NACCHO

National Aboriginal Community Controlled Health Organisation

ANNUAL REPORT 2012-2013

From the national authority in comprehensive Aboriginal Primary health care

National Advocacy

Health Reforms

Outcomes

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

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Production and printing: Kwik Copy Printing Canberra

NACCHO: Colin Cowell, John Hancock

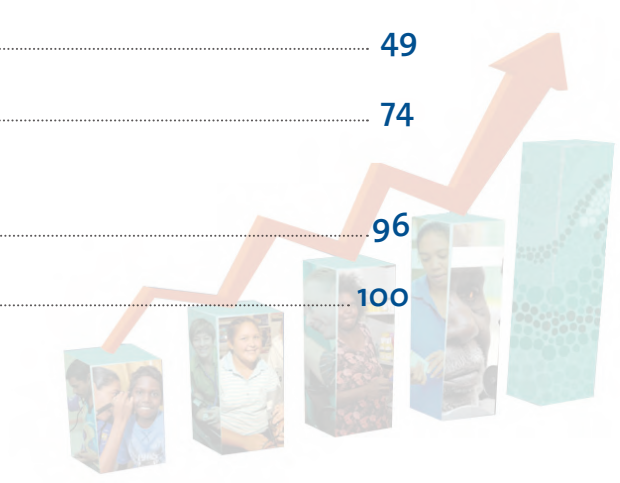
NACCHO Corporate Identity: Artist Tahnee Edwards (Yorta Yorta) and Toby Dodd (Ngarrindjeri/Narungga/Kaurna Dreamtime Public Relations, 2013
www.dreamtimepr.com/our-story

Acknowledge: Additional photography www.waynequilliamphotography.com.au and Colin Cowell

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

ABN 89078949710. NACCHO acknowledges the financial support of the Department of Health and Ageing.

Contents



About NACCHO

The national authority in Aboriginal primary health

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

NACCHO is the national peak body representing over 150 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and wellbeing issues. It has a history stretching back to a meeting in Albury in 1974.

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

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

Aboriginal communities operate over 150 ACCHSs in urban, regional and remote Australia. They range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers 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. Addressing the ill health of Aboriginal people can only be achieved by local Aboriginal people controlling health care delivery.

Local Aboriginal community control in health is essential to the definition of Aboriginal holistic health and allows Aboriginal communities to determine their own affairs, protocols and procedures. NACCHO represents local Aboriginal community control at a national level to ensure that Aboriginal people have greater access to effective health care across Australia. NACCHO provides a coordinated holistic response from the community sector, advocating for culturally respectful and needs based approaches to improving health and wellbeing outcomes through ACCHSs.

NACCHO's work is focused on:

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

Aboriginal communities operate over 150 ACCHSs in urban, regional and remote Australia. They range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers.

Chairperson Report

Justin Mohamed

It is my pleasure and honour as Chairperson to once again to present to you NACCHO's Annual Report (2012/2013)

"There is a way forward if only the government would listen to NACCHO" read the headline of the editorial in the National Indigenous Times at the end of July this year.

This rousing and welcome endorsement of NACCHO and the Aboriginal community control model of health delivery was published towards the end of a huge year for NACCHO and our members as we focused on articulating our vision, delivering good policy, celebrating our successes and raising our profile on both the national and international stage.

A little over twelve months ago we resolved to approach the year ahead with a heightened sense of purpose in a bid to ensure the sector was in a pivotal position coming into the Federal election and beyond, regardless of who won office.

With new CEO Lisa Briggs at the helm, an engaged and active Board and a very hard working office, NACCHO has certainly had one of the busiest and more successful years in in its 21-year history.

NACCHO Ten-point plan, investing in healthy futures for generational change 2013-2030

There have been so many highlights this year it is hard to know where to start but perhaps the most significant achievement was the launch of NACCHO's Ten-point Plan, Investing in Healthy Futures for Generational Change 2013 -2030 alongside the Australian Institute of Health and Welfare report card on Aboriginal Community Controlled Health Services.

The ten-point plan was, for me, the realisation of 20 years of work in our sector. Throughout my career I have watched various well-intentioned governments drive the Aboriginal health agenda and dictate to our sector their plans for us to follow. Rarely have we had the opportunity to properly spell out our collective approach and provide our own vision at the national level: to drive policy rather than react to it.

The ten-point plan, created with the knowledge and experience of the Aboriginal Community Controlled health movement and timely in an ever-changing environment spells out how gains in Aboriginal health can be achieved from our perspective of "Aboriginal Health in Aboriginal Hands".

It provides our sector, stakeholders, partners and governments with a clear set of prioritiesand strategies that will result in improvements in Aboriginal health outcomes. It is underpinned by the goals and sentiments of the Close the Gap Statement of Intent signed in 2005, so it has at its core shared vision for a better future for our people.

It was officially launched at a Parliamentary Breakfast in Canberra in June, which was attended by a range of Aboriginal leaders, elders and senior government Ministers and officials.

Chairperson Report *(cont.)*

Healthy for Life Report Card

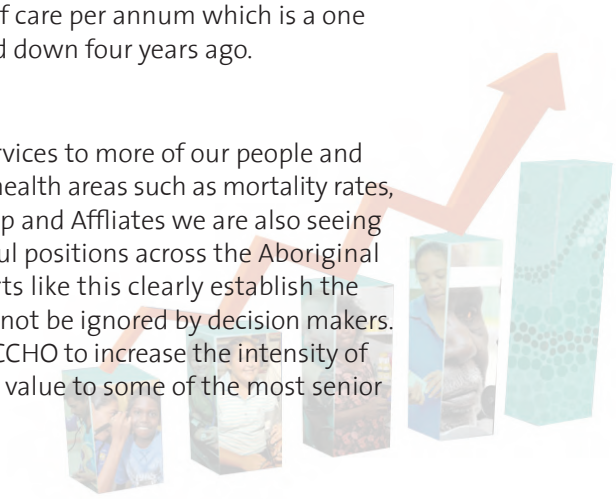
At the event we also launched research we had commissioned from the Australian Institute of Health and Welfare which gives a great overview of the success of ACCHOs and delivers the evidence of just how big a contribution our members are making to improve health outcomes for Aboriginal people.

