

National Aboriginal Community Controlled Health Organisation



NACCHO ANNUAL REPORT 2008–09

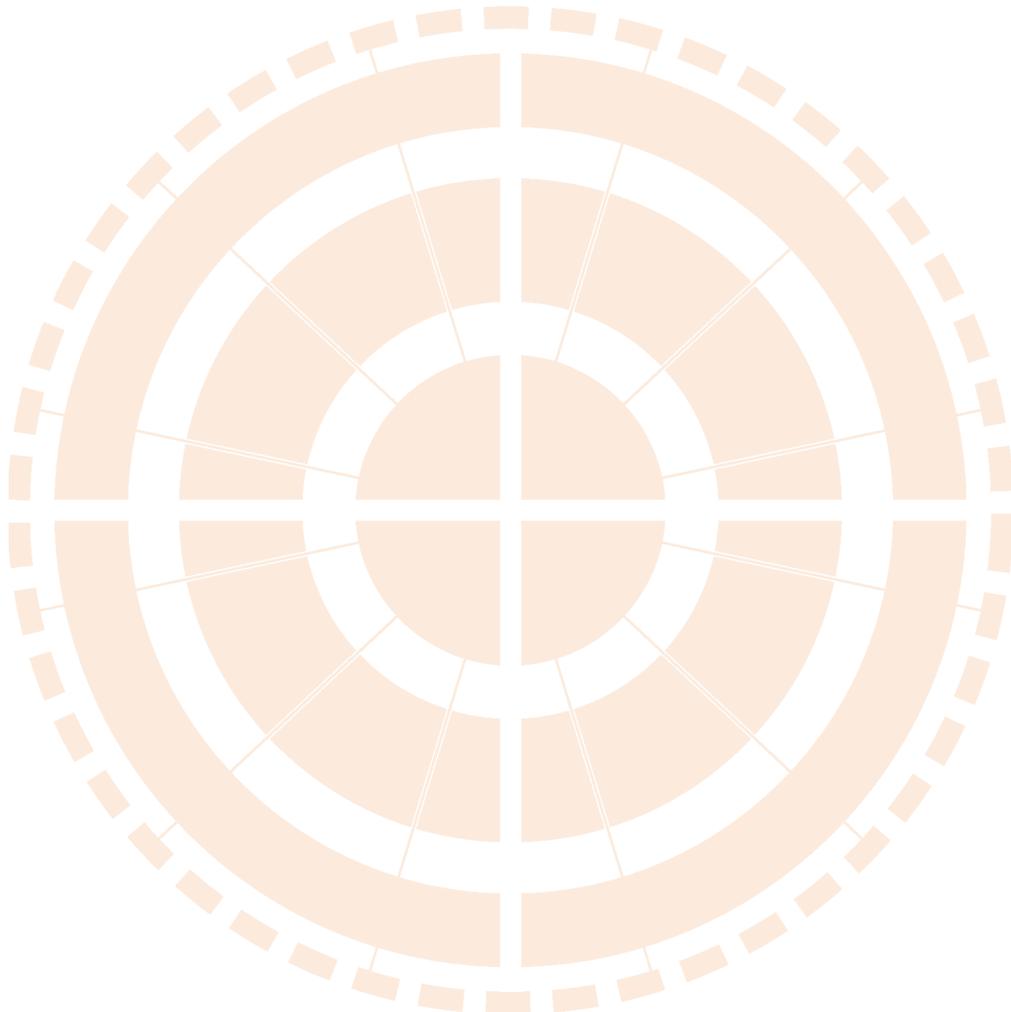


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NACCHO is the national peak body representing Aboriginal Community Controlled Health Services. It is a public company limited by guarantee, not having a share capital, and was incorporated under the Commonwealth Corporations Law provisions by the Australian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

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# CONTENTS

|   |     |
|---|-----|
| <b>ABOUT NACCHO</b> .....   | 1   |
| <b>REPORTS</b> .....  | 3   |
| Chairperson's Report .....  | 3   |
| The NACCHO Board .....  | 6   |
| Sector Chart .....  | 13  |
| Chief Executive Officer's Report .....  | 14  |
| <b>REPORTING ON STRATEGIC PRIORITIES:</b>   |     |
| <b>PROVIDE LEADERSHIP AND DIRECTION IN POLICY DEVELOPMENT</b> .....   | 16  |
| <b>BUILD AND ENHANCE ACCHSS CAPACITY TO PROVIDE MORE<br/>    EFFECTIVE/EFFICIENT PRIMARY HEALTH CARE SERVICES</b> ..... | 31  |
| <b>A MORE EFFICIENT AND EFFECTIVE SECRETARIAT TO ACHIEVE OUR VISION,<br/>    AIMS AND OBJECTIVES</b> .....              | 49  |
| <b>NACCHO 2008 ANNUAL GENERAL MEETING</b> .....   | 52  |
| <b>STATE AND TERRITORY AFFILIATE REPORTS</b> .....  | 54  |
| <b>NACCHO FINANCIAL STATEMENTS</b> .....  | 69  |
| Directors' Report .....   | 70  |
| Auditor's Independence Declaration .....  | 74  |
| Financial Report  |     |
| Income Statement .....  | 75  |
| Balance Sheet .....   | 76  |
| Statement of Changes in Equity .....  | 77  |
| Statement of Cash Flows .....   | 78  |
| Notes to the Financial Statements .....   | 79  |
| Directors' Declaration .....  | 93  |
| Independent Audit Report .....  | 94  |
| Additional Information .....  | 98  |
| <b>APPENDIX 1 — CONTACTS/ORGANISATION DETAILS</b> .....   | 100 |
| <b>APPENDIX 2 — ABBREVIATIONS AND ACRONYMS</b> .....  | 101 |



## ABOUT NACCHO

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

NACCHO is the national peak body representing over 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.



*Map of Australia showing the geographical location of over 140 ACCHSs as members of NACCHO, July 2008.*

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.'*

(National Aboriginal Health Strategy, 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 focused on:**

- Promoting, developing and expanding the provision of health and well being services through local ACCHSs
- Liaison with organisations and Governments within both the Aboriginal and non-Aboriginal community on health and wellbeing policy and planning issues
- Representation and advocacy relating to health service delivery, health information, research, public health, health financing, health programs, etc
- 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



NACCHO has worked hard during the 2008/09 financial year to ensure our sector's vision of Aboriginal peoples determining the holistic care of our community so we reach our full potential is shared by government and the Australian community.

The year began with optimism following the Federal Government's signing, the previous March, of the Close the Gap Statement of Intent and what we understood to be its commitment to the principles of community control in the Aboriginal health sector.

There was also frustration that the May 2008 federal budget had failed to address our immediate shortfalls in Aboriginal health or boost the pace of investment needed to start bringing about health equality.

In July the Aboriginal Male Health Summit near Alice Springs showed Aboriginal men want to be part of the solution and not just seen as the problem in communities. The "Inteyerrkwe Statement" from the summit and later endorsed at the NACCHO AGM acknowledged and apologised for the suffering some Aboriginal men have caused in their communities.

The NT Intervention Review Board report in October highlighted similar criticism from our sector that, 'The Intervention diminished its own effectiveness through its failure to engage constructively with the Aboriginal people it was intended to help'.

The report showed the intervention's basic flaw was the lack of Aboriginal community involvement in setting priorities.

At least in health policy in the NT the Federal government seems to have learnt from its early mistake and is now working in a partnership with the Aboriginal Medical Services Alliance Northern Territory (AMSANT). It is a model that could form a basis of our relationship at the national level.

The late November announcement by the Council of Australian Governments (COAG) of an additional \$806 million from the Federal Government for Aboriginal and Torres Strait islander health over four years and \$772 million from the states was initially welcomed by NACCHO as a major funding boost that we looked forward to seeing deployed in our primary health care services on the frontline of closing the gap.

At first we were disappointed that NACCHO was not consulted on this major initiative, then, as detail eventually emerged of the package we were shocked to find that a substantial part of the funding is due to go to provide resources to mainstream GP services and includes incentives for them to recruit and manage Aboriginal patients at the expense of providing resources to our sector.

A major focus of the second half of the financial year has been lobbying government to remedy this.

We have put this forcefully to the Prime Minister Kevin Rudd and Health Minister Nicola Roxon.

We wrote to the Prime Minister and went to the media refuting his justification in his Close the Gap report card in February for delivering the COAG funding “largely through the mainstream health system, because that is where 70 per cent of Indigenous people are treated”.

We showed the basis of this inflated claim is flawed statistical research. We also showed that the most effective way to improve our people’s health outcomes is to invest in our sector in line with the Statement of Intent the Prime Minister signed.

We also put this view to Health Minister Nicola Roxon at the NACCHO Advocacy Day in March and renewed our call for a genuine partnership agreement with NACCHO that would address these problems.

The Advocacy Day was again a powerful demonstration of the strength and vitality of our sector with over 70 delegates from across Australia meeting with parliamentarians through out the day to argue our sector’s case.

We also put our case in major submissions to government inquiries. One was a submission in February for the development of Australia’s first National Primary Health Care Strategy and we also responded to the interim report of the National Health and Hospitals Reform Commission which was yet to deliver its final report and the end of the financial year.

One of the central ideas floated by the National Health and Hospitals Reform Commission, a Health Authority to aggregate Aboriginal health funding and purchase services, was widely discussed as one option in a series of workshops during the year run by our sector looking at future structures.

The Commission strongly supported strengthening the role of our sector and we are working with Government to ensure this happens.

We maintained our criticism of the mainstreaming of Aboriginal health funding in our reply to the Federal Budget in May 2009 which primarily introduced the COAG initiatives. For the first time our board held post budget briefings in Parliament House to put our case directly to parliamentarians.

In June, in response to this constant pressure on the government, the Prime Minister appointed the first ever Indigenous Health Minister reporting to the Health Minister. The Minister Warren Snowdon has worked closely with Aboriginal communities and our sector in the Northern Territory for many years.

In our meetings since his appointment Minister Snowdon has shown an understanding of our issues and a willingness to advocate on our behalf to achieve a genuine partnership with government.

We hope this is a positive sign at the end of the financial year that our concerns will be properly addressed by government.

I'd like to also congratulate all the hard work and achievements of all members of our sector, the frontline services, our affiliates and our board members throughout the year.

The Tharawal Aboriginal Corporation, the Aboriginal Community Controlled Health Service in Airds, near Campbelltown NSW also deserves a special mention for winning the 2008 Royal Australian College of General Practitioners' National General Practice of the Year Award in October.

**Dr Mick Adams**

*Chairperson*

## THE NACCHO Board

The over 145 member ACCHSs (endorsed by our Affiliates) directly elect the 16-person NACCHO Board. It is made up of one delegate each from the ACT and Tasmania; two delegates each from the remaining six jurisdictions, and a Chairperson and Deputy Chairperson.

Elections for the delegates to the NACCHO Board are held annually to coincide with each Affiliate's Annual General Meetings. However the full membership (at biennial Annual General Meetings of NACCHO Members) elects NACCHO's Chairperson and Deputy Chairperson for two year terms.

The NACCHO Board's role is to meet four times each year to:

- Make decisions regarding the strategic policy directions of the organisation;
- Develop, monitor, review and make continual improvements to NACCHO's Action Plans; and
- Maintain and strengthen the connections between the Membership and the NACCHO Board.

### NACCHO Board Members at 30 June 2009 were:

#### *Dr Mick Adams – Chairperson*



Dr Mick Adams is a descendent of the Yadhigana people of Cape York Peninsula in Queensland and has traditional family ties with the Grindji/Wardaman people of central western Northern Territory and an extended family relationship with the people of the Torres Straits, Warlpiri (Yuendumu) and East Arnhem Land (Gurrumaru) communities. He spent his childhood growing up in Darwin's Parap Camp community.

Dr Adams has been working in the health industry for over 30 years. He has worked in both state and the community-controlled health service sector, has been a representative on local, state and national boards, and has been nominated as a representative to advocate for Aboriginal and Torres Strait Islander health issues on national boards and national and international conferences.

During the past 13 years Mick has been actively involved in addressing issues associated with the health and well-being of Aboriginal and Torres Strait Islander men. He has strived to ensure that men's health issues are promoted and placed on the national and international agenda through advocacy, research, publication and health management.

Dr Adams has completed a PhD in Public Health looking at the prevalence and impact of male sexual and reproductive health disorders on Aboriginal and Torres Strait communities. It's the first time such a study has been undertaken by an Aboriginal man with Aboriginal and Torres Strait Islander male populations.

He along with other Aboriginal male leaders has been highlighting his disappointment and speaking out against family violence and child abuse.

Dr Adams was awarded the 2006 Deadly Award for Outstanding Achievement in Aboriginal and Torres Strait Islander Health.

*Justin Mohamed – Deputy Chairperson*



Justin is a Goreng Goreng man who was born and raised in Bundaberg, QLD, and moved to Shepparton Victoria in 1988. He has been activity 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.

**Western Australia**

*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.

*Lorraine Whitby*



Lorraine Whitby is a Yamatji woman from the Gascoyne region of West Australia. She has been the Chairperson of Carnarvon Medical Service Aboriginal Corporation (CMSAC) since 2002.

Lorraine was elected for four terms to ATSIC, three terms in Perth, the fourth in the Midwest on the Yamatji Regional Council. She served as Acting Chairperson, Deputy Chairperson and Regional Councillor.

She has served on the Karlkarniny Regional Council, Perth Nyoongar Regional Council, the Police Minister’s Council on Aboriginal Community Relations, Yamatji Regional Council, the Aboriginal Legal Service of WA, the National Aboriginal and Islander Legal Service, the Secretariat of National Aboriginal Islander Childcare, the Perth Employment Enterprise Development Aboriginal Corporation, the Gurlongga Njininj Childcare Centre and Carnarvon Medical Service Aboriginal Corporation.

Lorraine is currently an Executive Committee Member of Aboriginal Legal Service of WA for Murchison and Gascoyne Region.

## New South Wales

### *Christine Corby*



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.

### *Val Keed*



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

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.

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

## 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

### *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.

### *Wayne Oldfield*



Wayne Oldfield is Chairperson of the Wakefield Aboriginal Health Advisory Committee has been involved in Aboriginal Health Advocacy on Yorke Peninsula for the past decade.

He has assisted with the Aboriginal Primary Health Care Access Programs and is currently involved with the Healthy for Life project.

Wayne is a member of Country Health South Australia's Aboriginal Health Forum and sits on the CHSA Board Health Advisory Council.

He is on the Board of The Aboriginal Health Council of South Australia Inc and has a Diploma in Community Services Mental Health Work-Non Clinical.

Wayne's country is the North West coast of Tasmania but he has lived in South Australia for the past 35 years and lived in rural South Australia since 1991.

### 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*



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 ATSI'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*



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

#### *Alan Brown*



Alan is a Gunditjmara man. He is the national manager of the Aboriginal Health Unit for the Royal Australian College of General Practitioners. He also works part time for the Victorian Aboriginal Youth Sport and Recreation Co-op.

He has 28 years as a board member of the Victorian Aboriginal Health Service and is the current Chairperson of that organisation. He is also deputy chair of the Victorian Aboriginal Community Controlled Health Organisation and a new board member of the National Aboriginal Community Controlled Health Organisation. He sits on the (city of) Darebin Aboriginal & Torres Strait Islander Community Council and is a committee member of the Museum Victoria Aboriginal Advisory Committee. Alan has a long history in Aboriginal health including ten years as a board member of NAIHO. He has represented us on a national level at various committees and forums. Alan advocates strongly for local community control of all local business, and believes that good health cannot be separated from sovereignty and all the cultural constructs that make us who we are.

### *Lyn McIness*



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

Lyn holds a Bachelor Degree in Applied Sciences majoring in Health Promotion. She has worked in the field of Aboriginal Health for 28 years and has been involved in Aboriginal Affairs since the late seventies.

Lyn is the Aboriginal Hospital Liaison Officer in the Department of Aboriginal Health, Geelong Hospital, Barwon Health, with 27 years service in the program which is community driven in a mainstream, best practice setting.

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

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

Lyn is a current executive member and past Chairperson and Vice Chairperson of VACCHO

She is Chief Investigator in the Talking about Aboriginal pregnancy and post natal care project funded by NHMRC and is on the committee of the Deakin University Medical School Indigenous project.

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

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

NACCHO CANBERRA SECRETARIAT

Chief Executive Officer – Dea Delaney Thiele, Senior Policy Officer – Janine Engelhardt, Policy Officer Public Health – Dr Sophie Couzos, Operations Manager – Elaine Lomas, Finance Officer – Andrew Engelhardt, Receptionist – Dewi Leach, Policy Officer (Workforce) Di Reid, Policy Officer (Sexual Health) – Mark Saunders, Policy Officer (GP) – Linda Banach, Policy Officer (QUIMAX) – Vicky Sheedy, Communications Officer – Chris Hallatt, Executive Assistant – Denise Burdett (until May 09), IT Officer – Ian Jones, IT Trainee – Mitch Daley, Casual Administration – Sophie Erzay.

SECTOR CHART

CHAIRPERSON – DR MICK ADAMS  
DEPUTY CHAIRPERSON – JUSTIN MOHAMED

|   |   |  |   |  |   |  |
|---|---|--|---|--|---|--|
| <p><b>NACCHO QLD BOARD REPS</b><br/>Elizabeth Adams, Sheryl Lawson</p> <p><b>QLD MEMBERS</b><br/>(AS ADVISED BY QAIHC)<br/>Aboriginal and Islander Community Health Service Brisbane, Aboriginal and Torres Strait Islander Community Health Service Mackay, Aboriginal Regional Health Service, Barambah Regional Medical Service, Blighfold Community Health, Bundaberg Indigenous Wellbeing Centre, Carbal Medical Centre, Charleville and Western Areas Aboriginal and Torres Strait Islander Corporation for Health, Cumamulla Aboriginal Corporation for Health, Galangoor Duvalami Primary Health Care Service, Girudala Community Co-operative, Goolburri Health Advancement Aboriginal Corporation, Goondir Health Service, Gurriny Yealamucka Health Service, Injilini Youth Health Service, Kalwun Health Service, Kambu Medical Centre, Marmu Health Service, Mount Isa Aboriginal Community Controlled Health Organisation, Mudth Nyileta Aboriginal and Torres Strait Islander Corporation, Mulungu Aboriginal Corporation Medical Centre, Nhulunyu Wooribah Indigenous Health Organisation, North Coast Aboriginal Corporation for Aboriginal Health, Townsville Aboriginal and Islanders Health Services, Wiccropperan Health Service, Yulu Burri-Ba Aboriginal Corporation for Community Health.</p> | <p><b>NACCHO WA BOARD REPS</b><br/>Phillip Matsumoto, Lorraine Whitby</p> <p><b>WA MEMBERS</b><br/>(AS ADVISED BY ACHWA)<br/>Beagle Bay Community Health Service, Bega Garbarringu HS, Bidjandanga ACHS, Broome Regional AMS, Carnarvon AMS, Derby Health Service, Geraldton Regional AMS, Jurrug Health Service, Kimberley AMS, Mawarrakarra HS, Neasajarra HS, Nindilingari Cultural HS, Old Valley HS, Puntukurru AMS, South West AMS, Wiluna AMS, Wirraka Maya AMS, Yura Yungi AHS.</p> | <p><b>NACCHO VIC BOARD REPS</b><br/>Alan Brown, Lynn McCuinness</p> <p><b>VIC MEMBERS</b><br/>(AS ADVISED BY VACCHO)<br/>Central Gippsland AHC, Moogil AC, Lake Yers H&amp;CS, Gippsland and East Gippsland AC, Gundijmara AC, Ramahyuck District AC, Wathaurong AC, Burrough HS, Victorian AHS, Rumbalara AC, Mungabareena AC, Murray Valley AC, Mildura AC, Kiraie CHS, Ballarat and District AC, Goolom Goolom Co-op, Dja Dja Wrung AC, Ngwala Wilumbong, Njemda AC, Winda Mara AC, Dhau Wurd-Wurrung Elderley CA, Budja Budja AC, Bendigo District A.C, Aboriginal Community Elders Service, Western Suburbs Indigenous Gathering Place Assoc.</p> | <p><b>NACCHO SA BOARD REPS</b><br/>Yvonne Buza, Wayne Oldfield</p> <p><b>SA MEMBERS</b><br/>(AS ADVISED BY AHCSA)<br/>Nunkuwarrin Yunt of SA Inc, Tullawoon HS, Aboriginal Sobriety Group, Oak Valley HS, Port Lincoln AHS, Nganampa Health Council, Umooona Tjitaaku HS, Kalbarrin Community, Cedung Yuntuwarrin AHS, Kanggi Kooibba AHS, Pika Wiya AHS, Pringula Manamarru, Wakelield AHC, Hills Mallee southern AHC, Mid North AHAC, Riverland AHAC, South East AHAC, Eye AHAC, Northern AHAC.</p> | <p><b>NACCHO NT BOARD REPS</b><br/>Stephanie Bell, Paula Arnot</p> <p><b>NT MEMBERS</b><br/>(AS ADVISED BY AMSANT)<br/>Ampliatwatja HC, Anyinginy Health AC, Central Australian Aboriginal Congress, Mutitjulu HS, Dapila Dilba AHS, Sunrize AHS, Urapuntja HS, Wurlu Wurlinjang AHS, Pintubi Homelands AHS, Milwaji AHC, Katherine West HB, Imanjira HS, Congress Aukura.</p> | <p><b>NACCHO TAS BOARD REP</b><br/>June Sculthorpe</p> <p><b>TAS MEMBER</b><br/>Tasmania Aboriginal Corporation</p> <p><b>NACCHO ACT BOARD REP</b><br/>Julie Tonge</p> <p><b>ACT MEMBER</b><br/>Wirmunga Nimmityjah AHS</p> | <p><b>NACCHO NSW BOARD REPS</b><br/>Christine Corby, Val Keed</p> <p><b>NSW MEMBER</b><br/>(AS ADVISED BY AHMRC)<br/>AMS Redfern, Pat Dixon Medical Centre, Bripi AMS, Brungle AHS, Albury/Wodonga AHS, Awabakal AMS, Balranald AHS, Bourke AMS, Amarjun AHS, Brewarrina AMS, Bulgarr, Ngaru AC, Cobarr AHS, Condamine AHS, Coonella AHC, Cononable AHS, Cumbo-Gunerah AHS, Cummeragjunga H&amp;D, Daruk AMS, Dharrah Gibini AMS, Dhoongang AHS, Durri AMS, Euraba/Mungindi AHS, Galambila AHS, Griffith AMS, Illawarra AMS, Katunga AMS, Menindee AHS, Murrin Bridge AHS, Nambucca Valley AHS, Ngamba AHS, Orange AHS, Parkes AHS, Peak Hill AMS, Plus X AC, Riverina M&amp;DHAC, South Coast AMS, Tamworth AHS, Tharawal AC, Thubbo AMS, Tobwabba AMS, Toomeelah AHS, Wallhalow AC, Walgett AMS, Warrarah AHS, Weimija AC, Wellington ACHS, Yoorana-Gunjia Family Violence Healing Centre, Yerrin AHS.</p> |
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## Chief Executive Officer's Report



This past year has been busy and challenging. It began with the opportunity for real engagement with many calls upon the Secretariat for involvement in a range of initiatives.

