Health Care Access Program
PIRS	Patient Information Recall System
QAIHC	Queensland Aboriginal and Islander Health Council
QUM	Quality Use of Medicine
QUMAX	Quality Use of Medicines Maximised for Aboriginal peoples and Torres Strait Islanders
RACGP	Royal Australian College of General Practitioners
RACP	Royal Australian College of Physicians
RTO	Registered Training Organisation
SAMSIS	Secure Aboriginal Medical Services Information Systems
SAR	Service Activity Reporting
SCARF	Support, Collection, Analysis and Reporting Function of the Healthy for Life Program

APPENDIX 2— ABBREVIATIONS AND ACRONYMS

SDRF	Service Development Reporting Framework
SFA	Single Funding Agreement
SEWB	Social and Emotional Well Being
STI	Sexually Transmitted Infection
TAC	Tasmanian Aboriginal Centre
UN	United Nations
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
WACRRM	Western Australian Centre for Remote and Rural Medicine
WELL	Workplace English Language and Literacy
WIPO	Workforce Information Policy Officer
WSF	Aboriginal and Torres Strait Islander Health Workforce Strategic Framework