The comprehensive report shows that Aboriginal Community Controlled services provide culturally appropriate primary health care to over 310,000 Aboriginal people each year, around half the Aboriginal and Torres Strait Islander population, and are credited with three quarters of the health gains made against the Close the Gap targets.

It shows our members perform over two million episodes of care per annum which is a one hundred per cent increase since this report was last handed down four years ago.

Evidence based real improvements

Not only are we providing more comprehensive primary services to more of our people and seeing evidence-based very real improvements in some key health areas such as mortality rates, birth weights and chronic disease. Through our membership and Affliates we are also seeing more of our people employed in sustainable and meaningful positions across the Aboriginal Community Controlled Health Organisations sector. Reports like this clearly establish the economic viability of investing in our sector and simply cannot be ignored by decision makers. Coupled with the ten-point plan, the report has enabled NACCHO to increase the intensity of our national political lobbying efforts and demonstrate our value to some of the most senior members of the Federal parliament.



Chairperson Report *(cont.)*

Federal Election 2013

This was a critical part of our strategy in the lead up to the Federal election – to raise the profile of our sector, illustrate its effectiveness and reinforce our multi-partisan approach to delivering good health outcomes for our people.

The release of the Ten-Point Plan also helped us raise the profile of Aboriginal health in the broader, mainstream community, attracting significant national media attention.

NATSHIP

The Ten-Point Plan compliments the long-awaited National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) released by the Gillard Government in July this year.

NACCHO is proud of our influence on the content of the NATSIHP. We advocated for a health system free of racism with culture at its heart and we are pleased to see these points became an integral pillar of the final plan.

We welcome the broad national recognition of Aboriginal Community Controlled Health services as a key to success as well as an acknowledgement of the need for capacity building in our communities.

2014 and beyond

Going into 2014 our job now is to work with the new Abbott Government to advocate for a robust implementation and delivery process of the NATSIHP toward genuine change and advances in the priority areas our sector fought hard to be included in the plan and not lost in its interpretation during this next phase.

NACCHO ten-point plan Male Health Blueprint 2013-2030

Another key policy initiative highlight this year was Ochre Day and the launch of NACCHO's ten-point Male Health Blueprint which offers tangible, practical solutions to the appalling state of Aboriginal male health. Ochre Day was a spectacular celebratory gathering of Aboriginal men from across Australia followed by a public event in Federation Mall. NACCHO's Male Health Blueprint again attracted national media coverage and raised this important issue to the national agenda.

Building stronger partrnerships

Complementing these significant policy initiatives, NACCHO has spent the year strengthening some key partnerships. In May we signed a landmark with Medical Deans Australia and New Zealand aimed at increasing medical student placements in Aboriginal & Torres Strait Islander primary health care settings. This agreement will also support NACCHO's potential to build the capacity to recruit more Aboriginal and Torres Strait Islander medical officers.

As part of building stronger partnerships with other Aboriginal National Bodies we welcomed the invitation for the NACCHO Chairperson onto the Lowitja Institute Board, Australia's only national health research organisation with a sole focus on the health and wellbeing of Australia's First Peoples.

Close the Gap

NACCHO continues to work closely with our partners on the Close the Gap steering committee and as Co-Chair of the National Health Leadership Forum of the National Congress, I want to ensure a coordinated and collective voice is given to Aboriginal health in the national arena. Aboriginal Community Controlled Health services must be given due weight and provide leadership in those forums.

Chairperson Report *(cont.)*

Partnership with the AFL

In an effort to further spread good health messages to our communities and exemplify the excellent work that is being delivered by our member organisations to the broader community, NACCHO has also been pursing a new partnership with the AFL this year. Through this partnership we hope to leverage the respect and goodwill towards the AFL in both Aboriginal and Non – Aboriginal communities, encouraging more Aboriginal men and women to consider their health and seek out their local Aboriginal Community Controlled Health Organisation, while educating the non-Aboriginal community about the tremendous value our sector brings to the National Health system.

International

NACCHO has also been active internationally in 2013, attending the United Nations Permanent Forum on Indigenous Issues in New York City where the human rights of Indigenous people in Australia and across the world were put under the spotlight as part of the Indigenous Peoples Organisation Network.

Closer to home NACCHO has continued its commitment to listen to and communicate with our affiliates and members. In addition to delivering regular updates and news across the sector through the NACCHO communiqué, emails and social media outlets, attending numerous member meetings, conferences and forums, as well as hosting an election planning workshop, we held the first ever NACCHO Aboriginal Primary Health Care Summit in Adelaide in August 2013.

NACCHO Summit 2013

The Summit was a direct result of the call from members at the 2012 AGM to provide a forum for our sector where we could highlight and share our achievements, celebrate our wins, address our challenges, network and learn from each other.

The Summit attracted more than 350 delegates and more than 100 speakers, covering the core themes: Governance, Comprehensive Primary Health Care and Workforce.

It was an inspirational three days, providing an array of insights, new directions, innovation and lessons , with strong positive feedback from delegates that they would like the "NACCHO Summit" to be a regular inclusion in the annual event calendar.