Aside from our core work and operations NACCHO was increasingly called upon to provide input into government established processes ranging from developing COAG measures, to representation on various government and other key-stakeholder bodies providing policy on issues including workforce, primary and public health, and an increased focus on sexual health.

The activities of the Secretariat are detailed in the Annual Report but I'd like to highlight some specific areas. The Council of Australian Governments (COAG) this year announced the largest single financial commitment to Aboriginal health of \$1.6 billion. This brought new challenges to ensure this investment is placed appropriately to ensure the best return for Aboriginal health improvement.

A significant challenge has been advocating for its implementation within the Aboriginal community controlled sector as opposed to the mainstream services. We have campaigned for this through formal representations through to policy submissions such as the Primary Health submission which makes a strong case for the placement of funds primarily within our Sector.

Other highlights included our ongoing lobbying activities at Parliament House and entrenching our strong presence in the Australian political arena. The implementation of our communications strategy together with an active presence through our advocacy days have created ongoing pressure upon politicians to ensure that the issues pertinent to the Community Controlled Sector are constantly considered. It also has allowed for our Members to have an active role in representing their specific jurisdiction's issues directly to Parliamentarians and highlighted how to effectively use the political system to achieve outcomes.

Whilst maintaining a strong emphasis on domestic politics NACCHO has also had a significant focus upon the international arena and using the human rights framework for achieving specific goals. NACCHO again had a presence at the United Nations Eighth Permanent Session on Indigenous Affairs. Our increasing connections within both the United Nations and with Indigenous communities around the world has allowed NACCHO to effectively highlight issues pertinent to Australia whilst learning from and providing support to other international Indigenous communities. This year NACCHO hosted and presented to the United Nations Special Rapporteur on the situation of human rights and fundamental freedoms of Indigenous peoples.

The Secretariat has had to respond to essential issues as they emerge which has placed an additional strain upon resources. Therefore, I would like to take the opportunity to thank Affiliates, Board Members and staff who have stepped in to assist when the Secretariat has been stretched beyond capacity.

This year saw NACCHO initiate the first ICT/IM Network meeting which drew together representatives from most jurisdictions and established a strong and vibrant network. This has continued while NACCHO responded to the Commonwealth review into Rationalised Reporting. Data ownership, control and access remain an ongoing issue for NACCHO and one in which we will fight to maintain the right to our own information and who has access to it. The QUMAX model for communication has been highly successful and is being used as a basis for the broader NACCHO Communication Network.

Briefly, two other areas which I would like to mention are Workforce and Sexual Health. The Workforce Network has been instrumental in consultation and input into significant areas of work such as: Aboriginal Health Worker training, Aboriginal Health Worker Professional recognition and changes to industrial and professional legislation. Sexual Health has also been a highlight with a greater focus not only upon sexual health but in particular men's health. It is significant that the Commonwealth disbanded the Indigenous Sexual Health Committee which formed the basis of action and activities at a time when increased rates of STIs and Hepatitis C have been noted in many Aboriginal communities. Therefore, NACCHO initiated its own Sexual Health and Blood Bourne Viruses sub committee. This is the only remaining active Aboriginal sexual health committee in Australia

I would like to thank the NACCHO Board of Directors, the CEO Network and the Affiliates who have risen to the occasion and taken forward certain matters and programs and provided support and feed-back to the Secretariat.

I look forward to working collaboratively with you all again next year.

The current political environment can swiftly bring changes, both negative and positive and it is clear that we have many challenges ahead. It is only through the input of the whole of the Aboriginal Community Controlled Health Sector that these challenges can be met because any solutions devised to address health inequality must involve Aboriginal people in the decision making process and provide for control over the delivery of the health services in our communities.

**Dea Delaney Thiele**  
*Chief Executive Officer*

## REPORTING ON STRATEGIC PRIORITIES: PROVIDE LEADERSHIP AND DIRECTION IN POLICY DEVELOPMENT

### NACCHO's Parliamentary Advocacy

Advocacy Days are an important opportunity for our Board and members to lobby their parliamentarians about our sector's concerns and for both sides to gain a better understanding of each other.

Over 70 NACCHO members from around Australia lobbied their Federal parliamentarians in Canberra at the annual NACCHO Advocacy Day in March.

NACCHO Chair Dr Mick Adams Minister for Health and Ageing Nicola Roxon Shadow Health Minister, Peter Dutton and journalist Jeff McMullen as master of ceremonies for the day all spoke at the Advocacy Day health forum following a welcome to country by Elder Matilda House.

The Advocacy Day at Parliament House was on the eve of the first anniversary of the Prime Minister and the then Opposition Leader signing the Close the Gap Statement of Intent on 20 March 2008.

A year later the need for a framework agreement between NACCHO and the Federal Government and the Department of Health and Ageing was high on the agenda in meetings with politicians.

In speeches at the forum NACCHO Chair Dr Mick Adams and CEO Dea Thiele welcomed the size of the COAG Aboriginal health package but Minister Roxon was put on the spot about NACCHO's lack of involvement in setting its priorities and the diversion of funds for Aboriginal health to mainstream GP practices.

Shadow Health Minister Peter Dutton who had only held the portfolio for six months told the forum he still had a lot to learn about Aboriginal health. He welcomed the chance to meet NACCHO delegates and to visit as many services as possible

After the 2009 Federal Budget was delivered in May the NACCHO Board briefed MPs and Senators in Parliament House about the budget's implications for our sector and the need for a framework agreement giving NACCHO a genuine role in decisions and implementation of Aboriginal health initiatives.

The annual Advocacy Day and the Budget Briefing are in addition to regular opportunities for the NACCHO Chair Dr Adams and Board members to meet and exchange views with Ministers through the year.

### The Close the Gap Coalition

NACCHO continues as a member of the Close the Gap Coalition Steering Committee maintaining the profile of the campaign to achieve health equality.

The Steering Committee held regular meetings and briefings through the year and maintained a media presence.

The Steering Committee wrote to the Prime Minister and the Australian Bureau of Statistics to refute his use of data relating to his February “Closing the Gap” speech to parliament, which inferred that Aboriginal Community Controlled Health Services are not the main providers of primary health care to our people.

The Steering Committee also addressed issues around revised life expectancy figures issued by the Australian Bureau of Statistics and NACCHO consulted with Steering Committee members on the publication of a useful community guide to the campaign and its aims.

### National Primary Health Care Strategy

In February 2009, NACCHO provided a 63 page submission to the National Primary Health Care Taskforce.<sup>1</sup> This submission outlined that the success of a primary health care system should be judged by how effectively those who are most needy are able to access quality care. A strategy that supports health service provision to those who are already good users of the health system will not make gains in health outcomes for Aboriginal peoples. This is a fundamental principle for any effort aimed at closing the gap in Aboriginal disadvantage.

Access to primary health care is identified as a core obligation under the International Covenant for Economic Social and Cultural Rights (ICESCR). Within this core obligation is the understanding that Indigenous peoples have a right to design, deliver and control health services for them in order to achieve health gains. To this end, Australian governments and non-government institutions have supported Aboriginal primary health care through Aboriginal Community Controlled Health Services (ACCHSs).

NACCHO recommended that the Strategy affirm the critical role and impact that accessible and culturally appropriate primary health care can make to close the gap in Aboriginal health standards by 2018 (as per the Close the Gap Statement of Intent), and for the Strategy to support the required actions needed to realise that objective.

Principal of these recommendations were that ACCHSs are the preferred service model in the delivery of comprehensive primary health care to Aboriginal Peoples across Australia. Unless ACCHSs are supported as the key providers in a strategy to close the gap, through an appropriately resourced ‘Capacity Building Plan’, the disparities in Aboriginal people’s health status will not be alleviated. Progressing such a plan will require a formalised partnership between the Department of Health and Ageing and the NACCHO Aboriginal leadership, particularly in the form of a new National Framework Agreement, to mirror existing agreements at the State and Territory level.

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<sup>1</sup> This can be accessed at: <http://www.naccho.org.au/Files/Documents/PHC%20Strategy%20NACCHO%20submission%202009%20FINAL.pdf>

### National Health and Hospitals Reform Commission

In June 2008 and March 2009, NACCHO prepared submissions to the National Health and Hospitals Reform Commission,<sup>2</sup> which was to report on a long-term health reform plan to provide sustainable improvements in the performance of the health system addressing the need to

- improve Aboriginal Peoples' and Torres Strait Islanders' health outcomes.
- Improve frontline care to better promote healthy lifestyles and prevent and intervene early in chronic illness.

NACCHO also met with the Commissioners on 5 March 2009 to ensure they were briefed as to the NACCHO Primary Health Care submission.

The submissions related to key issues missing from the Commission's Interim Report (December 2008), in particular that the gap in Aboriginal health status cannot be closed unless access to primary health care was improved. Given that ACCHSs can more readily reach those who are under-served the expansion of ACCHSs is a priority in efforts to close the gap in life expectancy for Aboriginal peoples.

Modifications to the Commission's Interim Report recommendations regarding the proposed purchasing authority for Aboriginal health services were requested. It had become clear that the explanatory text did not provide sufficient information as to the Commissioners' intent. This led to concerns that the Commissioners' recommendations (as regards purchasing activity) could be interpreted in different ways which might undermine the optimal delivery of care.

Such concerns included:

- major problems with a fee-for service financing structure,
- the lack of 'service equivalence' between general practices and ACCHSs,
- concerns that proposed funding systems might distort service delivery,
- the limitations of 'outcome' measures,
- the need to enhance performance measures of Divisions and general practices delivering care to Aboriginal peoples,
- potential competition for funding between services,
- recognition of the ACCHSs preferred funding models, and
- The need to transition primary care delivery towards greater Aboriginal participation and to eventual community control (where the community aspires towards this).

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<sup>2</sup> <http://www.naccho.org.au/resources/documents.html>

### Council of Australian Governments (COAG)

NACCHO has worked extensively with the Department in the implementation of the COAG 29 November 2008 announcements to close the gap in life expectancy for Aboriginal peoples.

The approaches used include:

1. Advocating for a national Framework Agreement between NACCHO and the Australian Government (to mirror the State Partnership Forums between NACCHO Affiliates, state governments and the Australian Government);
2. Making sure the programs that result from the COAG commitments are in large part realised through the ACCHSs, as critical to closing the gap in Aboriginal disadvantage.

An article published in the Medical Journal of Australia (May 2009) outlined NACCHO's approach.<sup>3</sup>

NACCHO appraised the Department's draft 'Implementation Plan on closing the gap in Indigenous health outcomes' (April 2009), and actively participated within technical advisory groups for the new Indigenous Practice Incentive Payment (PIP) and Co-pay Relief program meant to increase Aboriginal peoples access to medicines

Given these initiatives were developed largely to encourage improved general practice responsiveness to Aboriginal peoples, NACCHO developed an Issues Paper, prior to the first meeting of these groups in May 2009, which outlined factors which would underpin outcomes from these initiatives.<sup>4</sup> The paper warned that significant levels of general practice rorting might occur unless the subsidy/incentives were structured appropriately. Incentives need to stimulate mainstream practice to change and make a difference; otherwise the measure would only serve to pay GPs more for the same levels of service. NACCHO argued that the under-served would continue to receive their care largely from ACCHSs. It was also concerning that up to 50% of ACCHS might not be eligible for the Practice Incentive Payment because they were not accredited to the Royal Australian College of General Practitioners (RACGP) standards.

NACCHO provided a submission to the Department on the draft 'MSOAP Multidisciplinary Team Policy Framework' in June 2009 via the Australian Medical Association Indigenous Health Taskforce. The Medical Specialist Outreach Assistance Program (MSOAP) is one program expanded in the COAG close the gap measure. NACCHO argued for integration to occur at the local primary health care level, for Affiliates to be central to the development and approval of plans at State/Territory level, and for support to be provided to NACCHO for national coordination of the measure involving ACCHSs. NACCHO also attended a meeting hosted by the Royal Australian College of Physicians on the MSOAP initiatives on 20 March 2009.

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<sup>3</sup> Adams M. *Close the Gap: Aboriginal Community Controlled Health Services*. MJA 2009; 190:10: 593.

<sup>4</sup> NACCHO. *INDIGENOUS HEALTH INCENTIVE PAYMENT: NACCHO ISSUES PAPER*. Practice Incentives Program Advisory Group, May 2009.

To address these issues NACCHO convened a GP Roundtable meeting on 24 April 2009. The aim of the meeting was to raise awareness about concerns NACCHO has in relation to “Close the Gap” funding for health. A discussion paper was prepared<sup>5</sup> and the meeting was attended by the RACGP, Australian College of Rural and Remote Medicine (ACRRM), Rural Doctors Association of Australia (RDAA), and the Rural Workforce Agency (RWA).

During this period NACCHO was invited to and attended the Workforce Expansion and Recruitment External Technical Advisory Group for the Commonwealth’s Indigenous Chronic Disease Package which includes initiatives of:

- 160 new Indigenous Outreach Worker positions (IOWs) (including on the job training and support) to help Aboriginal People access the health care services
- 75 additional health professionals and practice managers in ACCH services;
- 38 new GP registrar training places in ACCH services;
- 105 new Indigenous Healthy Lifestyle Worker positions (HLWs) (including accredited formal and on the job training and support) to reduce the risk of Aboriginal People developing a chronic disease;
- training for 400 existing health professionals to support improved chronic disease self management;
- expanded nurse scholarship and clinical placements; and
- Additional workforce elements across other measures of the package, including Tobacco Action Coordinators and workforce campaigns.

NACCHO has been working closely with the Workforce Issues Policy Officers regarding the ACCHS workforce needs in regards to these measures, in addition to consulting with the Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network regarding the capacity of the our RTOs to deliver the proposed training for the full raft of the COAG measures.

### National Indigenous Health Equality Council

Dr Mick Adams representing NACCHO was appointed Deputy Chairperson by the Federal Government of its advisory National Indigenous Health Equality Council (NIHEC).

NIHEC’s role is to advise government on a range of relevant issues such as health targets, the National Hospital and Health Reform Commission findings, the Primary Health Care Strategy work plan, the Preventive Health Taskforce, and other policy reforms. NIHEC is also an advisory mechanism for the implementation of COAG initiatives and the provision of care to Aboriginal Peoples and Torres Strait Islanders by all providers. NIHEC also has a role in the evaluation framework for the COAG package and as such has formed a small group to discuss these issues with the Office for Aboriginal and Torres Strait Islander Health.

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<sup>5</sup> NACCHO Discussion paper: Ensuring the Governments commitment to close the gap in Aboriginal disadvantage, April 2009.

### AMA Report Card & Taskforce

NACCHO continued to support the Australian Medical Association (AMA) in the development of its 'report cards' on the health of Aboriginal peoples through membership of the Indigenous Health Taskforce. NACCHO appraised the 2008 Report card on *'Ending the Cycle of Vulnerability: The Health of Indigenous Children'*.<sup>6</sup>

### Medicare

In response to the persisting inequitable Aboriginal Health Worker (AHW) rebates in the Medicare Benefits Schedule (MBS), NACCHO again encouraged the Department to reform this situation in January 2009, as part of the government's initiative for streamlining the primary care items in the MBS. 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. Overall, in the NT, there are six MBS rebates that can be claimed from the work of AHWs, but only two rebates claimable elsewhere in the country (81300, and 10950).

These two rebates are for follow-up by an AHW of a health check or care plan respectively, and both require a referral to the AHW from a GP using a form issued by the Department (downloadable). After the service, the eligible AHW is required to provide a written report to the referring practitioner. Thus, for the service to claim these rebates, the AHW will need to have applied for and been granted a specific Medicare provider number. Understandably, very few claims of these rebates have been made in the past 12 months (fewer than 250 claims).<sup>7</sup>

NACCHO also recommended:

- The combination of all Aboriginal MBS health check rebates (704/6, 708, 710) into one with the rebate averaged out to create a single rebate value (not time-based).
- The name of the health check rebate should be "Aboriginal and Torres Strait Islander Health Assessment/check" and not 'Indigenous health assessment'.
- The MBS descriptor be simplified.

These changes would not affect data collection on uptake of MBS claims.

### Aboriginal Men's Health

This important policy area continues to grow. In February of this year, NACCHO attended the National Aboriginal and Torres Strait Islander Men's Health Researchers Gathering which was held in Alice Springs. NACCHO's position at this meeting was that the evidence/data gathered through research had to be the evidence/data that the workers in Men's Health Programs in our Aboriginal Medical Services say that they require. This is critical to achieving the first "objective" contained in the National Aboriginal Community Controlled Health Organisation Policy Statement on Aboriginal Men's Health which states "To have all Aboriginal community controlled health services develop and provide effective men's health programs as part of their primary health care role."

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<sup>6</sup> <http://www.ama.com.au/node/4335>

<sup>7</sup> Medicare Statistics, July 2008–June 2009 for both MBS items 81300 and 10950.

During this period, consultations have been occurring around the country for the Australian Government's National Men's Health Strategy. NACCHO's stated position with any new strategy is that it should embrace the National Framework for Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Males.<sup>8</sup>

This National Framework for Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Males was finalised in 2004, and lays out the template required for better health and wellbeing for Aboriginal Men. In addition to this, NACCHO has also commenced a redraft of its 1993 Position Statement on Aboriginal Men's Health. A final consultation on this document is due to occur during a workshop to be facilitated by Dr Mick Adams (NACCHO Chair) at the 5th National Aboriginal and Torres Strait Islander Men's Health Convention to be held in Newcastle in October 2009.

In April NACCHO was invited to submit to the Senate Select Committee on Men's Health. This submission includes six recommendations. Two recommendations requested that the Australian Government department responsible for drafting the National Men's Health Strategy include strategies to "improve Aboriginal Men's participation within the health workforce" and to "develop a coordinated and integrated approach to improve partnerships and collaboration across the health and health related sectors including correctional and educational services".

### Alcohol and other Drugs

NACCHO continues its active participation in the National Indigenous Drug and Alcohol Committee (NIDAC), the sub-committee of the Prime Minister's Australian National Council on Drugs (ANCD).

In September 2008, NACCHO formalised its participation on the NIDAC reference group established to develop and release the NIDAC Alcohol Position Paper. NACCHO contributed significant work through active participation on the reference group by providing a technical review of the paper. The Paper is entitled "*Addressing harmful alcohol use amongst Indigenous Australians*" and provides expert informed recommendations on the priorities to address this important issue.<sup>9</sup>

In late June, the NIDAC paper entitled "Bridges and Barriers: Indigenous incarceration and health" was launched at Parliament House in Canberra by the Hon. Warren Snowdon, Federal Minister for Indigenous Health, Rural and Regional Services Delivery and the Hon. Brendon O'Connor, Federal Minister for Home Affairs. Associate Professor Ted Wilkes, the NIDAC Chair along with Mark Saunders representing NACCHO spoke at the launch. NACCHO had contributed to the development of this paper, with one of the recommendations relating directly to our Sector. The recommendation calls on governments to "Introduce an increased number of Indigenous-specific diversion programs, with the stipulation that these services establish appropriate links with existing Aboriginal Community Controlled Health Services in their region".<sup>10</sup>

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8 2004, the Office of Aboriginal and Torres Strait Islander Health, Canberra

9 This paper is available upon request through the Secretariat or via the link [www.ancd.org.au](http://www.ancd.org.au)

10 [http://www.nidac.org.au/publications/pdf/nidac\\_bridges\\_and\\_barriers.pdf](http://www.nidac.org.au/publications/pdf/nidac_bridges_and_barriers.pdf)

Anex (Association for Prevention and Harm Reduction Programs) and NACCHO are working in partnership on a mapping project titled *“Injecting Drug Use and Associated Harms Amongst Indigenous Australians”*. The aim of this project is to bring together, within a national scope, the existing information, understanding and perspectives on injecting drug use and associated harms within Aboriginal and Torres Strait Islander communities across Australia, including urban, rural and remote communities. This project will focus on the actions that have been taken, and particularly those that must be taken in order to minimise the harms to individuals, families and communities.