New challenges and opportunities

We have achieved much in the last twelve months. Looking to the next twelve months we face new challenges and opportunities as we continue to develop our relationships with a new Federal government and work collectively in bringing genuine gains in Aboriginal Health through Aboriginal Community Controlled Health Organisations.

I am confident our collective work to date has positioned us well for what lies ahead and I look forward to working with our partners, affiliates and members over the next twelve months as we continue to improve the heath and wellbeing of our people.

— Justin Mohamed
Chairperson

The NACCHO Board

Justin Mohamed - Chairperson

Mr Justin Mohamed is a Gooreng Gooreng man from Bundaberg, Queensland but he has lived and worked with Victorian Aboriginal communities over the last 20 years.

Justin is the current Chair of the National Aboriginal Community Controlled Health Organisation (NACCHO), the national peak body for over 150 Aboriginal community controlled medical services nationwide and the national authority in the delivery of Aboriginal primary health care.

Justin works for The University of Melbourne as the Director of its Goulburn Valley Partnerships and Academy of Sport, Health and Education (ASHE). His role encompasses a wide range of partnerships, with a major focus being placed on the University's prominent Aboriginal partnerships. ASHE a Rumbalara Football Netball Club and University of Melbourne initiative – is one of these and aims to develop education and employment pathways for Aboriginal youth.

His career successes are primarily due to his broad involvement with Aboriginal Communities and organisations for close to 20 years. He also continues to be a member of the National Aboriginal Health Leadership Forum.

Throughout his work Justin has maintained a strong link to leading local Aboriginal organisations including Rumbalara Aboriginal Co-operative Ltd (where he previously held the role of CEO and Chairperson), the Koori Resource and Information Centre (KRIC) and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

As an Aboriginal person who is actively involved in his local Community with positions on state, national and international working groups and committees, Justin has been able to represent and contribute towards improving the overall health and wellbeing of Aboriginal Australian's.

Matthew Cooke - Deputy Chair

Matthew is a proud Aboriginal and South Sea Islander from the Bailai (Byellee) people in Gladstone.

Matthew was elected as Deputy Chair of NACCHO in 2011. He was previously the CEO of Nhulundu Wooribah Indigenous Health Organisation Incorporated, the Aboriginal Medical Service in Gladstone, for more than 6 years.During this time Matthew served as the Deputy Chair and Secretary of the Queensland Aboriginal and Islander Health Council (QAIHC). In late 2011 Matthew was appointed to the role of Indigenous Affairs Manager for Bechtel Australia, a renowned worldwide engineering, construction and procurement Company.

The NACCHO Board *(cont.)*

Matthew is passionate about empowering and building the capacity of Aboriginal Community Controlled Health Organisations. Through improved governance and innovation, the Aboriginal Community Controlled Health Sector can sustain another 40 years. In 2007 he was named Young Leader in Aboriginal and Torres Strait Islander Health, and in 2008 received the Deadly Vibe Young Australian of the Year award.

Matthew also serves on many other Boards, including:

- Founding Director of the Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation (CQRAICCHO).
- Native Title Applicant for the Port Curtis Coral Coast Native Title Claiman group in Gladstone Central Queensland.
- Director Bailai Aboriginal Corporation for Land and Culture.
- A Director of the Regional Development Australia Fitzroy Central West region.

Vicki O'Donnell - Western Australia

Vicki O'Donnell was born in Derby Western Australia and has lived there since. Her mother is European and her father is Aboriginal (Nykgina). Vicki is married and has two daughters and a son, aged from 25 to 28, and four grandchildren.

Vicki has been the Chief Executive Officer for the Derby Aboriginal Health Service for the past eight years. Previously she worked with the WA State Health Department and State Aboriginal Affairs Department and contributed extensively at a range of regional, state and national forums.

During her time with the Derby Aboriginal Health Service, the service has grown from strength to strength, expanding its funding base and developing a culturally appropriate health service for the benefit of our people. Derby Aboriginal Health Service has built a skilled and stable multidisciplinary workforce, achieving recognition at state and national levels as a high-quality service that produces measurable health outcomes for Indigenous people in the town and region.

Mr Sandy Davis, Western Australia

Sandy joined NACCHO's Board in 2011 and is Chair of the Geraldton Regional Aboriginal Medical Service, in which he has been involved for over 30 years.

He is Deputy Chair of the Aboriginal Health Council of West Australia.

He was Chair of the West Australian Aboriginal Legal Service for three years and was Chair of the ATSIC Yamatji Regional Council for 10 years.

A father of 8-children and 25-grandchildren, Sandy is passionate about social justice and ensuring people get a fair go. He also has a keen interest in football, particularly Geraldton's Northampton Rams.

The NACCHO Board *(cont.)*

Julie Tongs - Australian Capital Territory

Julie is a Wiradjuri woman born in Leeton NSW, raised in a small country town called Whitton. She has lived in the ACT region for around 40 years.

Julie's long history of community service and involvement in the ACT has provided her with a strong knowledge and understanding of the issues impacting Aboriginal people in the ACT and region.

Julie has been involved with Winnunga Nimmityjah Aboriginal Health Service (AHS) for 15-years. Julie was a Board Director from 1993-1997 and appointed as CEO in 1997.

Julie continues to represent the ACT and Winnunga Nimmityjah AHS on many local and national steering committees and has been a NACCHO Board Director since 1997. In this role Julie has gained a vast amount of knowledge and experience at a national representative and strategic planning level.

Val Keed - New South Wales

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 oversee drug and alcohol and social and emotional well-being programs. Val currently holds the position of Treasurer of the Weigelli Drug and Alcohol Centre.

Val Keed replaced David Kennedy as a NACCHO Board member for NSW in November 2012.

Bernie Singleton - Cape York

Bernie Singleton grew up in Yarrabah and now resides in Weipa, Cape York with his wife Verna and is the father to Cleveland, Jason, Roydon, Louise, Bernie and Anna (deceased).

For over 10-years Bernie has been the chairman for Apunipima Cape York Health Council, and has also been a Board Member of the Queensland Aboriginal Islander Health Council (QAIHC) for more than 6-years, representing Cape York and the Torres Strait region.

His engagement with Far North QLD communities and his understanding of their history, politics and culture brings a wealth of experience to the NACCHO board. Bernie is passionate about the health and well being of his people.

The NACCHO Board *(cont.)*

Elizabeth Adams - Queensland

Elizabeth Adams (Lizzie) is an Aboriginal woman of the Mardigan Peoples of Far South West Queensland.

Lizzie is CEO of Goolburri Aboriginal Health Advancement Company Ltd; Chairperson for QAIHC; a member of the NACCHO Executive Committee; represents QAIHC on the Queensland Rural Medical Education Board; and Chairperson of Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd.

Lizzie began her career in Aboriginal and Islander Affairs in the early eighties, training initially as a nurse. She continued to gain a range of skills and qualifications in the Indigenous health sector, including the accredited areas of Health Service Management and Governance.

Over the years Lizzie has worked for a number of community controlled organisations spanning housing, legal, education and health. It is this experience and her active participation in her local community that maintains Lizzie's drive for change and improvement in the health and well-being of Aboriginal and Torres Strait Islander peoples.

Joanne Badke -Victoria

Joanne Badke is a Palawa woman who has been involved in Aboriginal health for over 20 years. Joanne is the CEO of the Bendigo & District Aboriginal Cooperative and has been a director of the VACCHO Board since 2008, in which she currently holds the position of Deputy Chairperson.

Jason B King - Victoria

Jason B. King has worked in Aboriginal health and affairs since 2002. Jason's first taste of Aboriginal Health employment was at GEGAC in 2002 as the HACC Coordinator.

During this time he felt he needed to broaden his understanding of aboriginal services and commenced working at VACCA as a caseworker, advocating for the rights of Aboriginal children under DHS Children Protection orders. He then moved to Ramahyuck, learning more about the protection of Victorian Aboriginal Cultural Heritage sites and artefacts, before moving on to the Justice Department as the Executive officer of RAJAC for Gippsland.

Jason has been the CEO of GEGAC since April of 2008. GEGAC has grown from a $6m organization to a $10m organization and has an exciting building program for the 21st century. He is very passionate about Governance and strengthening all Aboriginal community controlled organizations to better serve their communities and provide the best of health care to Aboriginal Australians.

The NACCHO Board *(cont.)*

Wendy Moore - Tasmania

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

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

John Singer - South Australia

John's family is from Ngaangtjara, Pitjantjatjara and Yankunyatjara Lands, which is the cross border area of Northern Territory, South Australia and Western Australia. He began working in community control at the Ceduna Koonibba Aboriginal Health Service where he started his health worker training, which he later completed in the late 1980s with the Nganampa Health Council.

John worked in Community Administration from 1989 to 1996 at Iwantja, Fregon, Pukatja and Papunya. In 1997, he became the Manager of Iwantja Clinic, which is one of Nganampa Health Council's clinics. In 2000, he was appointed Director of the Nganampa Health Council and still holds this position.

Over the years, John has participated on several Boards and Committees, including the Board of the Aboriginal Health Council of SA Inc. (a representative since 1998 and Chairperson 2005, 2006–09); Country Health SA; and the Anangu Remote Health Alliance (influential in establishing this group in 2005; Chairperson 2005-06). John is currently on the Board of NACCHO.

John has a good understanding of governance, community control and government structures, and is very committed to improving the health and well being of Aboriginal people.

Ian Woods - Northern Territory

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

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

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

The NACCHO Board *(cont.)*

Christine Corby - New South Wales

Christine is a Gamilaraay woman from north-western New South Wales, born in Sydney and returned to her mother's country, living in Walgett for the past 36-years.

She was the Legal Secretary for the NSW Aboriginal Legal Service for 11-years. When funding was announced in 1986 for the establishment of a local Aboriginal Medical Service, Christine commenced as CEO, a position she has held 25-years. Christine is also CEO of the Brewarrina Aboriginal Health Service; Chairperson of Bila Muuji Aboriginal Health Service, representing 11-member services of the AHMRC in the (former) Greater Western Area Health Service (GWAHS) region; Chairperson of the NSW Aboriginal Health and Medical Research Council (AHMRC); and a board member on NACCHO.

Christine regularly attends the NSW Aboriginal Health Partnership and Forum meetings. She is a Justice of the Peace, holds a Graduate Diploma of Health Service Management, a Diploma of Management and a Diploma of Health Sciences. In 2005 Christine was awarded the Order of Australia Medal (OAM); the Centenary Medal in 2003, and received the NSW Health Hall of Fame Award in Aboriginal Health in 2005.

Sean Heffernan – Northern Territory

Sean grew up in the 1960s and 1970s in Brisbane, Queensland and comes from an Irish-Catholic heritage. He has completed a Bachelor of Arts Degree in Humanities and Masters in Education for his long standing research into the oral history of the Larrikiya, the traditional land owners of Darwin and the Cox Peninsula of the NT. Sean is also a former high school teacher who taught Social Education and English.