Specifically, the project will aim to identify and increase understanding of:

- The prevalence of injecting drug use among Aboriginal and Torres Strait Islander Australians generally and stratified according to urban, rural and remote settings, gender, and age groups.
- The types of drugs that are injected, and how this compares with injectors from non-Indigenous backgrounds, the harms associated with injecting drug use (including harms to individuals as well as families and communities) that have been identified in the literature (peer-reviewed articles, grey literature and other publications) and the responses that have been developed to address the harms.
- The issues, if any that have been identified in relation to access to existing services established to address these harms, along with the gaps in the knowledge base.

Consultative interviews will commence in September with key stakeholders, groups and organisations, including Aboriginal community controlled organisations.

### Sexual and Reproductive Health and Blood borne Viruses

The past twelve months has seen a great deal of change in this area. On a national level, the Australian Government, through its Department of Health and Ageing, (DoHA) has overseen a review of all of the National Strategies that relate to Sexually Transmitted Infections, HIV, blood borne viruses (BBVs) and of course the National Aboriginal and Torres Strait Islander Sexual Health & BBV Strategy.

NACCHO contributed to this review. One of the major outcomes from this has been the change in the way that the Australian Government’s Health Minister takes advice on these above mentioned issues. What used to be called the Ministerial Advisory Committee on AIDS, Sexual Health & Hepatitis (MACASHH) along with its three Sub-Committees (one of which was the Indigenous Australian Sexual Health Committee (IASHC) where disbanded and replaced with a new structure overseen by the new Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmitted Infections (MACBBVS).

This new structure does not have, or reflect, any of the pre-existing sub-committees; there are however, two positions on this new committee which represent the views of Aboriginal and Torres Strait Islander Australians on these important issues. During the coming months the new MACBBVS will be undertaking a process of drafting new strategies that relate to this area. This process will also include a drafting of a new Indigenous Australians Sexual Health and Blood Borne Virus Strategy. NACCHO has been invited to participate in this process.

NACCHO continues to maintain a Sexual and Reproductive Health & Blood Borne Virus Advisory Committee. This committee meets quarterly, and as such is the only Aboriginal Peoples and Torres Strait Islanders committee to meet and discuss these issues at a national level. Membership of this Committee includes the following:

- Sexual Health Program Coordinators/Public Health Medical Officers or persons with knowledge & expertise in sexual health and BBVs from NACCHO's eight State and Territory Affiliates;
- A Youth Representative;
- A Research and Surveillance representative;
- An independent Chair.

Whilst this Committee's main function is to provide key advice to the Board of NACCHO as well as provide a source of advice to key partners within the sexual and reproductive health and blood borne virus sector. It also offers an avenue to:

- support the continued development of STI, HIV/AIDS and BBV & reproductive health programs within Aboriginal Community Controlled Health Organisations (ACCHO).
- assist with national coordination of activities and programs which seek to prevent, treat, and support people with HIV/AIDS, STIs and BBVs.
- assist NACCHO, our State & Territory Affiliates and member services with implementation of health promotion and education activities.

This committee over the next twelve months shall oversee the drafting of a raft of position papers that relate to this policy area. One of the papers currently being drafted is this Committee's response to a resolution passed at the 2008 NACCHO AGM Members Meeting. The resolution called upon this Committee to explore needle and syringe programs (NSPs) being placed within Aboriginal Medical Services as a strategic attempt by NACCHO to reduce the incidence of Hep C transmission amongst Aboriginal Peoples. This will be formulated in a discussion paper format and will examine the NSP models that currently exist and what makes them successful along with considering those NSPs that commenced and no longer exist.

### **Centre for Clinical Research Excellence in Aboriginal Health: Sexually Transmitted and Bloodborne Viral Infections**

The Memorandum of Understanding (MOU) between NACCHO and the National Centre in HIV Epidemiology and Clinical Research (NCHECR, University of NSW) continues to prove beneficial to NACCHO our State and Territory Affiliates and Member Services.

During this period, a major outcome from NACCHO's partnership with NCHECR has been the successful submission to the National Health and Medical Research Council (NHMRC) for a Centre for Clinical Research Excellence in Aboriginal Health: Sexually Transmitted and Bloodborne Viral Infections (CCRE). This new CCRE will bring together NCHECR, the leading Australian institution dedicated to clinical research on sexually transmitted and blood borne viral infections, and NACCHO, the national peak organisation for Aboriginal Community Controlled Health Services. Managed and overseen jointly by NACCHO and

NCHECR, this new CCRE will work with nominated Aboriginal Community Controlled Health Services and shall conduct innovative research that will identify new approaches to diagnosing and managing these infections while at the same time developing improved clinical guidelines and research capacity within the sector.

This CCRE aims to provide opportunities for new clinical research and the gathering of evidence that is normally difficult to obtain in a primary health care setting without additional resources. This evidence will shape health practice and policy within the ACCHS sector and possibly have implications for mainstream health practice. Although considerable efforts have been made to control these infections and mitigate their impacts, there has been little systematic assessment of outcomes, particularly for Aboriginal communities in urban and regional settings.

The CCRE activities will result in improved outcomes for Aboriginal people through the combination of rigorous research and strong community engagement. They will provide compelling and influential findings that will inevitably raise the profile of blood borne viral and sexually transmitted infections on the policy agenda for Aboriginal health services, and advance clinical and public health practice. The CCRE also contains strong capacity building components applicable to staff working within the ACCHS sector. In summary, the benefits of this CCRE will be in terms of improvements in clinical pathways and practice, leading to reductions in the short and long-term of adverse consequences of blood borne viral and sexually transmitted infections as well as increased uptake, knowledge and ownership of research within the ACCHS sector.

### Research

In addition to those mentioned above NACCHO continued to influence and participate in a number of research programs.

NACCHO continued to participate in the National Cancer Council's proposed research into improving cancer data for Aboriginal and Torres Strait Islander People. This is a complex area and technical review of the proposal has been finalised with the intention of improving data sets held by public authorities. This includes: analysis of current data such as cancer registries, breast screening and cervical screening, ABS surveys, and improving Aboriginal identifiers on incidence and mortality rates.

Since 2001, NACCHO has developed several funding submissions to establish the National Aboriginal Collaborative Research and Development Unit (NACRDU) of NACCHO, with little success. The development of a NACCHO research unit is an outstanding opportunity to improve the way Aboriginal health research is conducted in Australia. NACCHO secretariat submitted an unsuccessful funding grant application to NHMRC upon their invitation to both the NACCHO Chairperson and Chief Executive Officer in 2009.

The submissions resulted from a May 2001 NACCHO Board meeting:

*"It was resolved that NACCHO should establish a Research Unit as per the attached proposal and seek funding from Government or the private sector."*

A core element of the plan is the establishment of a research unit to be resourced from governments and private means, to:

- i) set a national agenda for research responding to the requirements of members and Affiliates.
- ii) impact on the design of all Aboriginal health and well-being research through, among other things, advice to existing Ethics Committees and to establish Aboriginal Ethics Committees or their equivalents in States and Territories that are Aboriginal Community-Controlled and to which other parties are invited, and establishment of data protocols.

The NACCHO NACRDU has the potential to support other research activity across Australia and to develop preferred strategies, policies and programs based on NACCHO's research program and analysis of other research products. NACCHO has engaged in, promoted access to, and initiated many research projects over the past 30 years. The NACCHO membership has the requisite skills to implement a Research Unit and to provide a national mechanism for ethically sound and culturally appropriate research practices which benefit Aboriginal communities. A unique aspect of NACCHO's research role is that it can utilise the undervalued research potential of ACCHSs across Australia- which no other agency can do on the same scale.

### Improving National Data Agencies

Submissions to various agencies were prepared to influence data agencies awareness of data flaws and correct misreporting on the role of ACCHSs. NACCHO also continues to be a member of the National Advisory Group for Aboriginal and Torres Strait Islander Health, Information and Data (NAGATSIHID).

A submission was provided to the Australian Institute of Health and Welfare (AIHW) study "Towards National Indicators for Safety and Quality in Health Care" and another to the Australian Bureau of Statistics (ABS) regarding revised methods for developing life tables for Aboriginal and Torres Strait Islander Australians.

NACCHO provided the AIHW with a submission regarding draft 'best practice guidelines for improving Aboriginal and Torres Strait Islander identification in health data' (January 2009). A further submission to AIHW in April 2009 was provided recommending reforms to the National Aboriginal and Torres Strait Islander National Health Survey, which is being planned for 2012.

NACCHO also responded to the proposed *National Health Risk Survey* of all Australians (to include biomedical variables such as blood and urine analysis). The survey aims to estimate the prevalence of risk factors and chronic disease including 'how these data vary for different population sub-groups of interest, including Aboriginal and Torres Strait Islander Australians...and enable evaluation of interventions aimed at 'closing the gap'. This has been funded by the Australian Government and COAG as part of the National Prevention Partnership Payment (29 Nov 2008) and earlier in the 2007 Federal Budget.

A submission and detailed advice was also provided to Urbis Pty Ltd regarding the role of the AIHW and the support function established by the Department of Health and Ageing in the Healthy for Life (HFL) Program. To this formal evaluation, and as a member of the HFL Evaluation and Outcomes Reference Group, NACCHO outlined several concerns regarding this program including the substantial degree of control the AIHW have over indicators collected from HFL services including suggesting changes to them, expanding data sets without appropriate authority and for arbitrary reasons, and discussing ways in which the information may be published given the constraints imposed by the program. One ACCH service commented that:

*“We refuse SAR data to go to AIHW [via OSCAR]. What right has AIHW got to know information about our services? They got millions of dollars to set up a database which we do all the hard work for!”*

There is an absence of an authority to contextualize the significance of national HFL reporting and assist services to interpret the findings at local and higher levels. Whilst NACCHO/Affiliates are the relevant authorities for this task, there is no established structure for this to occur. Other concerns included:

- The lack of consultation in program conception and implementation
- Excessive emphasis on data collection versus service delivery
- Services being unaware of the degree of data expected from them when they signed up
- Lack of community governance structures and processes over data collected from ACCHSs (and the need for an Information Agreement with NACCHO)
- Lack of accountability from data agencies
- Lack of endorsement in indicator development from NACCHO/Affiliates
- Development of a national data management system (OSCAR: OATSIH Services Collection and Reporting) without partnership with NACCHO
- Significant problems involving consortia between ACCHSs and Divisions of GP
- The need to disaggregate ACCHSs data from general practice data
- The lack of choice for ACCHSs regarding sourcing quality assurance (QA) support and reporting on continuous quality improvement (CQI)
- Problems with attributing gains to HFL, when ACCHSs deliver a range of programs supporting maternal/child health and chronic disease.

NACCHO further appraised the draft Urbis Evaluation in June 2009 and looks forward to the final report.

In April 2009, NACCHO wrote to the Prime Minister regarding the use of discredited data in his speech to federal Parliament on the government's report 'Closing the gap on Indigenous disadvantage' (February 2009). The issues raised were published in the Medical Journal of Australia (May 2009).<sup>11</sup> Numerous reports were claiming that 70% of Aboriginal peoples were sourcing their primary care needs from mainstream health services, when this was based on a flawed and discredited survey finding. On the contrary, ACCHSs were providing comprehensive primary health care to at least 50% of all Aboriginal peoples, and targeting their service provision to the 'hard to reach' and those with greater health needs such as chronic and complex disease. ACCHSs support Aboriginal people's participation in the health care system and it is precisely this type of approach that will close the gap in health disparity.

### Respiratory health

NACCHO continued to support Cancer Australia on lung cancer issues and to work with the Asthma Foundation in the Asthma Spacers Ordering Scheme.

### Pandemic and Immunisation

The outbreak of H1N1 influenza A pandemic (swine flu) has led to significant proportions of Aboriginal peoples being hospitalised. NACCHO has played an important national role in promoting the need for governments to ensure pandemic planning with ACCHSs, ensuring national antiviral stockpiles are distributed effectively and preparations for a national H1N1 vaccination involve schemes that will work best for the Aboriginal community. Media have been very supportive of NACCHO efforts with many issues published in various sources.

### National Guidelines

NACCHO continues discussions with the RACGP to update the National Guide to a preventive health assessment for Aboriginal peoples in 2010. NACCHO representatives continue to work on new National Antenatal Care Guidelines and in the collation of trachoma surveillance information.

### Communications

The NACCHO Chair and other spokespeople, when appropriate, gave media interviews throughout the year. In addition NACCHO provided written media comment and quotes, produced newsletters and issued 15 media releases in the reporting year.

NACCHO also worked closely with other Close the Gap Steering Committee members on joint media statements which included quotes from Dr Adams and resulted in follow up interviews.

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<sup>11</sup> Couzos S, Thiele D. Closing the gap depends on ACCHSs. MJA 2009 190:10:541.

## REPORTING ON STRATEGIC PRIORITIES

NACCHO was also part of a joint United General Practice Australia and NACCHO media release calling on Government to start planning for the roll out of the swine flu vaccine now. NACCHO has provided comment in interviews about swine flu implications for Aboriginal communities, pandemic planning and the roll out of vaccines and equipment to communities.

NACCHO also consulted on messages for the National Rugby League Close the Gap round.

NACCHO Press Releases during the year:

|              |  |
|--------------|--|
| 7 June 2009  | Welcome dedicated Minister for Aboriginal Health                                   |
| 29 May 2009  | Closing the Gap is about more than statistics                                      |
| 13 May 2009  | Aboriginal Health Budget Welcomed: but where's the community controlled sector?    |
| 3 Apr 2009   | Rudd Government rights the wrong call on UN Declaration                            |
| 6 Mar 2009   | PM's speech uses flawed "evidence" on Aboriginal health                            |
| 16 Feb 2009  | A warning on Fed's Greater Primary Health Role                                     |
| 30 Nov 2008  | COAG: A significant step towards Closing the Gap                                   |
| 28 Nov 2008  | Aboriginal men to benefit from new policy  |
| 13 Nov 2008  | Men need to be part of the solution says National Aboriginal health meeting        |
| 12 Nov 2008  | Peak Aboriginal health body demands action on Closing the Gap                      |
| 6 Nov 2008   | Peace Prize winner's lessons for Closing the Gap                                   |
| 22 Sept 2008 | Welcome news for Aboriginal elderly out bush                                       |
| 11 Sept 2008 | NACCHO welcomes Health Secretary's reappointment                                   |
| 21 July 2008 | Aboriginal Medical Services welcome new College of General Practitioners President |
| 4 July 2008  | Aboriginal Medical Services Recognised By SA Government                            |

## World Indigenous Nations Games

NACCHO has provided support in developing funding applications to assist in coordinating the Australian participation in the 2012 International World Indigenous Nations (WIN) Games. NACCHO believes it is essential that we endorse Australia's participation through assisting in coordinating Aboriginal Australia's participants to attend the games.

The NACCHO Board considered the significant role that sport has as an integral element of NACCHO's philosophy of operating within a holistic framework of health which incorporates mind, body and spirit. The objective of a world wide event celebrating sport, traditional Indigenous games and cultures of the world's 500 million Indigenous People is a positive health initiative.

Therefore, the practical measure that NACCHO undertook was through the development and lodgement of funding a submission. The submission highlighted the need for Australia's participation in the WIN games to be a collaborative and coordinated effort with other international and domestic participants. It focused upon the health benefits as they relate to our holistic appreciation of well-being whilst highlighting and identifying role models of healthy bodies and minds for future generations of Aboriginal youth.

## REPORTING ON STRATEGIC PRIORITIES: BUILD AND ENHANCE ACCHSS CAPACITY TO PROVIDE MORE EFFECTIVE/EFFICIENT PRIMARY HEALTH CARE SERVICES

### Medicines Access-QUMAX

The QUMAX Program or *Quality Use of Medicines Maximised for Aboriginal Peoples and Torres Strait Islanders* Program was developed by NACCHO and the Pharmacy Guild of Australia (PGoA) in 2007. Funding provided through the 4th Community Pharmacy Agreement (between the Guild and the Australian Government) made the program possible. This was in an environment where the Howard Government avoided PBS co-payment relief measures to address Aboriginal people's substantially lower medicines access. QUMAX made co-payment relief possible within a framework of quality use of medicines (QUM). QUMAX has now developed into one of the most successful medicines access programs developed for the Aboriginal population.

QUMAX provides funding for better access to medicines and pharmacist support to registered ACCHSs in *non-remote areas* for a two year period through partnerships with NACCHO, the PGoA and community pharmacists. The PGoA subcontracted NACCHO for conjoint management of the program. NACCHO established MoU with relevant State Affiliates to assist and support services.

During the past year, June 2008 to June 2009, the program provided funding and support to ACCHS, State Affiliates and supported the appointment of QUM Pharmacists. Each QUM Pharmacist employed by the State Branch of the PGoA is contracted to provide up to 10 days support to each participating ACCHS. Direct funding of \$3,596,250 was allocated to the 66 participating ACCHSs, and in June 24 2009 a further \$3,682,417 (which included the roll over of funds allocated for services that did not proceed in the program for year one) were allocated to 68 participating services. Funds were distributed amongst ACCHS on the basis of each service's proportion of total patient population for the provision of five support categories:

- PBS medicines (with co- payment relief to eligible clients)
- dose administration aids (Webster packs, dosette boxes etc.)
- transport for the delivery of medicines to clients
- proactive use of the safety net arrangements
- flexible-on call, arrangements for supply of medicines to clients/ QUM education or resources or devices

Participating ACCHS also received an annual QUMAX Program Readiness Payment of \$3500 for each year of participation.

### QUM Workplan development and approval 2008-2009

Each participating service developed a workplan outlining their preferred approach to improving the QUM with the service and with their pharmacy, and their allocation of budgets across the above five categories. This included the development, or refinement of policies and protocols towards these supports and education required to maximise outcomes for clients such as strategies to improve access to existing but underutilised QUM programs designed for mainstream GP services (e.g. NPS resources and customised access to Home Medication Reviews). Services also identified what education QUM pharmacists could provide to ACCHS staff and what cultural mentoring ACCHS staff could provide to the pharmacies dispensing to their QUMAX clients to improve the provision of culturally sensitive services.

ACCCHS reported to the independent evaluator, Urbis Pty Ltd, that the development of workplans provided a good opportunity to reflect on the needs of patients regarding quality use of medicines and to reflect on current practices and protocols. Some services reported that in the past there had been a fairly ad-hoc approach to providing financial assistance for medicines, with no common criteria applied by individual ACCCHS<sup>12</sup> behind them. QUMAX has certainly enhanced services capacity towards QUM.

### QUMAX online administration and communication system

The administration/ management component of the QUMAX program is lean with the majority of the funds appropriately devolved to ACCCHSs budgets, the employment of QUM Pharmacists, NACCHO Affiliate support, and the development of the Guild IT pharmacy claims system.

NACCHO had one staff position in collaboration with the PGoA national manager, to manage a process involving 20 QUM Pharmacists, eight NACCHO Affiliate contacts, over 400 ACCCHSs, GPs and 68 CEOs. To do this NACCHO created a web based interface which created a virtual community and 'meeting place' for ACCCHS and pharmacist involved directly in either providing or supporting QUMAX services. This platform is owned by the ACCCHS sector and intellectual property resides with NACCHO.

NACCHO developed this system so that workplan development and approval process was transparent to all parties, (especially ACCCHS) and that timely support could be provided to ACCCHS (at a distance and in real time) by a number of personnel. The system hosts registration and workplan data, a library of relevant resources (to which participants can add to), secure communication fora for ACCCHS, QUM Pharmacists and NACCHO Affiliates, messaging system from ACCCHS and reporting capabilities. ACCCHS and NACCHO Affiliates have the capacity to add participants as required.

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<sup>12</sup> URBIS report to the PRG June 2009

In the last financial year the system was built and modified to ensure:

- registration data and workplans of each ACCHS were developed and stored (ACCHSs were not burdened by providing the same information to multiple agencies)
- real time support to geographically dispersed ACCHS staff in registering and collaborating online. (Managers, NACCHO Affiliates and QUM Pharmacists could view relevant workplans and contribute to each workplan via the internet. Progress and achievement of objectives could be monitored via annotation of plans).
- timely review of workplans. (ACCHS and supporting personnel could view and track ACCHS progress).
- the creation a virtual community of QUMAX participants to discuss issues and ideas regarding QUM. (Registered participants on the NACCHO system include 215 ACCHS staff, 68 CEOs, 47 NACCHO Affiliate staff, 452 prescribers and 23 QUM Pharmacists).

### QUMAX Implementation 2008-2009

During this reporting period ACCHS commenced issuing QUMAX scripts, DAAs and implementing education and other QUM arrangements. QUM Pharmacists provided training to ACCHS staff and community pharmacists. This training included the use of the including the use of the IT claims system which manages payments to pharmacists by the PGoA without the need for ACCHS to deal with the reconciliation of QUMAX budgets for medicines or providing any reports regarding budget utilisation to the funding agency.