Sean has a strong working history with the Gurindji, who won their battle for land rights after the historic nine-year Wave Hill walk off (1966-1975). He worked as the CEO of the Daguragu Community Government Council for six years in the 1990s where he was responsible for the delivery of municipal services to Kalkaringi and Daguragu communities and surrounding outstations.

In 2005 he commenced in his role as the CEO of the Katherine West Health Board Aboriginal Corporation. The service provides a comprehensive primary health care service to the communities, outstations and cattle stations of the Katherine West (Victoria River District) region in the NT. Sean continues in the role to this day and 12 months ago accepted the role of Chairperson of the Aboriginal Medical Services Alliance of the NT (AMSANT).

Member Sector Chart

Chairperson – Justin Mohamed **Deputy Chairperson –** Matthew Cooke

ACT Board Rep
Julie Tongs

ACT Member
Winnunga Nimmityjah

Tasmanian Board Rep
Wendy Moore

Tasmanian Member
Tasmanian Aboriginal Health Service

South Australia Board Reps
Vicki Holmes
John Singer

SA Members

Aboriginal Sobriety Group
Ceduna/Koonibba Aboriginal Health Service
Kalparrin community
Nganampa Health council
Nunkuwarrin Yunti
Nunyara Wellbeing Centre
Oak Valley Community
Pangula Mannamurna
Pika Wiya Health Service
Port Lincoln Aboriginal Health Service
Tullawon Health Service
Umoona Tjutagku Health Service

NT Board Reps
Ian Wood
Sean Heffernan

NT Members

Ampilatawatja Health Centre Aboriginal Corp
Anyinginyi Congress Aboriginal Corporation
Central Australian Aboriginal Congress
Danila Dilba Health Service Aoriginal Corporation
Katherine West Regional Health Board
Miwatj Health Aboriginal Corporation
Mutitjulu Health Service
Pintubi Homelands Health Service
Sunrise Health Service
Urapuntja Health Service
Wurli Wurlinjang Health Service

NSW Board Reps
Christine Corby
Val Keed

NSW Members

Aboriginal Medical Service Co-op Ltd, Redfern
Aboriginal Medical Service Western Sydney
Albury Wodonga Aboriginal Health Service Inc
Armajun Aboriginal Health Service Inc.
Armidale Aboriginal Medical Centre (Pat Dixon)
Awabakal Newcastle Aboriginal Co-Op
Balranald Aboriginal Health Service Inc
Biripi Aboriginal Corporation
Bourke Aboriginal Health Service
Brewarrina Health Centre
Brungle Aboriginal Health Service
Bulgarr Ngaru Medical Aboriginal Corporation
Bullinah Aboriginal Health Service
Cobar Aboriginal Health Service Inc.
Condobolin Aboriginal Service Inc
Coomealla Health Aboriginal Corp
Coonamble Aboriginal Health Service Inc
Cummeragunja Aboriginal Medical Service
Dharah Gibinj Aboriginal Medical Service
Durri Aboriginal Medical Service
Galambila Aboriginal Health Service Inc
Griffith Aboriginal Medical Service Inc
Illawarra Aboriginal Medical Service Incorp
Katungul Aboriginal Corporation AMS
Murrin Bridge Aboriginal Health Service
Oolong Aboriginal Corporation
Orange Aboriginal Health Service Inc.
Parkes Aboriginal Health Service
Peak Hill Aboriginal Health Service Inc
Pius X Aboriginal Corporation
Riverina Medical & Dental Health Aboriginal
South Coast Medical Service Aboriginal Corp
Tamworth Aboriginal Health Service
Tharawal Aboriginal Corporation
Tobwabba Aboriginal Medical Service Inc.
Walgett Aboriginal Medical Service Co-Op Ltd
Wallhallow Aboriginal Corporation
Wellington Aboriginal Corp Health Service
Weigella Centre Aboriginal Corporation
Yerrin Aboriginal Health Services Inc
Yoorana-Gunja Family Violence Healing Centre

West Australian Board Reps
Vicki O'Donnell
Sandy Davies

WA Members

Beagle Bay Community Health Service
Bega Garnbirringu Health Service
Bidyadanga Aboriginal Community Health Service
Broome Regional Aboriginal Medical Service
Carnarvon Aboriginal Medical Service
Derbarl Yerrigan Aboriginal Health Service
Derby Aboriginal Health Service
Geraldton Regional Aboriginal Medical Service
Jurrugk Aboriginal Health Service
Kimberley Aboriginal Medical Services Council
Mawarnkarra Health Service Aboriginal Corp.
Ngaanyatjarra Health Service
Nindillingarri Cultural Health Service
Ord Valley Aboriginal Health Service (OVAHS)
Puntukurnu Aboriginal Medical Service
South West Aboriginal Medical Service
Spinifex Health Service
Wirraka Maya Aboriginal Medical Service
Yuri Yungi Aboriginal Health Service

Queensland Board Reps
Elizabeth Adams
Bernie Singleton

Queensland Members

Apunipima Cape York Health Council
Barambah Regional Medical Service
Bidgerdii Health Service
Bundaberg Burnett Aboriginal Corporation
Carbal Medical Centre
Charleville & Western Areas Aboriginal and Torres Strait Islander Health Ltd
Cunnamulla Primary Health Care Centre A M S
Galangoor Duwalami Primary Health Care Service
Girudala Community Cooperative Society
Goolburri Health Advancement Corporation
Goondir Health Services
Gurriny Yealamuca Health Service Aboriginal
Injilinji Youth Health Service
Kalwun Health Service
Kambu Medical Service
Mamu Health Service
Mt Isa Aboriginal Health Service
Mudith Niyleta Corporation
Mulungu Aboriginal Medical Centre
Nhulundu Wooribah Indigenous Health Org
North Coast Aboriginal Corp Health
Townsville Aboriginal Health Service
Wuchopperen Health Service
Yippippi Gulf Indigenous Health Council
Yulu Burri Ba Aboriginal Corporation

Victorian Board Reps
Jason King
Joanne Badke

Victorian Members

Aboriginal Community Elders Service (ACES)
Ballarat & District Aboriginal Co-op-CDEP
Bendigo District Aboriginal Coop
Budja Budja Aboriginal Coop
Dandenong & Dist Aboriginal Coop
Dhauwurd - Wurrung Elderly Citizens Assoc
Gippsland & East Gippsland Aboriginal
Goolum Goolum Co-op
Gunditjmara Aboriginal Co-op
Kirrae Community Health Service
Lake Tyers Health Service
Lakes Entrance Aboriginal Health
Mildura Aboriginal Co-op
Moogji Aboriginal Council East Gippsland
Mungabareena Aboriginal Co-op
Murray Valley Aboriginal Co-op Ltd
Ngwala Willumbong Coopertive
Njernda Aboriginal Corporation
Ramahyuck District Aboriginal Co-op
Rumbalara Aboriginal Co-op Ltd
Victorian Aboriginal Health Service
Watherong aboriginal Cooperative
Winda-Mara Aboriginal Corporation
Western Suburbs Gatherin Association

Chief Executive Officer's Report

What a year NACCHO has had! It gives me great pleasure in providing the NACCHO membership with an overview of the NACCHO secretariat's performance over the last 12-months. As you will see, the NACCHO Annual Report has been measured against the NACCHO Strategic Plan both in policy and operations to give greater clarity of the work undertaken and the benefits to members. The Strategic Plan has three (3) areas of focus:

- National Health Reform
- NACCHO Members Support
- Research & Data

The NACCHO & AIHW Healthy Futures Report Card demonstrated the effectiveness and impacts that our Aboriginal Community Controlled Health Services are making towards achieving better health outcomes for Aboriginal and Torres Strait Islander people with key successes in the following areas;

- 80% of the NACCHO membership provides comprehensive primary health care to over 311,000 clients annually
- 2 million episodes of care delivered annually
- 66% reduction in child mortality rates since 2009
- 33% reduction in overall morality rates for Aboriginal & Torres Strait Islander people since 2009

The Report Card wasn't the only national policy framework developed by the secretariat, with the NACCHO 10-point plan and NACCHO Male Health OCHRE Blueprint both launched in the old and new Parliament House respectively.

The NACCHO secretariat also held its inaugural Health Summit in Adelaide this year, showcasing our members' best practice in comprehensive primary health care, with the following results;

- 100 keynote speakers and presenters from the Aboriginal Community Controlled Health Services
- 350 representatives from the Aboriginal Community Controlled Health Services
- Media impact of making page 3 of the Australian – Election page
- Social Media traction through twitter of 5.5 million people during the election period top three (3) were: Election, AFL and NACCHO Health Summit (See page 32 Media report)

A key focus area of the NACCHO Secretariat has been the Sector Governance Network (SGN) and the Sector EQHS Sector Accreditation Status, which has been a joint initiative with all of the State and Territory Affiliates. This initiative in particular assists us in Reducing Risk, ensuring a more sustainable ACCHS's sector and providing the platform to achieve continuous quality improvement through Accreditation both clinically and organisationally, again demonstrating best practice and high quality standards.

Chief Executive Officer's Report *(cont.)*

Our contribution did not stop there, with the NACCHO operational programs equally achieving great results, including:

- QUMAX entering into our 5th agreement to 2015 - 74 (49%) ACCHS's participating
- Research capacity and evidence building in more than 60% of ACCHS's
- Workforce professional development provided to 891 staff from ACCHS's
- 100 member services surveyed as part of the Telehealth Delivery Project in addition to inviting member services to partake in four to seven thousand dollar telehealth infrastructure grants.

Although this is only an overview of the activity of the NACCHO Secretariat, there have been plenty of government submissions and hearings provided to the House of Representatives and Senate Committees as well as the ongoing relationship building with the whole of government and other health related national peak bodies.

NACCHO is the national authority in Aboriginal comprehensive primary health care. Collectively we demonstrate and strive for the Centre of Excellence in Aboriginal Community Controlled Health through our model of service and I believe our performance speaks for itself. We are on the right path to achieving health outcomes for our people.

Yours in solidarity, Lisa Briggs ***NACCHO CEO***

NACCHO

10 Point Plan

Healthy Futures 2013-2030

Guided by

- Aboriginal Community Controlled Health Organisations
- Culture
- Self Determination
- Health Equity

Affiliates

NACCHO

Australian, State & Territory Governments

By investing in

1 Aboriginal Community Controlled Health Sector

To deliver

2 Innovative Comprehensive Primary Health Care

Driven by

3 Aboriginal Health Leadership

4 Partnership

5 Health System Reform

Underpinned by

6 Health Financing

7 Health Workforce

8 Health Infrastructure

9 Research and Data

10 Accountability, Reporting, Monitoring, and Evaluation

We will achieve

A Healthy Future for Generational Change

NACCHO Chair person Justin Mohamed, Professor Megan Davis and NACCHO deputy Chair Matthew Cooke at Parliment House Canberra Launch June 2013

Ten-Point Plan to Achieve a Healthy Future for Generational Change

In June 2013 NACCHO launched a ten-point plan, which lays out the steps involved in delivering the generational change needed to address the appalling health and life expectancy outcomes for Aboriginal people. Governments of all levels must look to the plan when developing or implementing policy on Aboriginal health.