This system requires prescribers (or nominated ACCHS staff) to enter details of the patients receiving medicines or DAAs (name, Medicare number concession status) and the number of medications prescribed. The prescription is annotated with a QUMAX stamp and an identification number generated by the system. When the script is presented, the pharmacist dispenses without charge to the client and claims the funds direct from the Guild.

The Urbis Pty Ltd Evaluation (preliminary report to the QUMAX Program Reference Group, June 2009) reported:

*'It was clear from the consultations that there was a great deal of positivity about the QUMAX program – from ACCHS and participating community pharmacists. In some instances, it was reported that QUMAX had provided financial support for initiatives and ACCHS-pharmacy relationships that were already in existence but which were putting a financial strain on ACCHSs, pharmacies or both. In other instances QUMAX had allowed new but needed initiatives and relationships to develop.... The QUMAX program had provided an important focus for QUM issues in ACCHSs and that the discussions and changes brought about by the program had put these issues at the forefront of people's thinking.... From the pharmacy perspective, the program was thought to negate the need (in many instances at least) to offer credit to patients, make arrangements for deductions from Centrelink payments etc. It also lessened the need to extend credit to ACCHS where an account had existed in order to facilitate the provision of financial assistance under previous systems.... Lessening the reliance on pharmacist good will to provide credit to ACCHSs (and individual clients) was thought to be a positive. As one ACCHS representative said 'She [the pharmacist] is in here all the time now. She knows everyone on a first name basis.'....In short, .. there was a great deal of satisfaction with the principles and practicalities of the QUMAX program. In fact, many of those consulted wanted it put on record that they wholly endorsed the program.'*

## Uptake and medication adherence outcomes

By the end of June, there were 62 ACCHSs actively allocating the five categories of medicines supports (called Medication Access Assistance Packages, MAAPs) with 202 pharmacies actively dispensing MAAPs. The maximum number of MAAPs allocated by any one ACCHS was 2,010. Table 1 shows that 8,469 clients of ACCHSs received support to June 2009 after just 6-7 months, with 91 clients supported to reach the 'safety net' threshold thereby ensuring the entitlements of Aboriginal peoples. Relief for PBS co-payments was granted 89,609 times to eligible clients, whilst nearly 25,000 episodes of DAA support were requested. These clients were deemed to be in need of financial support, were disadvantaged, had co-morbidity, or were at risk of foregoing their medicines. The 'needy' situation of patients was ascertained in the privacy of the consulting room, according to the priorities of the local community, and according to guidelines. For the first time, ACCHSs could track the pattern of script presentations to pharmacies and ensure appropriate medication adherence.

The preliminary Urbis Evaluation reported that medication compliance by patients appears to have been increased as a result of QUMAX:

*"Amongst the services and pharmacists that had been 'operational' for some time, there was a very consistent view that medication compliance had improved drastically. One person said '...compliance like we have never seen before.' One pharmacist estimated that the rate of 'pick up' for repeat prescriptions had improved by 90%. ACCHSs claimed that they had noticed a strong improvement in people's propensity to return to the service when they needed a new prescription for medications. Particular note was made of the impact of DAAs. For some services, QUMAX had allowed far greater use of Webster Packs etc without placing a financial burden on patients, pharmacies or ACCHSs. It was this increase in DAA use that was thought to lay behind the increased compliance that was being observed... The nature of the dialogue between doctor and patient had changed once the barriers to using medications had been lessened and the likelihood of more regular visits increased. It was reported that doctors felt more able to engage with patients on QUM issues and to more openly discuss the management of their health. As one ACCHS representative said 'All of a sudden we're seeing people keen to go into case planning and talk about their illness.' It was suggested by one informant that the embarrassment of not taking medications as prescribed was less of a barrier in patient/doctor engagement since QUMAX assistance had been available."*<sup>13</sup>

Regarding health outcomes:

*"There were also several reports about individuals whose health was thought to have greatly improved since having their medicines and/or DAAs paid for through the QUMAX program. It was common for informants to report the problems they had had in getting some individuals to take their medicines had evaporated since the financial barrier had been removed"*<sup>13</sup>

<sup>13</sup> Urbis Progress Report July 2009 page 6.

Table 1 – ACCHS and Pharmacy Activity to June 30, 2009 (Source Urbis June 2009)

|              | Total Clients | Co-Pay allocated | Co-Pay dispended | DAA allocated | DAA dispensed | Safety Net reached |
|--------------|---------------|------------------|------------------|---------------|---------------|--------------------|
| NSW/ACT      | 1,865         | 17,826           | 7,124            | 3,867         | 1,076         | 7                  |
| QLD          | 2,555         | 21,842           | 8,999            | 6,486         | 1,750         | 20                 |
| SA           | 443           | 6,356            | 4,217            | 6,193         | 4,617         | 3                  |
| VIC/TAS      | 2,977         | 36,140           | 15,892           | 7,233         | 2,725         | 26                 |
| WA           | 629           | 7,445            | 2,618            | 1,126         | 752           | 35                 |
| <b>Total</b> | <b>8,469</b>  | <b>89,609</b>    | <b>38,850</b>    | <b>24,905</b> | <b>10,919</b> | <b>91</b>          |

DAA= dose administration aid

### Medicines Access-other

In addition to QUMAX, NACCHO plays a vital role in promoting and enabling equitable medicines access for the Aboriginal and Torres Strait Islander population through other ways.

### Expert Advisory Panel on Aboriginal and Torres Strait Islander Medicines

NACCHO is a member of the Expert Advisory Panel on Aboriginal and Torres Strait Islander Medicines. This forum provides advice to the Department of Health and Ageing and to the Pharmaceutical Benefits Advisory Committee (where relevant) on a range of issues to facilitate listing of medicines on the PBS to meet Aboriginal peoples health needs.

Advice relates to:

- Medication needs which are unmet by medicines available through the PBS;
- developing guidance for sponsors and the PBAC for use in the development and assessment of applications for inclusion of medicines on the PBS to treat conditions particular to Aboriginal peoples' health needs; and
- aspects of proposed applications to list medicines on the PBS, where the sponsor seeks a listing based on a medicine's use in health settings particular to the needs of Aboriginal peoples.

This forum has enabled the PBS listings of at least 18 medicines specifically for the Aboriginal and Torres Strait Islander population. An information sheet was distributed by the Department and sent to all ACCHSs outlining these medicines. NACCHO continues to monitor the uptake of these medicines through the above mentioned forum.

### Section 100

Medicines access under S100 of the National Health Act (1953) is a vital part of remote area health services access to PBS medicines. Supported by the Department and the Pharmacy Guild of Australia, NACCHO developed a synopsis of the Section 100 Information kit for use by 165 Aboriginal health services (under half are ACCHSs) designated as S100 services. This synopsis informs services of their entitlements toward the receipt of pharmacist support for the supply of bulk medicines during the year, through the development of joint workplans. The Kimberley Aboriginal Medical Services Council kindly assisted in its production in July 2008.

The complete 'S100 Information Kit' was electronically released on the Guild website on 15 December 2008.<sup>14</sup> This follows revised Program Business Rules being introduced in November 2008. NACCHO ensured appropriate consultation with our members in the revision of those rules.

### Community Pharmacy Agreement

NACCHO continues to be a member of the Professional Programs and Services Advisory Committee (PPSAC) Rural and Indigenous Steering Committee. This work ensures that the 4th Community Pharmacy Agreement (CPA) programs are progressing (such as QUMAX and the S100 Support Allowance to pharmacists), including evaluation of these programs. Many 4th Agreement programs will expire in 2010 and negotiations are currently underway with the Guild towards the 5th Agreement.

### Home Medicines Review

In particular, NACCHO has been advocating for improved evaluation and revised program development of the Home Medicines Review (HMR) program which is funded under the 4th CPA. Yet again, another review has shown that thousands of Aboriginal peoples are not currently able to readily access HMRs.<sup>15</sup> An earlier Urbis Review had shown the same result. Whilst Divisions of GP are funded under the 4th CPA to facilitate HMR programs including to ACCHSs, evaluations have failed to measure the level of their engagement and their outcomes in this regard.

In contrast, Urbis Pty Ltd (QUMAX June 2009) reported that:

*"[QUMAX] had helped to provide more structure around the processes for identifying candidates for home medication reviews. While resource constraints (i.e. limited access to accredited pharmacists) meant that no more HMRs were being conducted, it was thought that QUMAX had initiated some better systems in the ACCHS for prioritising needs".*

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<sup>14</sup> see <http://www.guild.org.au/content.asp?id=1676>

<sup>15</sup> Campbell HMR Review extract: [www.health.gov.au/internet/main/publishing.nsf/Content/hmr-qualitative-research-final-report](http://www.health.gov.au/internet/main/publishing.nsf/Content/hmr-qualitative-research-final-report)

### National Medicines Policy

NACCHO provided a submission to the National Medicines Policy Partnership Forum in June 2009. It recommended:

- The need for goals and targets regarding access to, and quality use of, pharmaceuticals pertaining to the Aboriginal and Torres Strait Islander population.
- The development of formal consultation/partnership mechanisms regarding Quality Use of Medicines and pharmaceutical access (and the federal policy underpinning these matters), with NACCHO.
- The need for performance monitoring/evaluation of efforts towards Quality Use of Medicines.

### COAG Measure-Subsidising PBS Medicine Co-payments

Due to the success of QUMAX, the COAG commitment of 29 November 2008 provided for assistance towards the cost of PBS medicines co-payments for Aboriginal patients. Given that \$100 service providers already offer Aboriginal patients medicines without the need for co-payment, this measure applies to those patients attending private general practices and 'Indigenous health services' in non-remote areas. Due to commence in July 2010, financial assistance will be provided to eligible patients to reduce or eliminate co-payments when purchasing PBS medicines at community pharmacies. However, unlike QUMAX, the measure does not describe QUM support for ACCHSs which is a significant concern. NACCHO is a member of the technical advisory committee for this initiative which first met in June 2009.

### Good Medicines Better Health

The NACCHO, Aboriginal Health Council of South Australia and National Prescribing Service project won the award from the National Prescribing Service for the Community Quality Use of Medicines Award for this project. The Good Medicines Better Health project was developed and devised by NACCHO and the NPS several years ago with subsequent partnership including the Aboriginal Health Council of South Australia (AHCSA). The National Prescribing Service Limited (NPS) is funding the project.

The project includes:

- Training Modules
- Consumer Information Resources
- train-the-trainer sessions for senior Aboriginal Health Workers
- ongoing support of these 'local trainers' (undertaken by AHCSA)
- a comprehensive evaluation of the training outcomes (NPS).

The training package is aligned to units of competency within the recently endorsed National Health Training Package. This alignment ensures formal recognition of the achievements of Aboriginal Health Workers who have participated in the program.

This project gives Aboriginal Health Workers (AHWs) the skills and QUM knowledge to assist Aboriginal peoples to manage their medicines better.

Aboriginal Health Workers have now completed training blocks of the Good Medicine Better Health. The pilot sites include:

- Port Lincoln Aboriginal Health Service
- The Victorian Aboriginal Health Service
- Kimberly Aboriginal Medical Services Council

The project ends in June 2008 but the need remains for the GMBH program to be rolled out nationally. NACCHO conducted a *GMBH National Roll Out: Think Tank* to discuss with partners and NACCHO members the potential national governance and roll out models for the GMBH program. The workshop was well attended and NACCHO gained great input and support from participants regarding national roll out activities and structures.

During the next six months NACCHO GMBH and QUMAX project officers will work closely together to identify project synergies and areas of collaboration to assist in the national roll out of the project. NACCHO will also continue to negotiate with NPS for the national implementation of the GMBH program.

### Accreditation

The Australian Government's 2007-08 Federal Budget measure aims to ensure ACCHSs are accredited against Australian healthcare standards by June 2011. To this end, NACCHO has a role to coordinate and support ACCHSs nationally.

NACCHO has aimed to provide networking support to Affiliates and member services regarding accreditation. NACCHO is a member of the Indigenous Health Services Accreditation Advisory Committee (IHSAAC) established by OATSIH to support more services to become accredited. A national accreditation officer was recruited by NACCHO late in 2008 and networking commenced at that time including several meetings with Affiliates and OATSIH.

Work also commenced in the development of a MOU with the Quality Improvement Council (QIC).

NACCHO has also commenced a survey of ACCHSs to determine their accreditation status to the RACGP standards, through Affiliates. This information will be vital in understanding services eligibility to the proposed Indigenous Practice Incentive Payments.

### Workforce Issues

#### National Registration and Accreditation of Aboriginal Health Workers

The Council of Australian Governments (COAG) at its meeting of 26 March 2008 took a major step towards reforming Australia's health system by signing an Intergovernmental Agreement on the health workforce. The new system will for the first time create:

- a single national registration scheme for health professionals to facilitate workforce mobility, improve safety and quality, and reduce red tape; and
- a single national accreditation scheme for health education and training, to simplify and improve the consistency of current arrangements.

NACCHO supports Aboriginal Health Workers (AHWs) being registered as a pre-requisite for practice in Australia and that registration identifies mandatory minimum requirements and conditions for registration.

Throughout 2008/09 NACCHO conducted consultations and workshops with State and Territory Affiliates to gauge the level of support for the inclusion of AHWs in the National Scheme and sought feedback on issues that need to be considered. As a result of this feedback NACCHO made several submissions regarding the inclusion of AHWs as part of the National Scheme and responded to various consultation papers on the proposed scheme. NACCHO also prepared information resources which were distributed to Affiliates through the Workforce Information Policy Officers (WIPOs).

With the release of the Exposure Draft of the *Health Practitioner Regulation National Law 2009* on 12 June 2009 the Australian Health Workforce Ministerial Council announced the inclusion of Aboriginal and Torres Strait Islander Health Workers in the national scheme from 1 July 2012. The Exposure Draft sets out the legal framework for the new National Registration and Accreditation Scheme for the Health Professions, which begins on 1 July 2010.

NACCHO's response regarding the Exposure Draft (as well as earlier submissions) can be accessed on the National Health Workforce Taskforce (NHWT) website <http://www.nhwt.gov.au/nhwt.asp>

The matters and concerns raised when considering inclusion of AHWs in a National Registration Scheme are complex and require greater exploration by the NHWT and it is imperative that comprehensive consultation occurs with NACCHO, State and Territory Affiliates, AHWs and other staff of ACCHS in the lead up to the introduction of the scheme for AHWs. NACCHO looks forward to continuing to work closely with the NHWT and the NATSIAHWA to enable this to occur.

### **National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)**

NACCHO has been actively involved in the establishment of the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) as an organisation to represent Aboriginal and Torres Strait Islander Health Worker professions whether working in the Aboriginal Community Controlled Health Services (ACCHS); mainstream, private health services, or currently training.

The establishment of the NATSIHWA has been overseen by the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG). In December 2008 an Implementation Coordinator was appointed to take on the role of developing the Association and its Constitution. An Expert Advisory Group (EAG) consisting of ATSIHWWG members was formed, including expert AHW nominees with Dr Mick Adams as Chair. Members of the EAG were involved in consultations in their jurisdictions, reviewing models of Constitutions, definitions and other key issues re: the Association's governance and objectives. Several members of this group later formed the Interim Board for the National Aboriginal and Torres Strait Islander Aboriginal Health Worker Association with the position of Chief Executive Officer advertised and awaiting appointment.

The principal aim of the NATSIHWA will be to represent the professional and aspirational needs of all Aboriginal and Torres Strait Islander Health Workers by:

- advocating on behalf of Aboriginal Or Torres Strait Islander Health Workers to ensure input and engagement on various workforce issues including recruitment and retention strategies and career pathways and support;
- representing Aboriginal Or Torres Strait Islander Health Workers at peak regional, state and national forums;
- facilitating networking, information sharing, mentoring and support for Aboriginal Or Torres Strait Islander Health Workers;
- advocating for the accreditation and registration of Aboriginal Or Torres Strait Islander Health Workers;
- advocating for appropriate education, training and development needs of Aboriginal Or Torres Strait Islander Health Workers;
- representing Aboriginal Or Torres Strait Islander Health Workers nationally with regards to relevant issues and needs of Aboriginal Or Torres Strait Islander Health Workers;
- promoting and facilitating cultural capability, understanding safety and respect within the workplace of Aboriginal Or Torres Strait Islander Health Workers;
- protecting the cultural integrity of Aboriginal Or Torres Strait Islander Health Workers; and
- doing all other things as may be incidental or ancillary to the attainment of these objects.

On 30 June 2009 NACCHO conducted a national workshop for representatives from NACCHO State and Territory Affiliates to inform and seek input on a number of pertinent issues pertaining to the establishment of the NATSIHWA including constitution, objects of the association, membership, governance, role and business plan.

The Interim Board has agreed that the Association will have a period of review in which members will be able to develop the Association and its governing rules in line with the needs and aspirations of members.

### **Workforce Policy Statements for Aboriginal Health Workers**

NACCH has drafted an AHW Workforce policy document to guide ACCHSs in respect to Workforce matters for Aboriginal Health Workers and to help gain a national platform in readiness for a number of key emerging national workforce topics. The policy development process for the documents included consultation with WIPOs and other representatives from State and Territory Affiliates, distribution of the draft document its associated amendments and refinements in response to feedback throughout 2008/2009. This included a workshop in Brisbane in October 2008 to seek further input from Affiliates. The draft document includes:

- National Agreement on Aboriginal and/or Torres Strait Islander Health Workers Pay and Conditions (National Award Structures)
- National Aboriginal and Torres Strait Islander Health Worker Association
- National Registration of AHWs
- National Accreditation for Delivery of Qualifications for AHW
- Recognition of Prior Learning for AHWs
- Scope of Practice for AHWs
- Safety to Practice
- Proposed Code of Conduct for AHWs
- Proposed Code of Ethics for AHWs

### **Award Modernisation**

An Award Modernisation process is currently being undertaken by the Australian Industrial Relations Commission (AIRC) with the aim of having “modern” awards to complement the new National Employment Standards (NES) and contain provisions tailored to the needs of particular industries and occupations. Complementary modern awards can contain provisions about minimum wages, types of employment, arrangements for when work is performed, overtime and penalty rates, allowances, leave related matters, superannuation and procedures for dispute settlement. The intention of this process is to create “modern awards” from the thousands of existing Federal and State awards currently operating as NAPSAs (Notional Agreements Preserving State Awards). This is a new process as the power to create modern awards was only conferred upon the Commission by the Government’s recent amendments to the Workplace Relations Act which commenced operation in March 2008. In general, the intention is that each modern award creation will consolidate the many existing Awards, comprise of broad coverage and will replace and encompass the existing large number of federal awards and NAPSAs.

It is anticipated that the new modern awards will operate from 1 January 2010, and together with the National Employment Standards, form a safety net for employment conditions and entitlements. The process is complex and detailed and has implications for the ACCHS. Therefore, NACCHO is extensively involved in negotiations and submissions to the AIRC to influence decisions arising from the process. NACCHO submissions were made to the Commission on 16 February 2009 and 6 March 2009 in collaboration with the Victorian Hospitals’ Industrial Association and Blake and Dawson Law Firm, who together with NACCHO attended the AIRC hearing on the Award Modernisation on 23 February 2009. Since this time NACCHO has been working in collaboration with Blake & Dawson who are representing NACCHO at the AIRC on a pro-bono basis.

NACCHO is proposing a stand alone award for the ACCH Sector as a unique industry which employs a number of health professionals, such as doctors, nurses, allied health workers and AHWs who are currently covered under multiple separate awards.

The intention of seeking a single stand alone award is to ensure that ACCHSs have the following:

- a reduced burden of continually ensuring they are cognisant of their rights and responsibilities towards employees under the range of existing awards. This is particularly relevant for smaller services and those who do not have a designated Human Resources employee;
- to create a funding benchmark for when the sector is negotiating with funding bodies for project positions; and
- to ensure staff of ACCHS are not subsumed into an existing or created mainstream award that may not have the capacity to acknowledge or understand the unique nature of our organisations, in particular cultural differences, community control and self determination.

NACCHO has highlighted to the Commission that the ACCHS industry is reliant on government funding, part of which is linked to the wage rates prescribed in the relevant instruments. The making of a single award for the industry will go some way towards simplifying the process of seeking funding; a process which is integral for maintaining the viability of the ACCHS industry.

During this period NACCHO and Blake & Dawson submitted a draft award for the Aboriginal Community Controlled sector to the IR Commission for the Modern Award Process.

In drafting the award NACCHO aimed to cover the broad ranging classification coverage within existing awards that members were respondent to, encompassing Aboriginal Health Workers, community health nurses, registered nurses, dentists, medical officers, social workers, counsellors, child care workers, administrative officers, research officers, cooks, drivers and gardeners.

The IR Commission will respond to our submissions on the 25th of September.

### Workforce Information Policy Officers (WIPO) Network

The national network of WIPOs met twice throughout the 08/09 (in Alice Springs and Adelaide) to progress national workforce issues of significance. In addition members of the network attended a policy and registration workshop in Brisbane in October 2008 and a workshop on the National Aboriginal and Torres Strait Islander Health Worker Association in Adelaide in June 2009. There have been a number of teleconferences throughout the year to discuss key workforce issues as the need arose. Major areas of focus and work have been the following flora:

- Implementation of the Aboriginal and/or Torres Strait Islander Health Workers qualification and resources
- Award modernisation
- National Review of the NATSIHWSF
- National Review of the WIPO program
- National single accreditation and registration processes
- Draft National workforce policy platform
- Consultation and direction regarding the activities of the ATSIHWWG
- The workforce and training agenda of COAG

NACCHO is awaiting advice from the Department of Health and Ageing (DoHA) regarding future directions that flow out of the Review of the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (WSF) and the recommendations arising from the evaluation of the WIPO Program.