The ten-point plan incorporates the goals of the 2008 Close the Gap Statement of Intent signed by NACCHO alongside federal, state and territory governments.

It reinforces the need for investment in Aboriginal community controlled services; for genuine partnerships with Aboriginal communities; for capacity building within communities and services; and for ongoing monitoring and evaluation against targets

It's been more than five years since state, territory and federal governments of all persuasions signed up to address the appalling health and life expectancy rates of Australia's Aboriginal people.

This was a landmark occasion where for the first time all governments recognised that solving the complexity of Aboriginal health issues requires a long-term vision and investment that transcends funding cycles, short term policy fixes and the fortunes of governments and political parties.

It was also the first time that there was meaningful recognition across the board of the critical primary health role Aboriginal Community Controlled Health Organisations can play within their communities.

Five years on and we see Aboriginal Community Controlled Health Services have been responsible for three quarters of the health gains made against the Close the Gap targets set at the time.

While this is of no surprise to our sector, it reaffirms the grass roots model of Aboriginal people working to improve the health of Aboriginal people must continue to be the way forward if we are make any real difference and achieve generational change. We are the solution to"Closing the Gap".

Our ten-point health plan has been created with the knowledge and experience of the Aboriginal Community Controlled sector where the health gains are being made.

We urge governments and NACCHO affiliates and members to ensure they adopt the targets within so we don't lose the momentum of providing the very best of services to our people.

The ten points are critical headline actions that must be incorporated into any future policy for that policy to be a success.

We can make a difference, we can Close that Gap. But only if we continue to provide the Community Controlled sector with the means to do it.

Justin Mohamed

NACCHO's Adelaide Summit a Success

NACCHO's Adelaide Summit a Success

The inaugural NACCHO National Aboriginal Community Controlled Health Service Summit in August this year in Adelaide was a great success!

The 3-day talkfest features dozens of seminars and discussions looking at Aboriginal health from all angles. In the words of NACCHO CEO Lisa Briggs, it was "an opportunity to showcase the national, state and local best practices in the management of the health of Aboriginal and Torres Strait Islander People."

The conference opened with a passionate speech by NACCHO Chair Justin Mohamed, who outlined a 10-point plan for achieving a healthier future for Aboriginal and Torres Strait Islander people.

This framework to Aboriginal health embodies a passion in Justin that dates back over 20-years, since he started working as a junior with Rumbalara Medical Clinic in Shepparton. This aim to improve health and life expectancy - a multi-generational issue – is all about community, because that's where it comes from.

Rather than the often-used top down, prescriptive approach, NACCHO's vision represents a collective effort, where the community drives the policy as opposed to reacting to it. The 10-point plan is underpinned by the Close The Gap Statement of Intent signed by governments and NGO's.

The plan also follows Article 24 of the United Nations Declaration on the Rights of Indigenous Peoples, which ensures the right to the enjoyment of highest attainable standard of physical and mental health.

Justin says "this is a plan strong on "innovation, leadership and accountability to realise best practice. Above all though it's about developing culturally appropriate services and providing employment to Aboriginal and Torres Strait Islander people in their own communities.

And that goal seems to be going superbly well if you consider the numbers in a recently released report."

Compiled by the Australian Institute of Health & Welfare, the report highlights the work done by Aboriginal Community Controlled Health Services. And the numbers are impressive.

NACCHO provides primary health care to 350,000 Aboriginal and Torres Strait Islander people per year, with three quarters of health gains made have been against Close The Gap Targets directly attributable to NACCHO's 150 member organisations.

NACCHO is also Australia's largest single employer of Aboriginal and Torres Strait Islander people, a promising achievement as it closes-in on the targets set for Close the Gap 2030.

Of course, Justin Mohamed is not saying the job is done...far from it. "The report card does confirm that the grassroots model of Aboriginal health in Aboriginal hands is the solution to closing the gap," said Justin. "This is because we know our people, we understand their needs and we know how to treat our communities, families and individuals in a holistic way that is respectful and invests in deep generational change."

The NACCHO conference highlighted how much is being achieved by communities when they are empowered to find solutions to their health issues. The conference brought together workers and stakeholders from around the country to share stories and insights that are obviously flourishing in a service delivery framework of pride, innovation and deep cultural knowledge.

The road to closing the gap may finally have some signposts.

NACCHO

Aboriginal Male Healthy Futures

Blueprint 2013-2030

Guided by

Aboriginal Masculinity
Social and Cultural determinants

Respect for

Laws
Elders
Culture
Traditions

Responsibility

Leaders
Males
Teachers
Holders of Lore
Providers
Warriors
Protectors of our Family
Women
Old People

Aboriginal Community Controlled Health | Affiliates | NACCHO

Australian, State & Territory Governments

By investing in

1 Aboriginal Male Health

To deliver

2 Innovative gender based Comprehensive Primary health care for Aboriginal Males

Driven by

3 Health | 4 Mental Health SEWB | 5 Social Determinants

Underpinned by the need to improve

6 Access | 7 Male Workforce | 8 Integration | 9 Research Data

10 Accountability, Reporting, Monitoring, and Evaluation

We will achieve

Aboriginal Male Healthy Futures for Generational Change

National Ochre Day Canberra launches the Blueprint *2013-30*

The National Aboriginal Community Controlled Health Organisation (NACCHO) has long recognised the importance of an Aboriginal male health policy and program to close the gap by 2030 on the alarming Aboriginal male mortality rates across Australia. Aboriginal males have arguably the worst health outcomes of any population group in Australia.

To address the real social and emotional needs of males in our communities, NACCHO proposes a positive approach to Aboriginal male health and wellbeing. NACCHO, its affiliates and members are committed to building upon past innovations and we require targeted actions and investments to implement a wide range of Aboriginal male health and wellbeing programs and strategies.