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

ATSIHRTONN (Aboriginal and/or Torres Strait Islander Health Registered Training Organisation National Network) was funded by DoHA in 2008 for 3 years and is a group of Aboriginal and/or Torres Strait Islander Community Controlled Registered Training Organisations which have created a collective that is designed to build the capacity of its member RTOs to drive education and training delivery to the Aboriginal and Torres Strait Islander health workforce. The ATSIHRTONN Secretariat is currently auspiced by the Aboriginal Health Council of SA (AHCSA).

During the 2008/09 funding period, ATSIHRTONN has continued to work collaboratively with NACCHO secretariat to meet its strategic objectives, vision, mission and contractual deliverables. The NACCHO Workforce Issues Policy Officer participated on the ATSIHRTONN Executive Committee and the ATSIHRTONN secretariat provides progress reports to every NACCHO Board meeting. The National ATSIHRTONN Coordinator also attended and presented at the May 2009 NACCHO Board meeting, both providing information on current ATSIHRTONN activity and seeking guidance from the Board.

ATSIHRTONN members and secretariat continue to work towards the following objectives, as articulated in the ATSIHRTONN 2007-10 Strategic plan:

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.
5. To strengthen and maintain the specialist position of Aboriginal RTOs within the VET sector.

### Black Trakker Research Guidelines

Black Trakker has represented our most comprehensive piece of work on research guidelines for use by the sector and not external bodies. The intent is to develop a comprehensive Research Tool Kit for Affiliates and member for use in understanding the basic component of research, using existing data and surveillance systems, undertaking research, evaluating research proposals. The research tool kit is therefore comprised of:

1. Understanding Research;
2. Surveillance: Data Management;
3. Understanding Ethics: Key Issues
4. Understanding Privacy: Key issues which incorporate model privacy principals and codes.

The work has been overseen by the CEO Network. Final drafts and a presentation were provided at the Broome AGM 2008 and approval given to finalise the Community Controlled Health Sector consultation phase, prior to technical review and external consultation with relevant research bodies such as the CRC and NHMRC.

The sector consultation has concluded on the documents and work has commenced on templates for assessing research proposals received by Affiliates and Members. These remain in the early stages of development and require extensive consultation and input from the sector to determine the relevant matters for inclusion as they form the basis for determining and considering research proposals and entering agreements.

A funding submission has been prepared to seek funding for consultation, finalisation, publication and launch of the documents. Further, all drafts have undergone a technical review and further drafting of the kit prior to their circulation more broadly for additional commentary.

### **Information Management Secure Aboriginal Medical Services Information Systems (SAMSIS)**

SAMSIS is currently being reviewed by the Office of Aboriginal Torres Strait Islander Health. NACCHO is a key stakeholder in this process and continues to participate in both the review process and in SAMSIS through the Operational Advisory Committee. Due to the review and the intersection with Accreditation, ICT/IM and Rationalised Reporting and OATSIH moves through Healthy for Life and SCARF (Support, Collection, Analysis and Reporting Function of the Healthy for Life Program) to develop new data reporting systems that the future of SAMSIS is very unclear.

### **National Information Communication Technology/ Information Management (ICT/IM) Workshop**

The Inaugural National ITC/IM Workshop was held in Brisbane on the 4th and 5th of December 2008. The workshop was attended by the NACCHO Chair, Dr. Mick Adams, invited speakers, ICT/IM delegates working at the State and Territory Affiliates and was considered a successful operational workshop given the scope and outcomes of the workshop.

Whilst there were invited guest speakers the primary success of the workshop related to drawing together the relevant workers in the ICT/IM sector and providing them with the opportunity to discuss and share information regarding the complex and overlapping matters occurring at a State and Territory level .

The workshop commenced by highlighting NACCHO's commitment and endorsement for establishing a National Communication Network and outlined key areas in which NACCHO can offer support.

The range of issues canvassed together with the outcomes and recommendations arising from the workshop include:

- Presentation on the background and establishment of the program;
- State and Territory reports to update and share information regarding implementation, progress and issues affecting service delivery in ICT/IM programs;
- A comprehensive discussion of the OATSIH issues paper *Review of Reporting Requirements for OATSIH Funded Organisations* to enable both jurisdictional responses and the collation of a national response;
- Establishment of a national network of ICT/IM workers to facilitate ongoing discussion and information sharing;
- Discussion of proposed activity areas for NACCHO arising from issues relating to information topics (domains) to determine the sector's own data requirements such as Quality Assurance and reporting needs, data management systems or information base arising from implementation of OSCAR and its intersection with SAMSIS, and ongoing data governance issues, in particular the implications for the Data Governance Information Agreement with DoHA;
- Review and discuss the in principal support given to the proposed 'Information Base' presentation at the NACCHO AGM and Members Meeting (Broome, November 2008) which linked to the OATSIH proposed rationalisation of reporting and instigated a discussion of the future of SAMSIS.

Outcomes and recommendations arising from the workshop included:

- Request for board endorsement of changing the QUMAX site to a National Communication Network to enable and facilitate communication between program areas;
- Data governance such as an Information Agreement to oversee any future data developments in the area.

Following the workshop a meeting was held with the web-site designers and again at an accreditation meeting. The National Communication Network has been progressed (see section on QUMAX) and remaining issues relating to how to resource the network are outstanding.

The sector has taken up work in this area and continues to meet as an ICT/IM group and has established draft terms of reference for the group which are for discussion at a planned national meeting convened by Affiliates.

### OATSIH Rationalised Reporting Review & Consultations

In December 2008 and May 2009 NACCHO provided reports to the OATSIH Issues paper on Rationalised Reporting. Consultation was also held in most states/territories. It was clear that a range of issues remain for our members/affiliates and that until matters such as ownership, custodianship, access, control, IT infrastructure, data accuracy, privacy etc. are addressed then the detail of how and what any proposed rationalised reporting structure would entail remains problematic.

Following the ICT/IM Workshop the OATSIH Issues Paper required a response. The NACCHO submissions utilised information arising from the workshop and delegate identification of primary issues. This allowed a co-ordinated national response from the sector with respect to both the Affiliates submissions but also NACCHO's submission reflecting the key issues for Affiliates at a national level.

A key outcome of the Workshop was it allowed NACCHO to consult with those workers responsible for implementation of the ICT/IM program, identify the key issues affecting Affiliates and meant NACCHO was able to offer and provide support and advice to Affiliates in the preparation of their own responses within a critically short time-frame.

The Sector has been awaiting the OATSIH issues paper on Rationalised Reporting for sometime and it was disappointing that it was largely limited to summarising current systems rather than identifying rationalised reporting matters, it does not make reference to the Information Agreement, governance and ownership of data and lacks to consider NACCHO and its Affiliates as partners in determining reporting requirements.

Subsequently, NACCHO prepared two submissions to the OATSIH in their Review of Reporting Requirements (December 2008 and May 2009).<sup>16</sup> These submissions recommended the re-instatement of a national information agreement between the NACCHO Board and the OATSIH regarding the collection and reporting of data from ACCHSs, which was first established in 1998. The role of such an information agreement was outlined, including the need to support the sector to develop its own national quality assurance performance framework. NACCHO supported the use of an acceptable web-based tool to upload reporting; simplification of reporting; and the provision of training and support for reporting.

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<sup>16</sup> <http://www.naccho.org.au/resources/documents.html>.

1. SUBMISSION FROM THE NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION (NACCHO), 15 DECEMBER 2008. OATSIH Issues Paper: Review of Reporting Requirements for OATSIH Funded Organisations.  
2. Submission from NACCHO: OATSIH Consultation Paper: Review of Reporting Requirements for OATSIH Funded Organisations (version 6 April 2009), 29 May 2009

NACCHO also recommended:

- Supporting Aboriginal community governance
- Commitment to the 'Indigenous Engagement Principle'
- Defining OATSIH Funded Organisations and disaggregating in a reporting framework
- Aligning ACCHSs and mainstream health services reporting under COAG
- Measuring mainstream health services partnership with ACCHSs
- A Performance/Reporting Framework for mainstream services
- Fostering NACCHO and Affiliates as leaders of reporting and performance frameworks for ACCHSs
- Creating advisory structures
- Developing a national approach to a reporting framework
- Understanding the role and authority of the AIHW for data storage, reporting and analysis
- Aligning with COAG Implementation Plan monitoring
- Use of an acceptable web-based tool to upload reporting
- Need to support improved data capacity within ACCHSs
- The simplification of reporting
- The provision of training and support for reporting and its interpretation
- Creating a national help-desk and service support.

NACCHO argued that given that the Council of Australian Governments (COAG) commitment in Aboriginal health is predominantly directed towards mainstream general practices, performance reporting will need to be assessed in a similar way to ACCHSs. It is vital that reporting burdens are balanced across the differing health sectors, and that undue focus of reporting is not placed on ACCHSs.

## REPORTING ON STRATEGIC PRIORITIES A MORE EFFICIENT AND EFFECTIVE SECRETARIAT

A core NACCHO Secretariat activity is to support services and Affiliates.

### Public Health Medical Officers Network

NACCHO provides support to the network of Public Health Medical Officers (PHMOs) employed in all Affiliates. The outcomes of meetings between PHMOs are reported to the NACCHO Board by the NACCHO PHMO, and recommendations are relayed back to Affiliates. NACCHO has also developed discussion forums for PHMOs on the NACCHO website in order to assist with version control of discussion papers developed and to better track communication. OATSIH has been advised as to issues recommended by the Board that could be progressed nationally through this network.

### NACCHO Communication Network (NCN)

NACCHO created a web based interface to assist in the management and administration of the QUMAX program. This platform is owned by the sector and intellectual property resides with NACCHO.

This web based interface is undergoing expansion and modification to create an information management and communication system to assist NACCHO and its State Affiliates and ACCHS in meeting shared goals in the administration of a number of program areas (e.g. Accreditation, QUMAX, ICT/IM, PHMO activity,) as well as providing NACCHO, State Affiliates and ACCHS with a secure national sector- specific communication forum to discuss existing and emerging issues in any domain which affects the ACCHS sector

The new NCN is designed to assist in the sharing of resources and ideas to facilitate the administration and management of current and emerging programs.

This national approach will ensure that any duplication of efforts can be minimized over time and that a critical mass of ACCHS staff and sector personnel can be established.

NACCHO defined the specification for the new NCN in consultation with exiting QUMAX users; with the network ICT/IM officers (Brisbane Workshop 4/5 December 2008); with the Accreditation Officers based in State Affiliates and the NACCHO Board.

The NACCHO Board has governance over the project and State Affiliates have governance of private state based discussion fora. Resources uploaded to the system remain the property of the provider.

The system will also have the capacity for new areas to be established at the discretion of the NACCHO, State Affiliates and ACCHS.

### Philanthropic Activities

A range of funding submissions and philanthropic activities has been undertaken this year. The NACCHO Board has supported a financial strategy for the organisation which includes the "Friends of NACCHO", but also a wide ranging platform of targeted government, business and philanthropic organisations.

### Social and Emotional Well-being (SEWB)

NACCHO submitted to OATSIH under the Social & Emotional Well-being Workforce Support and Training tender process for a new full-time position based at the Secretariat to provide support and coordination to members in relation to these matters. These funds are not new monies but effectively relate to a restructure of the current program. Therefore, NACCHO ensured that its members/affiliates would not be affected by any monies received by NACCHO at the expense of existing programs.

A consultation teleconference was held in relation to the matter and it was agreed by participants that NACCHO had a significant role to play in not only tracking the placement of these funds but also in providing a coordinating role at a national level. Therefore, funds were sought for a 'position' within the Secretariat to undertake a range of functions based upon existing models, such as the Workforce position. To date we have not received a response but the Department indicated that offers will be made toward the end of April/May.

### Strategic Planning

Work has finished updating the format and content of our OATSIH Service Development Reporting Framework reports to align and reflect the activities more closely with the current functions of NACCHO, the aspirations of our members and to ensure that those activities which are similar are wound together and duplication is reduced.

### National Committees and Working Groups Representation

NACCHO represents our sector on a wide range of bodies:

- Aboriginal & Torres Strait Islander Health Registered Training Organisation Network (ATSIHRTON);
- Aboriginal and Torres Strait Islander Health Workforce Working Group and its four associated Sub-Committees;
- AMA Indigenous Health Task Force
- Antenatal Care Guidelines development
- Asthma Expert Advisory Group;
- Asthma Foundation - Asthma Community Grants Support Steering Committee;
- Asthma Foundation (Asthma Community Grants Support Steering Committee)
- Asthma Friendly Schools Steering Committee;
- Australian HIV Observational Database Steering Committee;

## REPORTING ON STRATEGIC PRIORITIES

- Australian Medical Association Indigenous Health Task Force;
- Australian Pharmaceutical Advisory Council;
- Cancer Australia Strategic Forum
- Close the Gap Steering committee
- COAG Mental Health Expert Reference Group;
- Expenditure on Health Services for Aboriginal Peoples Working Group;
- Expert Advisory group on medicines
- Good Medicines Better Health Project Steering Group;
- Healthy for Life Evaluation and Outcomes Reference Group
- Human Rights and Equal Opportunities Commission Health Campaign Committee;
- Indigenous Australian Sexual Health Committee (IASHC);
- Indigenous Health Services Accreditation Advisory Committee (IHSAAC)
- International Network of Indigenous Health Knowledge Network (INIHKD) - International Steering Group;
- National Aboriginal Health Excellence Awards – Steering Committees;
- National Advisory Group for Aboriginal and Torres Strait Islander Health, Information and Data (NAGATSIHID);
- National Heart Foundation Aboriginal and Torres Strait Islander Health Advisory Committee;
- National Indigenous Disability Network Reference Group;
- National Indigenous Drug and Alcohol Committee (NIDAC);
- National Indigenous Health Equality Council;
- National Influenza Pandemic Action Committee- Primary Care Working Group;
- National Rural Health Alliance Board;
- NATSINSAP implementation reference group
- NATSINSAP Implementation Reference Group;
- OATSIH Business Improvement Group
- PBS Co-payment Measure Technical Advisory Group
- Professional Programs and Services Advisory Committee Indigenous and Rural Steering Committee
- Practice Incentive Program Advisory Group
- Professional Programs and Services Advisory Committee- Indigenous and Rural Steering Committee;
- Program Reference Group QUMAX
- Public Health Medical Officers Network
- RACGP Aboriginal and Torres Strait Islander Health Working Group;
- Reference Group for the Fourth National Indigenous Men's Health Conference;
- Special Drugs List Advisory Group;
- Trachoma Surveillance Reference Group

## NACCHO 2008 ANNUAL GENERAL MEETING



*Preparation - searching the Karaoke song list for the one matching the Territory's singing talents - was the key to the NT winning second place.*



*Delegates were welcomed to the Broome meeting by Yawaru elder Aunty Doris Edgar, Mr Frank Sebastian and Aunty Doris Edgar's daughter Dianne spoke to delegates on their behalf.*



*The winning Karaoke crew from West Australia improved on last year's second place.*



*NACCHO's Denise Burdett Executive Assistant, Janine Engelhardt Senior Policy Officer and Dea Delaney Thiele CEO.*

### 2008 AGM AND MEMBERS MEETING 11-14 NOVEMBER

NACCHO's 2008 Annual General Meeting and Members Meeting in November was held in Broome to coincide with the celebration for the Broome Regional Aboriginal Medical Services (BRAMS) 30th anniversary celebrations.

Over 150 delegates representing ACCHSs from across Australia, their state and territory peak bodies and NACCHO Board Members attended the meeting over four days.

NACCHO Chair Dr Mick Adams elected at the 2007 AGM just days before the 2007 federal election noted in his opening address how prospects for closing the gap on Aboriginal health inequality seemed to have improved with the change of government.

Dr Adams noted the importance of the Prime Minister making the historic apology to the stolen generations, inviting the first welcome to country held at the opening of the new parliament and significantly for our sector, having signed the Close the Gap Statement of Intent recognising the role of community controlled Aboriginal Medical Services.

However Dr Adams also said in a media statement expressing the concerns of members at the AGM, held a few weeks before the COAG package was announced, "After almost a year in office; we are yet to see practical measures from this government to help our services meet the level of need we already have in our community.

A range of subjects were covered in workshops including the QUMAX scheme (Quality Use of Medicines in Aboriginal Communities), Aboriginal Health Worker registration, the Good Medicines Better Health project, pathways to community control, men's health, rationalising reporting, health care indicators, quality improvement, accreditation and research.

The AGM endorsed the "Inteyerrkwe Statement\*" from the July Aboriginal Male Health Summit in Central Australia acknowledging and apologising for the suffering some Aboriginal men have caused in their communities.

## NACCHO 2008 ANNUAL GENERAL MEETING



*NACCHO Board members Alan Brown Victoria, David Kennedy NSW, and Paula Arnol NT.*



*From Njernda Health Service, Echuca, Shirley Best, Karlene Dywer and John Mitchell with VACCHO CEO Jill Gallagher standing on the right.*



*NACCHO Deputy Chair Justin Mohamed left, Chair Dr Mick Adams right and, centre, Dr Tamara Mackean Australian Indigenous Doctors' Association President donating to the NACCHO Foundation.*



*Janelle Collins, Noeleen Trotter and Alexis Bell from Yulu-Burri-Ba Health on North Stradbroke Island Queensland with NACCHO's Chris Hallett.*

The meeting called on all Aboriginal men to think about the statement and to commit to its principals of caring for children in a safe family environment and recognising the need for the love and support of Aboriginal women to help men move forward.

The issues of who owns and has access to the data collected from community controlled Aboriginal Medical Services and the growing burden of more reporting required by government were also hot topics at the AGM.

The issues were raised in workshops and in two formal resolutions from the meeting:

- that NACCHO develop strategies to reduce the excessive burden of reporting e.g. Service Activity Reporting, Service Development and Reporting Framework, OATSIH Services Collection, Analysis and Reporting, Risk Assessment Procedures and Accreditation; and
- That NACCHO work to enable Aboriginal Community Controlled Health Services (ACCHSs) to use health information collected through all reporting processes to improve ACCHSs access to increased resources.

After discussion health services for Aboriginal prisoners and the work of some Aboriginal medical services contracted to look after prisoners it was resolved "that NACCHO formulate a policy regarding health care for prisoners, particularly when released into remote areas where there is no access for medical services".

Among other resolutions delegates reiterated a core belief of our sector:

*NACCHO members believe that Aboriginal People's full participation in the health service design, delivery, monitoring and evaluation is integral to improving health outcomes for Aboriginal people.*

*Therefore in order to Close the Gap of life expectancy within a generation NACCHO members call on the commonwealth and state/territory governments to ensure that funding for Aboriginal primary health care is provided through Aboriginal Community Controlled Health Services*

## STATE AND TERRITORY AFFILIATE REPORTS

### Queensland Affiliate

#### Queensland Aboriginal and Islander Health Council (QAIHC)

At the end of 2008/09, QAIHC's membership comprised all 26 Community Controlled Health Services (CCHS) in Queensland and 10 associate member organisations. Of significance was the re-joining of a number of former member organisations. Partnerships within the sector continued with key organisations including the Commonwealth Department of Health and Ageing, Queensland Health, General Practice Queensland, Health Workforce Queensland and the Queensland Indigenous Substance Misuse Council. These partnerships contributed to the development of stronger platforms to support all members in meeting their responsibilities in closing the gap in health outcomes between Aboriginal and Torres Strait Islander and non-Indigenous Australians.

#### *Investing in Aboriginal Community Control*

A key focus in 2008/09 was on potential structural changes to the current health funding system. Consultations for the 'Investing in Aboriginal Community Control' project were undertaken through two national *Think Tanks* funded by Oxfam Australia and hosted by QAIHC on behalf of NACCHO and its Affiliates.

#### *The two primary aims of the Think Tanks were to:*

Seek expert advice from key stakeholders to establish a new framework for Indigenous health care; and

To deliberate practical opportunities for system reform and to develop a way forward that demonstrates a shared, and unified, vision between government and the community.

To accomplish this task, the *Think Tanks* focussed on two aspects of funding reform: funding allocation to the health sector; and funding mechanisms to distribute funding amongst services.

The *Think Tank* process confirmed the consultation capacity of the stakeholders involved in the process in that they effectively worked with their communities – and with one another – to articulate the challenges facing the community controlled health sector. Those challenges have been published as a paper entitled: *A New Beginning: Charting the way in Primary Health Care for Aboriginal and Torres Strait Islander peoples* (July, 2008).

Ultimately, the *Think Tanks* identified the following four priorities as practical methods for addressing Indigenous health disadvantage through community control investment:

- The need for legislation that underpins the planning and funding of CCHS;
- The need for an independent Commission to monitor health improvement outcomes across the effort across sectors ;

- The need for a National Aboriginal and Torres Strait Islander Primary Healthcare Authority, comprising elected Aboriginal and Torres Strait Islander representatives; and
- The need for a mechanism to ensure Aboriginal and Torres Strait Islander participation in decision making and direction of service delivery.

The project is to be further progressed in 2009/10.

### *Access and Equity*

In August 2006, QAIHC commissioned the University of Wollongong's Centre for Health Service Development to assess funding requirements for the Apunipima Cape York Health Council (ACYHC) and Gurriny Yealamucka Health Services Aboriginal Corporation (GYHSAC). The assessment was funded by QAIHC, ACYHC, GYHSAC and the Brisbane Aboriginal and Torres Strait Islander Community Controlled Health Service. The aim of the project was to calculate the level of public funding that would be required to implement the transition of state government health services to community control in Cape York and Yarrabah.

The key outcome of the assessment was a report entitled *Access and equity – the funding required to close the gap in Aboriginal and Islander health in Far North Queensland* (June, 2008). The Report not only highlighted the complexity of funding models in North Queensland, and the associated organisational planning and service delivery implications, but it also clearly demonstrated significant under-funding for both organisations.

The report found a key benefit of funds pooling would be to reduce the red tape and administrative expenses of the present arrangement under which communities receive small trickles of one-off funding. Current arrangements result in "siloeed" service provision in the field and the administrative burden in many cases outweighs the benefits of the program.

The project has guided QAIHC in our advocacy role with both Commonwealth and State governments.

### *Workforce Planning*

Queensland's National Workforce focus is developing a rural and remote training/education and work ready pathways project for Cape York in consultation with the Industry leaders group, Queensland Health, Workforce Council, Industry, RTOs and QAIHC as part of the Health Skills Formation Strategy.

### *QAIHC Physician Assistant model*

With Queensland Health support, QAIHC are in the process of accessing Queensland Health intellectual property to develop a Queensland CCHS pilot project primarily to develop a physician assistant model for ACCHS. The Queensland CCHS project will be independent to the Queensland Health pilot but will be evaluated as part of that process.

### *QAIHC Aboriginal Health Worker (AHW) Assessors project*

Currently AHW in Queensland are being assessed and supported to transition into the new national Aboriginal Health Worker Primary Health Care competencies.

### **Sector Development**

Currently celebrating its fifth year, Sector Development continues to advocate assertively for Community-Controlled Health Services and to highlight the vital role that they play in the continuum of care as States and Territories work through the practical implications of policy initiatives such as the Council of Australian Government's (COAG) *Indigenous Health National Partnership*. Ultimately, Sector Development is about enhancing the organisational capacity of our Member base through the trials, tribulations and successes that they experience at *the coalface* as they continue to address Indigenous health disadvantage and collaboratively seek to *close the gap*.

### *MBS Support*

QAIHC has continued to provide MBS Support to CCHS in Queensland through electronic sources, development of resources, the "Medicare Matters" monthly newsletter and assisted UNE Partnerships to deliver Certificate III in Business (Medical Administration) for Medical Receptionists within the CCHS sector. These capacity building resources and support continue to improve CCHS access to self generated funds through the Medicare Australian program and contribute to ongoing staff retention and training for better workforce planning.

### *Regional Quality Accreditation Support Program*

In November 2008, QAIHC implemented the Regional Quality Accreditation Support Program (RQASP) to support services seeking to meet OATSIH's expectation that all OATSIH funded CCHS be accredited in accordance with accepted Australian Health Care Standards by 30 June 2011.

QAIHC members have been increasingly entering programs over the past 6 months with 70.5% of services now either accredited or participating in programs that lead to accreditation. RQASP is providing individual service support, information and education workshops and staff development workshops in the delivery of quality services, newsletters and ongoing electronic support to services across the state.

### *Centre for Clinical Research Excellence*

Funded in 2005 by the National Health and Medical Research Council (NH&MRC), the QAIHC *Centre for Clinical Research Excellence (CCRE) in Circulatory and Associated Conditions in Urban Indigenous Peoples* is now in its fifth and final year of operation. Over the last year the CCRE has continued to implement a research program that aims to contribute to enhanced service delivery and health outcomes, as well as building research capacity within the sector. The current NHMRC grant expires in December 2009 and the CCRE are working with a number of stakeholders to develop an ongoing research program within the CCHS in Queensland.

### *Population Health*

A number of initiatives have been developed and evaluated including health promotion projects focusing on increasing cooking skills, increasing physical activity levels among staff, the development of healthy workplace policies and the establishment of community networks. Training in motivational interviewing and health promotion has been conducted or is being delivered and a brief intervention report has been submitted for publication.

### **Victorian Affiliate**

#### **Victorian Aboriginal Community Controlled Health Organisation (VACCHO)**

VACCHO has had another busy year. We continue to develop the range of services we provide to members as well as the quantity and quality of our advocacy work. We have expanded to the point of bursting out of our current building and have had to rent second premises to deliver training, turning our training room into offices.

We continue to build on the commitments under the Close the Gap activities though we have not been had the input we would like into the COAG program developments which appear to be discussions between our Department of Human Services and OATSIH in spite of commitments of inclusion contained in the “Statement of Intent”, the commitments in the framework agreement on Aboriginal health and the expectation that VACCHO and our members will implement the new and expanded programs and partnerships.

Our need for infrastructure for VACCHO itself has been recognised by the Minister and some progress has been made. VACCHO has hired a building consultant to advise us in our negotiations and strategic approaches to the Department and guide us through the bureaucratic jungle that is CAPEX.

The urgent needs of our members for improved infrastructure to house the staff to deliver the increased programs to Close the Gap have been largely unheeded. This means that some programs are being placed in mainstream services.

As well as infrastructure the sector needs to secure and support a workforce to sustain the sector and deliver their services at the highest level under changing and sometimes difficult circumstances.

VACCHO's CEO, Jill Gallagher has taken an extended period of leave for health reasons and the organisation has had to adapt. We look forward to Jill's return in the later part of the year. The experience though, has underlined the need for organisations to have staff with management ability to fill the needs of growth, and of challenges thrown up by circumstances.

Our Workforce development unit has been working hard on accreditation of services, increasing their capacity to claim Medicare and improve access to medicines through QUMAX. This work is progressing well but highlighting at every turn the workforce shortages that slow program growth in spite of high unemployment rates in our communities.

Our training unit is putting their review findings into action with a graduation of past students and in increased delivery of a wider range of training to a greater number of students. VACCHO training needs to expand into the delivery of cultural competency training for mainstream health services providers but much of this work arrives in small pieces which has inhibited our capacity to create a dedicated unit with a curriculum, staff, resources and the capacity to promote this area of activity as a fee for service to mainstream services.

VACCHO has been increasingly asked to provide high level strategic and expert advice to government in a range of specialist areas. These have included the Victorian Aboriginal Council on Koori Health, (the committee which oversees Victoria's framework agreement) Health plan. Additionally VACCHO has produced through a combination of charitable, contract and program funding;

- a Physical Activity and Nutrition Strategy,
- advice to the Koori Alcohol Action Plan,
- strategic advice to the Mental Health strategy
- A Victorian Aboriginal sexual health strategy
- A campaign to increase the uptake of health assessments

This has underlined the importance of having a well informed, community engaged position to take to the negotiating table, which VACCHO and our members are poorly resourced to provide.

Our health programs also celebrated the tenth anniversary of our very popular Koori Maternity Services program this year. A resource was launched at the tenth anniversary event by the Minister along with the announcement of two new KMS sites.

VACCHO lobbying and advocacy including media saw the establishment of a Ministerial Taskforce on Aboriginal Suicide which had an Aboriginal co-chair and equal representation from Aboriginal community.

The year has also seen the expansion of our Public Health and Research Unit which has built on the Public Health Medical Officers position. This unit has been responsible for coordination of the VACKH Aboriginal Health Plan, and building VACCHO and the members research capacity both through identifying research priorities, building stronger partnerships with academic institutions and building in house research capacity. This has included a research project on smoking and pregnancy and input to the Health information Management and chronic disease management. Expansion of the research capacity at VACCHO including proposals for increased researcher in residence programs have been hampered by a lack of space.

### Northern Territory Affiliate

#### Aboriginal Medical Services Alliance Northern Territory (AMSANT)

The past year has seen increased and more strategic activity for AMSANT and its 26 member services in the NT, especially in response to the federal government's on-going Intervention into Child Health in the NT, launched by the Howard government in August 2007. The 'intervention' continues to impact on Aboriginal communities, in both positive and negative ways, and has, thankfully, increased the national focus on Aboriginal primary health care and the holistic health practices that operate in the community controlled sector.

AMSANT continues to have grave reservations about some aspects of the 'intervention'—most notably, the suspension of the *Racial Discrimination Act* and a non-existent consultation process—but maintains its strong engagement with government health agencies to ensure resources are consistently directed to primary health care services, for the benefit of all Aboriginal Territorians.

A submission to the 'intervention' review board—led by Peter Yu—expressed AMSANT's concerns about racial discrimination, lack of consultation and the urgent need for increases to health workforce and infrastructure. The organisation was heartened by the federal government's recognition of the critical work being carried out by community controlled health services.

Phase Three of the 'intervention'—also called the 'NT emergency response'—has occupied much of the energies and efforts of both AMSANT and its member health services. This 'comprehensive PHC reform' phase is a two-year, \$100 million program funded through the Expanding Health Service Delivery Initiative (EHSDI) and aims to increase the capacity of primary health care services, strengthen regional health delivery and to set up a Remote Area Health Corps Agency.

AMSANT expanded its staff and programs in 2008/2009, reflecting the federal and NT governments' increased support and funding for preventative health care. New programs in information and communications technology (ICT), accreditation of health services, cultural security and CQI (continuous quality improvement) are providing member services with 'best practice' communication systems and are further strengthening their capacity to sustain excellent and on-going health services.

Crucially, 2008/2009 saw the establishment of the Reform and Development Unit (RaDU) in Darwin and Alice Springs, which has hosted numerous regional meetings to consult communities about how health service delivery can better match the demands of their growing and diverse populations. RaDU has developed a key document—*Tool-box: A Remote Community Guide*—that is being used in conjunction with the Pathways to Community Control strategy.

With the introduction of these programs, AMSANT has undergone rapid growth and significant change to the scale of the activity we can now achieve. An external review of our operations has provided critical advice on our business management practices and made key recommendations on how to strategically attract more resources. As a result, newly-appointed business and policy managers have strengthened the intellectual, practical and commercial calibre of AMSANT.

The AMSANT Executive Officer, John Paterson, was offered another three-year contract by the Board in June and this continuity of leadership, and John's recognised ability to engage and influence stakeholders, gives us a great strength in our advocacy. Stephanie Bell (the director of the Central Australian Aboriginal Congress) was elected as the AMSANT Chair in 2008, and her vast experience and creative thinking ensure that AMSANT remains the NT's peak body for Aboriginal health.

Advocacy is a key element of AMSANT's operations and the Executive Officer and Chair issued numerous statements and conducted many media interviews in support of Aboriginal health. Key issues in 2008/2009 were workforce shortages, maternal health, PHC reform, patient travel, alcohol taxes, sexual health and the defence of the homelands/ outstations movement.

Of all the challenging issues that continue to confront Aboriginal health in the NT, workforce deficiencies remain central and will continue to affect health outcomes from Yirrkala in the north, to Yulara in the south. AMSANT is resolved to working with the relevant professional bodies to ensure sufficient nurses, AHWs, doctors and allied health workers are recruited and retained by our member services. Then we can really start to 'close the gap'.

### South Australian Affiliate

#### **Aboriginal Health Council of South Australia (AHCSA)**

AHCSA has 19 Member Services and the AGM for 2008 was held in Ceduna and first Board meeting for 2009 in Adelaide in March. The main issues/activities were:

- Moving to new premises in late January – 9 King William Rd, Unley, 5061
- 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. The SA State Health Department have downsized their staff which saw nineteen positions being cut from the Aboriginal Health Division;
- Continued partnership and liaison with Country Health SA and the Aboriginal Health Directorate;
- South Australian Aboriginal Health Partnership continues to grow stronger and working towards signing a new Framework Agreement in 2010;
- APHC workers forum held three times per year – all AHWs participate, whether they work in mainstream or ACCHS;
- The Aboriginal Research Ethics Committee meets monthly;

## STATE AND TERRITORY AFFILIATE REPORTS

- The Eye Health Specialist Support Coordinator continues to work closely with the Optometrists and Ophthalmologists that travel across the APY Lands to all the clinics;
- The Accreditation Support Officer was employed by AHCSA in late March to assist member services with the practical and strategic components required to qualify for full accreditation status for the services they provide or if already accredited, to maintain accreditation. This position is contracted for three years;
- Continued partnership with NACCHO and the National Prescribing Services on the Quality Use of Medicine Program. The resources have been developed and the program is due for a National roll out in late 2009;
- Centre of Clinical Research (CCRE) in Aboriginal Health focusing on 3 to 4 major business areas including chronic disease, and the translation of research into community programs is finished in December 2008 with the release of two major reports: *Mapping the Journey and the CCRE: Achievements and Milestones document*;
- In late 2008, 12 students graduated from the pilot course of the Certificate IV: Indigenous Research Capacity Building, which was a partnership with James Cook University and the first in Australia. In 2009 there have 18 students participating in the Course, continuing on from the successful pilot. Funding is received on a year by year basis through the AHCSA RTO and the biggest challenge with sourcing more funding is securing funding for the Lecturer salary for the course;
- Aboriginal Maternal Infant Care (AMIC) Workers - AHCSA signed a contract with Country Health SA in July to facilitate the delivery of the Certificate IV Practice and 3 Aboriginal Maternal and Infant Care (AMIC) units in 2010. This training will underpin the creation of an AMIC career path for AHWs, with pathways into the degree of Midwifery at university level. Children, Youth and Women's Health Services (CYWHS) is currently negotiating a similar contract with AHCSA to train AMIC Workers in 3 metropolitan hospitals;
- Burns units -The E&TT is also currently involved in the accreditation of 3 units of competency to be used to train AHWs to work with burns victims. The Aboriginal population has an extremely high incidence of life-threatening burns compared to the non-Indigenous population, resulting in numerous admissions to hospital;
- The PHMO program continues to provide public health advice and support to AHCSA and member services. Areas which have received particular attention in recent months include pandemic influenza preparedness; developing capacity for the control of sexually transmitted infections and blood-borne viruses in services; planning for trachoma elimination; GP workforce support; and COAG implementation issues. An active Public Health Network involving all Aboriginal community controlled health services in SA enables sharing of information across the sector.
- An ICT Workshop was held in July 2008 where in principal support was gained for a consultant to visit all ACCHSs and develop a State-wide ICT/IM strategic plan.
- The consultant's final report and recommendations were presented to the Board in March 2009 and discussed further at another ICT Workshop held in April 2009.
- The delegates at the ICT/IM workshop recommended that senior management of

ACHSA participate in a new ICT/IM Forum and also lead the implementation of the ICT/IM Strategic Plan. The new ICT/IM Forum has been meeting monthly since May 2009.

- During the 2008/09 funding period, ATSIHRTONN has continued to work collaboratively with NACCHO secretariat to meet its strategic objectives, vision, mission and contractual deliverables.
  - The NACCHO Workforce Issues Policy Officer participated on the ATSIHRTONN Executive Committee and the ATSIHRTONN secretariat provides progress reports to every NACCHO Board meeting.
  - The National ATSIHRTONN Coordinator also attended and presented at the May 2009 NACCHO Board meeting, both providing information on current ATSIHRTONN activity and seeking guidance from the Board.

### West Australian Affiliate

#### **Aboriginal Health Council of West Australia (AHCWA)**

AHCWA has made significant progress in the development of processes for member Aboriginal Medical Services (AMSs) that will channel COAG information, resources and funding into our Aboriginal Community Controlled Health Sector Services over the next three years.

Member AMSs from each region across WA nominated employee representatives to work with AHCWA in a COAG Technical Team. Operating to support each member AMS and each region, the team enables sector wide responses to COAG through agreed core principles that relate to identifying and building capacity in areas of greatest need.

In other key highlights this year, AHCWA was appointed the lead agency in developing the new state Aboriginal Health Framework Agreement between the Commonwealth Minister for Health Nicola Roxon, the State Minister for Health Dr Kim Hames, and AHCWA's Chairperson Vicki O'Donnell. Close consultation with the newly formed State Government will see AHCWA act as a key adviser to Minister Hames on Aboriginal health issues. Minister Hames commenced a commitment to meet with the AHCWA Board every three months.

For the first time, the National Canberra based Office of Aboriginal and Torres Strait Islander Health (OATSIH) First Assistant Secretary (FAS) Lesley Podesta attended and presented at our Aboriginal Community Controlled Health Sector Annual Conference in March 2009. This was also the first time she had met and attended a conference of this nature in Perth with AHCWA members. The resolution from this was that allocations of COAG funding should be channelled through the AHCWA/State/Commonwealth Aboriginal Health Framework Agreement and then funnelled through to Aboriginal Medical Services via the planning process that the framework agreement provides.

AHCWA is establishing a research capability with assistance from Professor Fiona Stanley of the Telethon Institute of Child Health Research, with the first priority task being 'Participatory Action Research', which focuses on collecting data on existing service profiles and capacity.

AHCWA was pleased to convene the first e-Primary Health Practitioners' Seminar in Perth during April, which brought together primary health practitioners from the Aboriginal Community Controlled Health Sector, Divisions of General Practice and state and territory health departments from WA, NT and SA. Practitioners shared current experiences and defined shared objectives for using e-Health initiatives.

AHCWA has worked in partnership with Derbarl Yerrigan Health Service (DYHS), the Peel Aboriginal Community and Waagkininny Health In Peel (WHIP) to secure Aboriginal Community Control of the Commonwealth funded Aboriginal Primary Health Care service. Confirmation of funding agreement arrangements was received in September 2008, and AHCWA has continued to support DYHS and WHIP through regional development, professional development, training and advocacy.

AHCWA is re-orientating the way it does business through the development of a 'Member Service Charter' and implementation of an annual 'Member Survey' to ensure we continue to meet the needs of members. The two key focuses are 'quality improvement' and 'corporate support'.

It has been a significant year in training, with registration of the AHCWA Training and Development Centre achieved along with successful completion of the Registered Training Organisation's first audit by the WA Training Advisory Council. Assessment and cluster training of just under 100 Aboriginal Health Workers working within ACCHS (outside the Kimberley) was completed reaching the qualification of Certificate IV in Aboriginal Primary Health Care. Completion of the Diploma of Management by the first group of ACCHS executives to undertake the course in WA completed the Diploma of Management.

AHCWA's Cultural Safety Training program met the requirements for cultural safety training under the new COAG Indigenous Practice Incentive Payments program to commence in 2010.

The strategic direction of AHCWA is designed to provide maintenance and continuous improvement of all elements associated with our internal operations. This will ensure AHCWA is efficient and effective, and has the capabilities required to achieve its vision, mission and objectives. An Executive Team has been created and will develop clear terms of reference over the next few months. AHCWA will be working on achieving QIC Accreditation and ensure we continue our work as a quality organization.

### Tasmanian Affiliate

#### Tasmanian Aboriginal Centre

During the past year the Tasmanian Aboriginal Centre has continued its work in seeking redress for injustices wherever they appeared and pushed for the rights of Aboriginal people to control our own futures. We marched through the streets of Hobart to parliament house on 26th January pushing for the date of Australia day to be changed from celebrating the first white invasion of our lands to a more appropriate day.

We again marched in protest against the NT intervention, joining up with protestors from other states in Canberra in early February. In November we managed a very large and rowdy protest in Launceston when Kevin Rudd and his cabinet met there.

We arranged for the return of more of our ancestors remains from overseas institutions to their homeland. We are still trying to ensure Aboriginal heritage legislation is used to protect our heritage not white heritage.

We have objected strongly to the way Aboriginal health money is now being used to provide services to white families in their so called Indigenous child and family centres which are open to all. And have struggled to get money to run our own parenting and children's services, all the while watching funding flowing to white groups.

But apart from all the protesting and objecting that we do, we have had time to be an effective NACCHO affiliate and deliverer Aboriginal primary health care services. As such we have been involved in various consultations, research, partnership development, tendering processes and so on, and always battling against the odds to try to ensure that Aboriginal money is used where it is most needed, to increase the capacity of Aboriginal community controlled services to respond to the health needs of our community.

### Australian Capital Territory Affiliate

#### Winnunga Nimmityjah Aboriginal Health Service

In 2008-9 the affiliate role of Winnunga Nimmityjah Aboriginal Health Service covered a large range of activities.

The Public Health Medical Officer has worked on: quality improvement including GP meetings and training; data analysis to assist quality improvement and evaluation; health promotion including smoking cessation; implementation of the QUMAX system; supervision of research projects; and the Winnunga response to influenza H1N1 09 ("swine flu").

The Winnunga data officer has participated in the national ICT State Coordinators Network with the aim of discussing, generating ideas, sharing learning and making recommendations on ICT, IM, PIRS and reporting issues.

The Workforce Information Policy Officer (WIPO) position has been occupied by Clare Anderson since May 2009. The main tasks of the WIPO have been the implementation of the workforce priorities from the Winnunga Business Plan 2007-2012.

Winnunga Nimmityjah AHS is a major stakeholder to the ACT Aboriginal Health Forum and is represented on this forum by the CEO, Julie Tongs. Work to implement those strategies developed by this forum is facilitated by the ACT WIPO and policy officers within ACT Health and the Department of Health and Ageing.

A major national initiative, which will have significant workplace impact, is the current process underway for National Registration/Accreditation for Aboriginal Health Workers who hold an accredited national health work qualification. Winnunga has had significant input into the national submission process currently being managed by NACCHO. Implementation of national registration for Aboriginal Health Workers will not become law till July 2012.

Winnunga is funded under Establishing Quality Health Standards to support and promote accreditation and quality improvement in the ACT. The aim of the program is to employ an accreditation and quality improvement manager to: promote accreditation; assist with the development of accreditation workplans and support grants; and support the development of quality improvement and accreditation resources. The current priority is re-accreditation of Winnunga Nimmityjah AHS with AGPAL and QMS accreditation in 2009.

The Winnunga Nimmityjah AHS CEO has attended NACCHO Board meetings and provided ongoing input into NACCHO national policy.

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

The overarching goal of the AH&MRC throughout 2008/2009, as always, has been to support and represent our member Aboriginal Community Controlled Health Services (ACCHS) and promote the unique and invaluable role they play in improving the health of Aboriginal peoples.

AH&MRC has achieved many of its objectives by providing priority support services to Member Aboriginal Community Controlled Health Services (ACCHS) in workforce development, increasing access to entitlement funding, regional capacity building, information management, accreditation, building public health capacity and supporting medical workforce development, through research and ethical review and health education and training.

A significant highlight in 2008/2009 was the opening of the AH&MRC Aboriginal Health College (AHC) building at Little Bay in February 2009. This was a momentous and historical occasion bringing to fruition the long term vision and efforts of so many Aboriginal people, past and present, associated with the AH&MRC, particularly Directors and Member Services.

Throughout 2008/2009 the Council of Australia Governments' (COAG) agenda continued to be rolled out through National Partnership Agreements and funding program initiatives. Whilst this new commitment is welcomed the importance of equal partnership between the Australian Government and the Aboriginal Community Controlled Health Sector is pivotal to effective planning and implementation of any measures to address Aboriginal health inequity or life expectancy.

The rapidly changing political environment is expected to present further challenges. The government's preferred approach of competitive tendering creates increased potential for ACCHS to be disadvantaged in resource allocation. We will continue to represent the interests of ACCHS and seek the resources necessary to support and expand the sector.

It is important to acknowledge the positive results that the AH&MRC has been able to achieve through strong strategic partnerships which have produced benefits in education, public health, research and workforce.

The AH&MRC Chair acknowledges, commends and thanks:

- Our partners for their steadfast support and recognition in words and action of the integral role of ACCHS in service delivery and policy development.
- The AH&MRC Secretariat for its hard work and dedication over the past 12 months. It has continued to deliver more services with far less than the level of funding required, constantly promoting the cause of Aboriginal health and responding to demand as it arises.
- The Directors and the Members of the AH&MRC for their support throughout 2008/2009 and look forward to a new year in which we seize opportunities for the betterment of our Communities.

Essential elements of our work involve:

- Bringing Aboriginal knowledge to decision making processes affecting health of Aboriginal communities
- Serving our membership to build, grow and sustain capacity in Aboriginal community controlled health service delivery
- Facilitating Leadership by the Aboriginal community controlled health sector agenda for better practices, policies, research and funding decisions affecting Aboriginal communities.

Highlights of the year include:

- Providing Aboriginal Health Education: In 2008/2009 the most significant highlight was the opening of the Aboriginal Health College (AHC) which is a remarkable accomplishment and an outstanding example of what can be achieved through vision, persistence and partnership. The college was officially opened by its Vice Regal Patron, the Governor of NSW, Professor Marie Bashir AC CVO. A graduation ceremony followed where 80 students were presented with certificates in a variety of disciplines. The AHC was funded by the NSW Government through Landcom and the Department of Aboriginal Affairs as well as the Institute for Eye Research.

## STATE AND TERRITORY AFFILIATE REPORTS

- Providing High Quality Service Support to Members: Continuous improvement in the Member Services Support Unit (MSSU) has enabled the delivery of high quality services to ACCHS in the areas of governance, management, information and communication management technology, human resources, industrial matters, workforce development, legal, dispute resolution/mediation.
- Providing Communication Information Technology support: In September 2008, the Aboriginal Communications Technology Information Officers Network (ACTION) for Aboriginal Health Conference was held in Sydney. This conference provided an opportunity for representatives across the ACCHS sector to engage in discussion in relation to information communication technology and information management. From the conference the AH&MRC was able to better understand the health information needs of Member Services. In particular, an awareness of e-health issues impacting on Aboriginal people and communities and technical support needs were documented. A highly experienced reference group developed the NSW Aboriginal Action for Health ICT Strategic Plan. The conference was funded by OATSIH.
- Leading Research in Tobacco Cessation: Throughout 2008/2009 the AH&MRC continued to lead the Building Research Evidence on Aboriginal Tobacco Habits Effectively (BREATHE) Project. This is a large scale multifaceted research project trialling the impact of employing, training and supporting Tobacco Control Workers in an ACCHS setting to increase smoking cessation and tobacco control activity and capacity. The BREATHE project is being led by the AH&MRC, and supported by 12 participating ACCHSs, the Australian Respiratory Council, the Cancer Council of NSW, the Heart Foundation and a range of other partners.
- Leading Research on Aboriginal Children in Urban settings: The Study of Environment, Aboriginal Resilience and Child Health (SEARCH) is a joint research project between the AH&MRC and the Sax Institute which forms the Coalition for Research to Improve Aboriginal Health (CRIA). It is the first large scale study into the health and wellbeing of Aboriginal children living in urban communities in NSW. The study will recruit 2000 Aboriginal children from 800 families to examine whether a community appointed health broker working directly with families can improve health outcomes, particularly in otitis media.
- NSW Aboriginal Health Awards 2008: The 2008 NSW Aboriginal Health Awards acknowledge and nurture excellence for health services provided to Aboriginal people and communities in NSW. In July 2008, the AH&MRC received an award for Innovation in Aboriginal Health for our "Pressing Problems" – Gambling Research Project. This project was funded by the Responsible Gambling Fund to explore the issue of gambling in a NSW Aboriginal community context. The AH&MRC Board and staff would like to congratulate all nominees and winners of the NSW Aboriginal Health Awards 2008 for their success in the development of programs and delivery of services to Aboriginal communities.



National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

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## TABLE OF CONTENTS

|   |    |
|---|----|
| <b>Directors' Report</b> .....                  | 70 |
| <b>Auditor's Independence Declaration</b> ..... | 74 |
| <b>Financial Report</b>                         |    |
| Income Statement .....                          | 75 |
| Balance Sheet .....                             | 76 |
| Statement of Changes in Equity .....            | 77 |
| Statement of Cash Flows .....                   | 78 |
| Notes to the Financial Statements .....         | 79 |
| <b>Directors' Declaration</b> .....             | 93 |
| <b>Independent Audit Report</b> .....           | 94 |
| <b>Additional Information</b> .....             | 98 |

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

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## DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2009.

### Directors

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

Mick Adams  
Justin Mohamed  
Lynn McInnes  
Stephanie Bell  
Yvonne Buza  
Julie Tongs  
Gloria Khan  
Phillip Matsumoto  
Elizabeth Adams  
Christine Corby  
Paula Arnol  
June Sculthorpe  
Sheryl Lawton  
Valda Keed  
Alan Brown  
David Kennedy (ceased November 2008)  
John Singer (ceased December 2008)  
Wayne Oldfield (appointed December 2008)  
Lorraine Whitby (appointed March 2009)

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

### Operating Results

The company's operating result for the financial year was a deficit of \$71,753 (2007: surplus of \$85,765).

### 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.

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

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### 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.

## Meetings of Directors

| DIRECTORS                                | DIRECTORS' MEETINGS       |                 |
|--|---------------------------|-----------------|
|  | Number eligible to attend | Number attended |
| Mick Adams                               | 4                         | 4               |
| Justin Mohamed                           | 4                         | 4               |
| Stephanie Bell                           | 4                         | 3               |
| Lynn McInnes                             | 4                         | 4               |
| Yvonne Buza                              | 4                         | 3               |
| Julie Tongs                              | 4                         | 3               |
| Gloria Khan                              | 2                         | 2               |
| Phillip Matsumoto                        | 4                         | 4               |
| Elizabeth Adams                          | 4                         | 4               |
| Christine Corby                          | 4                         | 3               |
| Paula Arnol                              | 4                         | 4               |
| June Sculthorpe                          | 4                         | 3               |
| Sheryl Lawton                            | 4                         | 4               |
| Valda Keed                               | 4                         | 4               |
| Alan Brown                               | 4                         | 2               |
| John Singer (ceased December 2008)       | 2                         | 1               |
| David Kennedy (ceased November 2008)     | 2                         | 2               |
| Wayne Oldfield (appointed December 2008) | 2                         | 1               |
| Lorraine Whitby (appointed March 2009)   | 1                         | 1               |

## Indemnification of Officer or Auditor

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the company.

## 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.

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

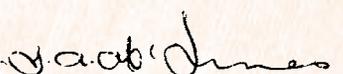
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### Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on page 74.

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

Director:   
\_\_\_\_\_  
Dr Mick Adams

Director:   
\_\_\_\_\_  
Lynn McInnes

Dated: 26 August 2009

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

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## 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 2009 there have been:

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

PKF Di Bartolo Diamond & Mihailaros



Ross Di Bartolo  
Partner

Dated: 26 August 2009

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

## FINANCIAL REPORT

### Income Statement

*For the year ended 30 June 2008*

|   | Notes | 2009<br>\$         | 2008<br>\$  |
|---|-------|--------------------|-------------|
| Revenue from ordinary activities        | 2     | <b>3,332,253</b>   | 3,331,639   |
| Employee benefits expense               |       | <b>(2,078,984)</b> | (1,870,510) |
| Depreciation and amortisation expenses  | 2     | <b>(24,916)</b>    | (20,663)    |
| Other expenses from ordinary activities | 2     | <b>(1,300,106)</b> | (1,354,701) |
| <b>Profit from ordinary activities</b>  |       | <b>(71,753)</b>    | 85,765      |

# NACCHO FINANCIAL STATEMENTS

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

## Balance Sheet

As at 20 June 2009

|                                      | Notes | 2009<br>\$     | 2008<br>\$ |
|--------------------------------------|-------|----------------|------------|
| <b>CURRENT ASSETS</b>                |       |                |            |
| Cash and cash equivalents            | 3     | 399,267        | 833,236    |
| Receivables                          | 4     | 193,704        | 196,178    |
| Other                                | 5     | 22,746         | –          |
| <b>TOTAL CURRENT ASSETS</b>          |       | <b>615,717</b> | 1,029,414  |
| <b>NON-CURRENT ASSETS</b>            |       |                |            |
| Property, plant and equipment        | 6     | 86,617         | 98,126     |
| <b>TOTAL NON-CURRENT ASSETS</b>      |       | <b>86,617</b>  | 98,126     |
| <b>TOTAL ASSETS</b>                  |       | <b>702,334</b> | 1,127,540  |
| <b>CURRENT LIABILITIES</b>           |       |                |            |
| Payables                             | 7     | 207,155        | 463,331    |
| Financial Liabilities                | 8     | 40,901         | 58,756     |
| Provisions                           | 9     | 169,311        | 164,277    |
| Other                                | 10    | 103,829        | 188,285    |
| <b>TOTAL CURRENT LIABILITIES</b>     |       | <b>521,196</b> | 874,649    |
| <b>NON-CURRENT LIABILITIES</b>       |       |                |            |
| Provisions                           | 9     | –              | –          |
| <b>TOTAL NON-CURRENT LIABILITIES</b> |       | <b>–</b>       | –          |
| <b>TOTAL LIABILITIES</b>             |       | <b>521,196</b> | 874,649    |
| <b>NET ASSETS</b>                    |       | <b>181,138</b> | 252,891    |
| <b>EQUITY</b>                        |       |                |            |
| Retained profits                     |       | 181,138        | 252,891    |
| <b>TOTAL EQUITY</b>                  |       | <b>181,138</b> | 252,891    |

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

## Statement of Change in Equity

*For the year ended 30 June 2009*

|                                 | Retained<br>Earnings<br>\$ | Total<br>Equity<br>\$ |
|---------------------------------|----------------------------|-----------------------|
| Balance at 1 July 2007          | 167,126                    | 167,126               |
| Net Surplus/(Loss) for the year | 85,765                     | 85,765                |
| Balance at 30 June 2008         | 252,891                    | 252,891               |
| Balance at 1 July 2008          | 252,891                    | 252,891               |
| Net Surplus/(Loss) for the year | (71,753)                   | (71,753)              |
| Balance at 30 June 2009         | 181,138                    | 181,138               |

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

## Statement of Cash Flows

For the year ended 30 June 2009

|   | Notes  | 2009<br>\$  | 2008<br>\$  |
|---|--------|-------------|-------------|
| <b>CASH FLOW FROM OPERATING ACTIVITIES</b>          |        |             |             |
| Receipts from customers                             |        | 79,810      | 168,335     |
| Operating grant receipts                            |        | 3,437,075   | 3,335,444   |
| Payments to suppliers and employees                 |        | (3,962,827) | (3,036,420) |
| Interest received                                   |        | 29,678      | 25,019      |
| Borrowing costs                                     |        | –           | –           |
| Net cash provided by/(used in) operating activities | 14(b)  | (416,264)   | 492,378     |
| <b>CASH FLOW FROM INVESTING ACTIVITIES</b>          |        |             |             |
| Proceeds from sale of property, plant and equipment |        | 18,700      | 19,642      |
| Payment for property, plant and equipment           |        | (36,405)    | (49,004)    |
| Net cash used in investing activities               |        | (17,705)    | (29,362)    |
| Net increase/(decrease) in cash held                |        | (433,969)   | 463,016     |
| Cash at beginning of financial year                 |        | 833,236     | 370,220     |
| Cash at end of financial year                       | 14 (a) | 399,267     | 833,236     |

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

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## Notes to the Financial Statements

*For the year ended 30 June 2009*

### **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.

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

## *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:

| <b>Class of fixed asset</b>     | <b>Depreciation rates/<br/>useful lives</b> | <b>Depreciation basis</b> |
|---------------------------------|---|---------------------------|
| 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.

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

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### *(d) Cash*

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

### *(e) Revenue*

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.

## NACCHO FINANCIAL STATEMENTS

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

|  | 2009 | 2008 |
|--|------|------|
|  | \$   | \$   |

### NOTE 2: PROFIT FROM ORDINARY ACTIVITIES

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

#### *(a) Expenses*

|  |           |           |
|--|-----------|-----------|
| - Consultancy fees                       | 88,500    | 61,623    |
| - Loss on disposal of non-current assets | 4,298     | 1,923     |
| - Meeting costs                          | 155,411   | 199,584   |
| - Provision for debtful debts            | 25,520    | -         |
| - Rent                                   | 124,101   | 117,932   |
| - Telephone                              | 60,758    | 66,215    |
| - Travel expenses                        | 648,754   | 676,261   |
| - other expenses                         | 192,964   | 231,163   |
|  | 1,300,106 | 1,354,701 |

Depreciation of non-current assets

|                       |        |        |
|-----------------------|--------|--------|
| - Plant and equipment | 24,916 | 20,663 |
|-----------------------|--------|--------|

#### *(b) Revenue*

|                 |           |           |
|-----------------|-----------|-----------|
| Grant funding   | 3,284,248 | 3,104,410 |
| Other Income    | 18,327    | 202,210   |
| Interest Income | 29,678    | 25,019    |
|                 | 3,332,253 | 3,331,639 |

#### *(c) Auditors Remuneration*

|                  |        |        |
|------------------|--------|--------|
| - Audit Services | 13,500 | 12,000 |
| - Other Services | -      | -      |
|                  | 12,000 | 12,000 |

### NOTE 3: CASH & CASH EQUIVALENTS

|                  |         |         |
|------------------|---------|---------|
| Cash on hand     | 1,183   | 595     |
| Cash at bank     | 359,071 | 793,628 |
| Deposits at call | 39,013  | 39,013  |
|                  | 399,267 | 833,236 |

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

|  |      |      |
|--|------|------|
|  | 2009 | 2008 |
|  | \$   | \$   |

**NOTE 4: TRADE & OTHER RECEIVABLES**

**CURRENT**

|                              |                |                |
|------------------------------|----------------|----------------|
| Trade & other debtors        | 219,224        | 196,178        |
| Provision for Doubtful Debts | (25,520)       | –              |
|                              | <b>193,704</b> | <b>196,178</b> |

*(i) Credit Risk — Trade and Other Receivables*

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

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

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

|                             | Gross<br>Amount  | < 30 days | Past Due<br>31–60 days | Past Due<br>61–90 days | Past Due<br>> 90 days | Past<br>Due and<br>Impaired |
|-----------------------------|------------------|-----------|------------------------|------------------------|-----------------------|-----------------------------|
|                             |                  | \$        | \$                     | \$                     | \$                    | \$                          |
| <b>2009</b>                 |                  |           |                        |                        |                       |                             |
| Trade and other receivables | <b>\$219,224</b> | 148,363   | –                      | 400                    | 44,941                | –                           |
| <b>2008</b>                 |                  |           |                        |                        |                       |                             |
| Trade and Other receivables | <b>\$196,178</b> | 143,198   | 8,639                  | –                      | 44,341                | –                           |

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

|  | 2009 | 2008 |
|--|------|------|
|  | \$   | \$   |

**NOTE 5: OTHER ASSETS**

**CURRENT**

|                      |               |          |
|----------------------|---------------|----------|
| Prepayments          | 22,746        | –        |
| Other current assets | –             | –        |
| Total Other Assets   | <u>22,746</u> | <u>–</u> |

**NOTE 6: PROPERTY, PLANT AND EQUIPMENT**

**PLANT AND EQUIPMENT**

*(a) Plant and equipment*

|                               |                 |                 |
|-------------------------------|-----------------|-----------------|
| At cost                       | 76,366          | 74,004          |
| Less accumulated depreciation | <u>(62,232)</u> | <u>(60,732)</u> |
|                               | <u>14,134</u>   | <u>13,272</u>   |

*(b) Motor vehicles*

|                               |                |                |
|-------------------------------|----------------|----------------|
| At cost                       | 28,715         | 28,362         |
| Less accumulated depreciation | <u>(2,466)</u> | <u>(1,436)</u> |
|                               | <u>26,249</u>  | <u>26,926</u>  |

*(c) Office equipment*

|                               |                 |                 |
|-------------------------------|-----------------|-----------------|
| At cost                       | 67,489          | 66,159          |
| Less accumulated depreciation | <u>(57,982)</u> | <u>(54,840)</u> |
|                               | <u>9,507</u>    | <u>11,319</u>   |

*(d) Computer equipment*

|                               |                  |                  |
|-------------------------------|------------------|------------------|
| At cost                       | 174,283          | 170,285          |
| Less accumulated depreciation | <u>(137,556)</u> | <u>(123,676)</u> |
|                               | <u>36,727</u>    | <u>46,609</u>    |

|                                     |               |               |
|-------------------------------------|---------------|---------------|
| Total property, plant and equipment | <u>86,617</u> | <u>98,126</u> |
|-------------------------------------|---------------|---------------|

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

**NOTE 6: PROPERTY, PLANT AND EQUIPMENT (continued)**

*(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 &<br>equipment | Motor<br>vehicles | Office<br>equipment | Computer<br>equipment | Total         |
|--------------------------------------|----------------------|-------------------|---------------------|-----------------------|---------------|
|                                      | \$                   | \$                | \$                  | \$                    | \$            |
| <b>2009</b>                          |                      |                   |                     |                       |               |
| Balance at the beginning of the year | 13,272               | 26,926            | 11,319              | 46,609                | 98,126        |
| Additions                            | 2,362                | 28,715            | 1,330               | 3,998                 | 36,405        |
| Disposals                            | –                    | (22,998)          | –                   | –                     | (22,998)      |
| Depreciation expense                 | (1,500)              | (6,394)           | (3,142)             | (13,880)              | (24,916)      |
| Carrying amount at end of year       | <b>14,134</b>        | <b>26,249</b>     | <b>9,507</b>        | <b>36,727</b>         | <b>86,617</b> |
|                                      |                      |                   |                     | <b>2009</b>           | 2008          |
|                                      |                      |                   |                     | \$                    | \$            |

**NOTE 7: TRADE & OTHER PAYABLES**

**CURRENT**

|                              |                |         |
|------------------------------|----------------|---------|
| Trade creditors and accruals | <b>74,324</b>  | 123,449 |
| Sundry creditors (ATO)       | <b>132,831</b> | 339,882 |
|                              | <b>207,155</b> | 463,331 |

**NOTE 8: FINANCIAL LIABILITIES**

**CURRENT**

|                        |               |        |
|------------------------|---------------|--------|
| Corporate Credit Cards | <b>40,901</b> | 58,756 |
|------------------------|---------------|--------|

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

|  | Notes | 2009<br>\$ | 2008<br>\$ |
|--|-------|------------|------------|
| <b>NOTE 9: PROVISIONS</b>                        |       |            |            |
| <b>CURRENT</b>                                   |       |            |            |
| Annual Leave Provision                           |       | 119,733    | 95,692     |
| Long Service Leave Provision                     |       | 49,578     | 68,585     |
| Employee benefits                                | 1(C)  | 169,311    | 164,277    |
| <b>NON-CURRENT</b>                               |       |            |            |
| Employee benefits                                | 1(C)  | –          | –          |
| <i>(a) Aggregate employee benefits liability</i> |       | 169,311    | 164,277    |

**NOTE 10: OTHER LIABILITIES**

**CURRENT**

|                   |  |         |         |
|-------------------|--|---------|---------|
| Income in Advance |  | 103,829 | 188,285 |
|-------------------|--|---------|---------|

**NOTE 11: RELATED PARTY TRANSACTIONS**

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

|                   |  |
|-------------------|--|
| Mick Adams        | Christine Corby                          |
| Justin Mohamed    | Paula Arnol                              |
| Lynn McInnes      | June Sculthorpe                          |
| Stephanie Bell    | Sheryl Lawton                            |
| Yvonne Buza       | Valda Keed                               |
| Julie Tongs       | Alan Brown                               |
| Gloria Khan       | David Kennedy (ceased November 2008)     |
| Phillip Matsumoto | John Singer (ceased December 2008)       |
| Elizabeth Adams   | Wayne Oldfield (appointed December 2008) |
|                   | Lorraine Whitby (appointed March 2009)   |

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

**NOTE 11: RELATED PARTY TRANSACTIONS (continued)**

*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.

|  | 2009 | 2008 |
|--|------|------|
|  | \$   | \$   |

*Key Management Personnel Compensation Summary*

|                              |                |                |
|------------------------------|----------------|----------------|
| Short Term Employee Benefits | 478,176        | 394,855        |
| Long Term Employee Benefits  | 11,775         | 12,993         |
|                              | <b>489,951</b> | <b>407,848</b> |

**NOTE 12: ECONOMIC DEPENDENCE**

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

**NOTE 13: SEGMENT REPORTING**

The Company operates in the Community Services Segment.

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

|  | 2009 | 2008 |
|--|------|------|
|  | \$   | \$   |

**NOTE 14: 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                                 | 1,183          | 595            |
| Cash at bank                                 | 359,071        | 793,628        |
| At call deposits with financial institutions | 39,013         | 39,013         |
|  | <b>399,267</b> | <b>833,236</b> |

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

|  |                  |                |
|--|------------------|----------------|
| Loss from ordinary activities after income tax                 | (71,753)         | 85,765         |
| Non-cash flows in profit from ordinary activities              |                  |                |
| Depreciation   | 24,916           | 20,663         |
| Doubtful debts provision                                       | 25,520           | –              |
| Net (gain) / loss on disposal of property, plant and equipment | 4,298            | 1,552          |
| Changes in assets and liabilities                              |                  |                |
| (Increase)/decrease in receivables                             | (23,046)         | (133,503)      |
| (Increase)/decrease in other assets                            | (22,746)         | 19,740         |
| Increase/(decrease) in grants received in advance              | (84,456)         | 86,361         |
| Increase/(decrease) in payables & credit card liabilities      | (274,031)        | 360,243        |
| Increase/(decrease) in provisions                              | 5,034            | 51,557         |
| Cash flows from operations                                     | <b>(416,264)</b> | <b>492,378</b> |

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

|  | 2009 | 2008 |
|--|------|------|
|  | \$   | \$   |

**NOTE 15: LEASING COMMITMENTS**

*(a) Operating leases*

Finance leases commitments payable:

|   |               |                |
|---|---------------|----------------|
| - not later than 1 year                         | 97,905        | 129,344        |
| - later than 1 year, but not later than 5 years | –             | 97,905         |
| Total operating lease liability                 | <u>97,905</u> | <u>227,249</u> |

**NOTE 16: FINANCIAL RISK MANAGEMENT**

*(i) Financial risk management policies*

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

**Financial Assets**

|                             |                |                  |
|-----------------------------|----------------|------------------|
| Cash and cash equivalents   | 399,267        | 833,236          |
| Trade and Other Receivables | 193,704        | 196,178          |
| Other                       | 22,746         | –                |
|                             | <u>615,717</u> | <u>1,029,414</u> |

**Financial Liabilities**

|                          |                |                |
|--------------------------|----------------|----------------|
| Trade and other payables | 267,155        | 463,331        |
| Corporate Credit Cards   | 40,901         | 58,756         |
| Income in advance        | 103,829        | 188,285        |
|                          | <u>411,885</u> | <u>710,372</u> |

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

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## **NOTE 16: FINANCIAL RISK MANAGEMENT (continued)**

### *(ii) Interest rate risk*

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

### *(iii) Liquidity risk*

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

- preparing forward looking cash flow analysis in relation to its operational, investing and financing activities;
- maintaining a reputable credit profile;
- managing credit risk related to financial assets;
- investing only in surplus cash with major financial institutions; and
- comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

The tables below reflect an undiscounted contractual maturity analysis for financial liabilities.

## NACCHO FINANCIAL STATEMENTS

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

### NOTE 16: FINANCIAL RISK MANAGEMENT (continued)

|  | Within 1 Year  |                  | 1 to 5 Years |          | Over 5 Years |          | Total Cash Flow |                  |
|--|----------------|------------------|--------------|----------|--------------|----------|-----------------|------------------|
|  | 2009           | 2008             | 2009         | 2008     | 2009         | 2008     | 2009            | 2008             |
|  | \$             | \$               | \$           | \$       | \$           | \$       | \$              | \$               |
| <b>Financial liabilities due for payment</b>         |                |                  |              |          |              |          |                 |                  |
| Trade & other payables                               | 267,155        | 463,331          | –            | –        | –            | –        | 267,155         | 463,331          |
| Corporate credit cards                               | 40,901         | 58,756           |              |          |              |          | 40,901          | 58,756           |
| Income in advance                                    | 103,829        | 188,285          | –            | –        | –            | –        | 103,829         | 188,285          |
| <b>Total expected outflows</b>                       | <b>411,885</b> | <b>710,372</b>   | <b>–</b>     | <b>–</b> | <b>–</b>     | <b>–</b> | <b>411,885</b>  | <b>710,372</b>   |
| <b>Financial assets — cash flows realisable</b>      |                |                  |              |          |              |          |                 |                  |
| Cash and cash equivalents                            | 399,267        | 833,236          | –            | –        | –            | –        | 399,267         | 833,236          |
| Trade & Other Receivables                            | 193,704        | 196,178          | –            | –        | –            | –        | 193,704         | 196,178          |
| Other  | 22,746         | –                | –            | –        | –            | –        | 22,746          | –                |
| <b>Total expected inflows</b>                        | <b>615,717</b> | <b>1,029,414</b> |              |          |              |          | <b>615,717</b>  | <b>1,029,414</b> |
| <b>Net (outflow)/inflow on financial instruments</b> | <b>203,832</b> | <b>319,042</b>   | <b>–</b>     | <b>–</b> | <b>–</b>     | <b>–</b> | <b>203,832</b>  | <b>319,042</b>   |

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

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## **NOTE 16: FINANCIAL RISK MANAGEMENT (continued)**

### *(iv) Credit risk*

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

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

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

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

## **NOTE 17: COMPANY DETAILS**

The registered office of the company is:

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

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

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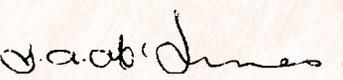
## DIRECTORS' DECLARATION

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 5 to 16 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 2009 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:   
\_\_\_\_\_  
Dr Mick Adams

Director:   
\_\_\_\_\_  
Lynn McInnes

Dated: 26 August 2009

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

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## INDEPENDENT AUDIT REPORT

### To the Members of National Aboriginal Community Controlled Health Organisation

#### Report on the Financial Report

We have audited the accompanying financial report of National Aboriginal Community Health Organisation (the company), which comprises the balance sheet as at 30 June 2009 and the income statement, statement of recognised income and expenditure and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the Directors' declaration.

#### *Directors' Responsibility for the Financial Report*

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

#### *Auditor's Responsibility*

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

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

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

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accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

### *Independence*

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

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

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### Auditor's Opinion

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

- i. giving a true and fair view of the company's financial position as at 30 June 2009 and of their performance for the year ended on that date; and
- ii. complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.

PKF Di Bartolo Diamond & Mihailaros

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: 26 August 2009

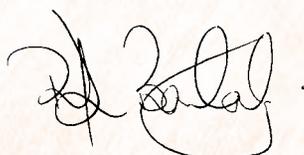
National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

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### Disclaimer to the Members of National Community Controlled Health Organisation

The additional financial data presented on page 98 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 2009. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than National Aboriginal Community Health Organisation) in respect of such data, including any errors of omissions therein however caused.

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



Ross Di Bartolo  
Partner  
Canberra

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

## ADDITIONAL INFORMATION

### Detailed Profit and Loss

*For the year ended 30 June 2009*

|  | 2009             | 2008             |
|--|------------------|------------------|
|  | \$               | \$               |
| <b>INCOME</b>                          |                  |                  |
| Interest                               | 29,678           | 25,019           |
| Subsidies and grants                   | 3,284,248        | 3,104,410        |
| Other income                           | 18,327           | 202,210          |
| <b>TOTAL INCOME</b>                    | <b>3,332,253</b> | <b>3,331,639</b> |
| <b>LESS EXPENSES</b>                   |                  |                  |
| Audit & bookkeeping fees               | 13,500           | 12,552           |
| Advertising, Media distribution        | 17,021           | 12,980           |
| Bank charges                           | 3,690            | 1,885            |
| Cleaning                               | 10,509           | 8,697            |
| Computer expenses                      | 15,093           | 14,213           |
| Consultancy fees                       | 88,500           | 61,623           |
| Consumables                            | 14,412           | 21,698           |
| Depreciation                           | 24,916           | 20,663           |
| Donations                              | 100              | –                |
| Doubtful debts provision               | 25,520           | –                |
| Electricity                            | 8,020            | 8,101            |
| Employees' amenities                   | 14,794           | 14,142           |
| Insurance                              | 11,011           | 7,855            |
| Interest paid                          | 263              | –                |
| Leasing & hire charges                 | –                | 4,483            |
| Legal costs                            | –                | 6,389            |
| Loss on disposal of non current assets | 4,298            | 1,552            |
| Meeting Costs                          | 155,411          | 199,584          |

National Aboriginal Community Controlled Health Organisation ABN 89 078 949 710

## Detailed Profit and Loss (continued)

For the year ended 30 June 2009

|                                     | 2009             | 2008             |
|-------------------------------------|------------------|------------------|
|                                     | \$               | \$               |
| <b>LESS EXPENSES</b>                |                  |                  |
| Motor vehicle expenses              | 5,725            | 9,693            |
| Operating expenses                  | 4,002            | 3,385            |
| Postage                             | 5,632            | 7,314            |
| Promotional Merchandise             | 15,782           | 19,939           |
| Printing and stationery             | 34,267           | 34,735           |
| Recruitment costs                   | –                | 185              |
| Rent                                | 124,101          | 117,932          |
| Repairs and maintenance             | 2,176            | 2,461            |
| Salaries and on costs               | 1,946,078        | 1,762,023        |
| Security costs                      | 432              | 582              |
| Storage fees                        | 8,200            | 9,935            |
| Subscriptions                       | 7,427            | 12,302           |
| Superannuation                      | 132,906          | 108,487          |
| Telephone                           | 60,738           | 66,215           |
| Training & professional development | 728              | 18,008           |
| Travelling expenses                 | 648,754          | 676,261          |
| <b>TOTAL EXPENSES</b>               | <b>3,404,006</b> | <b>3,241,576</b> |
| <b>OPERATING SURPLUS/(LOSS)</b>     | <b>(71,753)</b>  | <b>85,765</b>    |

## APPENDIX 1 — CONTACTS/ORGANISATIONAL DETAILS

### Contacts/Organisational Details

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

#### **NACCHO**

Level 1  
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Australia  
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F: 61 2 6248 0744  
E: [dea@naccho.org.au](mailto:dea@naccho.org.au)  
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#### **NACCHO State and Territory Affiliates:**

##### *NSW AH&MRC*

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Strawberry Hills NSW 2012  
P: 61 2 9212 4777  
F: 61 2 9212 7211

##### *AHCSA*

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Kent Town SA 5067  
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##### *AMSANT*

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Darwin NT 0801  
P: 61 8 8944 6666  
F: 61 8 8981 4825

##### *QAIHC*

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##### *TAC*

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Hobart TAS 7001  
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##### *VACCHO*

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Collingwood VIC 3066  
P: 61 3 9419 3350  
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##### *AHCWA*

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Perth WA 6000  
P: 61 8 9227 1631  
F: 61 8 9228 1099

##### *ACT*

Winnunga Nimmityjah  
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## APPENDIX 2 — ABBREVIATIONS AND ACRONYMS

### Abbreviations and Acronyms

|                |  |
|----------------|--|
| <b>ABS</b>     | Australian Bureau of Statistics  |
| <b>AC</b>      | Aboriginal Corporation or Congress                                       |
| <b>ACCHTOs</b> | Aboriginal Community Controlled Health Registered Training Organisations |
| <b>ACCHSs</b>  | Aboriginal Community Controlled Health Services                          |
| <b>ACRRM</b>   | Australian College of Rural and Remote Medicine                          |
| <b>ADNs</b>    | Aboriginal Disability Networks   |
| <b>AF</b>      | Asthma Foundation  |
| <b>AGM</b>     | Annual General Meeting   |
| <b>AHAC</b>    | Aboriginal Health Advisory Committee                                     |
| <b>AHCSA</b>   | Aboriginal Health Council of South Australia                             |
| <b>AHCWA</b>   | Aboriginal Health Council of Western Australia                           |
| <b>AHMRC</b>   | Aboriginal Health and Medical Research Council of NSW                    |
| <b>AHMAC</b>   | Australian Health Ministers Advisory Council                             |
| <b>AHS</b>     | Aboriginal Health Service  |
| <b>AHW</b>     | Aboriginal Health Worker   |
| <b>AHWOC</b>   | Australian Health Workforce Officials Committee                          |
| <b>AIHW</b>    | Australian Institute of Health and Welfare                               |
| <b>AIDA</b>    | Australian Indigenous Doctors Association                                |
| <b>AIDS</b>    | Acquired Immune Deficiency Syndrome                                      |
| <b>AIRC</b>    | Australian Industrial Relations Commission                               |
| <b>AMA</b>     | Australian Medical Association   |
| <b>AMSs</b>    | Aboriginal Medical Services  |
| <b>AMSANT</b>  | Aboriginal Medical Services Alliance Northern Territory                  |
| <b>ANCD</b>    | Australian National Council on Drugs                                     |
| <b>APHC</b>    | Aboriginal Primary Health Care   |
| <b>APY</b>     | Anangu Pitjantjatjarra Yunkatjatjarra                                    |
| <b>ASOS</b>    | Asthma Spacers Ordering Scheme   |

## APPENDIX 2 — ABBREVIATIONS AND ACRONYMS

|                    |   |
|--------------------|---|
| <b>ATSIC</b>       | Aboriginal and Torres Strait Islander Commission                                    |
| <b>ATSIHWWG</b>    | Aboriginal and Torres Strait Islander Health Workforce Working Group                |
| <b>ATSIHRTON</b>   | Aboriginal & Torres Strait Islander Health Registered Training Organisation Network |
| <b>ATQF</b>        | Australian Training Quality Framework   |
| <b>BBV</b>         | Blood borne virus   |
| <b>BIG</b>         | Business Improvement Group  |
| <b>CCAHP</b>       | Collaborative Centre for Aboriginal Health Promotions                               |
| <b>CCHS</b>        | Community Controlled Health Services  |
| <b>CEO</b>         | Chief Executive Officer   |
| <b>COAG</b>        | Council of Australian Governments   |
| <b>CRIAH</b>       | Coalition for Research to Improve Aboriginal Health                                 |
| <b>CS&amp;HISC</b> | Community Services and Health Industry Skills Council                               |
| <b>CSTDA</b>       | Commonwealth, State and Territory Disability Funding Agreement                      |
| <b>DAAs</b>        | Dosage administration aids  |
| <b>DOHA</b>        | Department of Health and Ageing   |
| <b>EPC</b>         | Enhanced Primary Care   |
| <b>FACSLIA</b>     | Department of Family and Community Services and Indigenous Affairs                  |
| <b>FTE</b>         | Full Time Equivalent  |
| <b>GMBH</b>        | Good Medicines, Better Health Project   |
| <b>GP</b>          | General Practitioner  |
| <b>HA</b>          | Hepatitis Australia   |
| <b>H&amp;DAC</b>   | Health and Dental Aboriginal Corporation  |
| <b>HB</b>          | Health Board  |
| <b>HC</b>          | Health Council  |
| <b>HIV</b>         | Human Immunodeficiency Virus  |
| <b>HPF</b>         | Health Performance Framework  |
| <b>HREOC</b>       | Human Rights and Equal Opportunity Commission                                       |
| <b>HFL</b>         | Healthy for Life  |
| <b>HS</b>          | Health Service  |
| <b>HSTAC</b>       | Human Services Training Advisory Council  |

## APPENDIX 2 — ABBREVIATIONS AND ACRONYMS

|                   |  |
|-------------------|--|
| <b>HWPC</b>       | Health Workforce Principle Committee   |
| <b>ICESCR</b>     | International Covenant on Economic, Social and Cultural Rights                                 |
| <b>ISC</b>        | Industry Skills Council  |
| <b>IASHC</b>      | Indigenous Australian Sexual Health Committee  |
| <b>INIHKD</b>     | International Network of Indigenous Health Knowledge Network                                   |
| <b>MA</b>         | Medicare Australia   |
| <b>MAAPS</b>      | Medication Access and Assistance Packages  |
| <b>MACASHH</b>    | Ministerial Advisory Committee on AIDS, Sexual Health & Hepatitis                              |
| <b>MACBBVS</b>    | Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmitted Infections      |
| <b>M&amp;DHAC</b> | Medical and Dental Health Aboriginal Corporation   |
| <b>MBS</b>        | Medical Benefits Schedule  |
| <b>MSOAP</b>      | Medical Specialist Outreach Assistance Program   |
| <b>MOU</b>        | Memorandum of Understanding  |
| <b>NACCHO</b>     | National Aboriginal Community Controlled Health Organisation                                   |
| <b>NAGATSIHID</b> | National Advisory Group for Aboriginal and Torres Strait Islander Health, Information and Data |
| <b>NAHS</b>       | National Aboriginal Health Strategy 1989   |
| <b>NAIHO</b>      | National Aboriginal and Islander Health Organisation   |
| <b>NAPSAs</b>     | Notional Agreements Preserving State Awards  |
| <b>NATSIHC</b>    | National Aboriginal and Torres Strait Islander Health Council                                  |
| <b>NATSINSAP</b>  | National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan              |
| <b>NATSIWWG</b>   | National Aboriginal and Torres Strait Islander Workforce Working Group                         |
| <b>NCIRS</b>      | National Centre for Immunisation Research and Surveillance                                     |
| <b>NIDAC</b>      | National Indigenous Drug and Alcohol Committee   |
| <b>NIDN</b>       | National Indigenous Disability Network   |
| <b>NPS</b>        | National Prescribing Service   |
| <b>NSFATSIH</b>   | National Strategic Framework for Aboriginal and Torres Strait Islander Health                  |
| <b>OATSIH</b>     | Office of Aboriginal and Torres Strait Islander Health   |
| <b>OIPC</b>       | Office of Indigenous Policy Coordination   |

## APPENDIX 2 — ABBREVIATIONS AND ACRONYMS

|               |   |
|---------------|---|
| <b>OSCAR</b>  | OATSIH Support Collection, Analysis and Reporting                                     |
| <b>PBAC</b>   | Pharmaceutical Benefits Advisory Committee  |
| <b>PBS</b>    | Pharmaceutical Benefits Scheme  |
| <b>PGA</b>    | Pharmacy Guild of Australia   |
| <b>PHCAP</b>  | Primary Health Care Access Program  |
| <b>PIP</b>    | Practice Incentive Payment  |
| <b>PIRS</b>   | Patient Information Recall System   |
| <b>QAIHC</b>  | Queensland Aboriginal and Islander Health Council                                     |
| <b>QUM</b>    | Quality Use of Medicine   |
| <b>QUMAX</b>  | Quality Use of Medicines Maximised for Aboriginal peoples and Torres Strait Islanders |
| <b>RACGP</b>  | Royal Australian College of General Practitioners                                     |
| <b>RACP</b>   | Royal Australian College of Physicians  |
| <b>RDAA</b>   | Rural Doctors Association of Australia  |
| <b>RTO</b>    | Registered Training Organisation  |
| <b>RWA</b>    | Rural Workforce Agency  |
| <b>SAMSIS</b> | Secure Aboriginal Medical Services Information Systems                                |
| <b>SAR</b>    | Service Activity Reporting  |
| <b>SCARF</b>  | Support, Collection, Analysis and Reporting Function of the Healthy for Life Program  |
| <b>SDRF</b>   | Service Development Reporting Framework   |
| <b>SFA</b>    | Single Funding Agreement  |
| <b>SEWB</b>   | Social and Emotional Well Being   |
| <b>STI</b>    | Sexually Transmitted Infection  |
| <b>TAC</b>    | Tasmanian Aboriginal Centre   |
| <b>UN</b>     | United Nations  |
| <b>VACCHO</b> | Victorian Aboriginal Community Controlled Health Organisation                         |
| <b>WACRRM</b> | Western Australian Centre for Remote and Rural Medicine                               |
| <b>WELL</b>   | Workplace English Language and Literacy   |
| <b>WIPO</b>   | Workforce Information Policy Officer  |
| <b>WSF</b>    | Aboriginal and Torres Strait Islander Health Workforce Strategic Framework            |