We call on State, Territory and Federal governments to commit to a specific, substantial and sustainable funding allocation for the *NACCHO Aboriginal Male Health 10-Point Blueprint 2013-2030.*

This blueprint sets out how the Aboriginal Community Controlled Health Organisations (ACCHO's) sector will continue to improve our rates of access to health and wellbeing services by Aboriginal males through working closely within our communities, strengthening cultural safety and further building upon our current Aboriginal male health workforce and leadership.

> ***We celebrate Aboriginal masculinities and uphold our traditional values of respect for our laws, respect for elders, culture and traditions, responsibility as leaders and men, teachers of young males, holders of lore, providers, warriors and protectors of our families, women, old people, and children.***

The NACCHO 10-Point Blueprint Plan is based on a robust body of work that includes the *Close the Gap Statement of Intent* and the Close the Gap targets; the *National Framework for the Improvement of Aboriginal and Torres Strait Islander Male Health (2002)*; NACCHO's position paper on Aboriginal male health (2010); the 2013 *National Aboriginal and Torres Strait Islander Health Plan (NATSIHP)*; and the *NACCHO Healthy Futures 10-Point Plan 2013-2030.*

These solutions were developed in response to the deep-rooted social, political and economic conditions that effect Aboriginal males and how these conditions relate to the delivery of essential health care.

Our Blueprint is evidence and needs-based, aimed at addressing critical inequalities in Aboriginal male health services toward achieving equality of health and life expectancies between Aboriginal and non-Aboriginal males by 2030.

This Blueprint celebrates our success to date, proposing partnership strategies to which governments, NACCHO affiliates and member services must commit to ensure major health gains are maintained into the future.

NACCHO, our affiliates and members remain focused on creating ***a healthy future for generational change*** *and the NACCHO Aboriginal Male Health 10-Point Blueprint 2013-2030 will enable comprehensive and long-term action to achieve real outcomes.*

Aboriginal Male Healthy Futures Blueprint
2013-30

Aboriginal Male Healthy Futures Blueprint *2013-30 (cont.)*

To close the gap in life expectancy between Aboriginal and non-Aboriginal males within a generation we must achieve these 10-Points:

1. To call on government at all levels to allocate a specific, substantial and sustainable fund for the, *NACCHO Aboriginal Male Health 10-Point Blueprint Plan 2013-2030*, which is a comprehensive, long-term Aboriginal male health plan of action that is based on evidence, targeted to need and capable of addressing the existing inequities in Aboriginal male health.

2. To assist in the delivery of community-controlled, comprehensive primary male health care services that are culturally appropriate, accessible, affordable, high quality and innovative. This will in turn bridge the gap in health standards, respecting and promoting the rights of Aboriginal males in urban, rural and remote areas, leading to lasting improvements in Aboriginal male health and well-being

3. To ensure Aboriginal males have broad access to health services and infrastructure that are equal in standard to those enjoyed by other Australians.

4. To prioritise specific funding to address mental health, social and emotional well-being and suicide prevention for Aboriginal males.

5. To address social determinants relating to identity, culture, language, land, violence, alcohol, employment and education.

6. To improve access to and responsiveness of mainstream health services and programs that deal with Aboriginal and Torres Strait Islander people's health. This may include restructuring clinics to accommodate male specific areas or off-site areas, even specific service access points (eg. back door entrance) to improve attendance and acknowledge culturally sensitive gender issues.

7. To build an adequate workforce to meet Aboriginal male health needs by increasing the recruitment, retention, effectiveness and training of male health practitioners working within Aboriginal settings, especially across the Aboriginal and Torres Strait Islander health workforce.

8. To identify and prioritise where appropriate key Aboriginal male health issues in the development, execution and monitoring of all policies and practices across all Aboriginal Community Controlled Health Organisations (ACCHO's). Specialised Aboriginal male health programs and targeted, timely interventions must be developed to address the life cycle of male health.

9. To build on the evidence of what works in Aboriginal health, using AIHW-standard research and data on relevant local and international experience.

10. To measure, monitor and report on our joint efforts against benchmarks and targets in order to ensure that we progressively reach our shared vision.

Australian Government

Australian Institute of Health and Welfare

NACCHO
National Aboriginal Community Controlled Health Organisation

Aboriginal Community Controlled Health Services

Healthy for Life

Report Card

NACCHO Healthy for Life Report Card

Healthy for Life (HfL) is the first Office for Aboriginal and Torres Strait Islander Health (OATSIH)–funded program with a strong focus on continuous quality improvement (CQI). It collects and reports on health outcome data that go beyond service activity reporting.

The formal objectives of the program are to:

- improve child and maternal health care services;
- improve men's health;
- improve prevention, early detection and management of chronic disease;
- increase the capacity of the Aboriginal and Torres Strait Islander health workforce for improving long-term health outcomes for Indigenous Australians.

The Healthy for Life program is available to established primary health-care providers in Aboriginal Community Controlled Health Services (ACCHS), state and territory health services and Divisions of General Practice. ACCHS comprise about 65% of the services participating in the program.

A national report based on HfL data was published by AIHW early this year (AIHW 2013a). This report card was prepared by AIHW for a subset of ACCHS included in the national report with funding from NACCHO.

This report card provides data from a number of sources: preliminary population and housing data from the 2011 Census (ABS 2012a and 2012b), data from AIHW work on health expenditure and data from HfL and Online Service Reporting (OSR). Information is provided against Essential Indicators from the HfL Program for ACCHS that have participated in the program since 2007.

Therefore, this data only provides information on the ACCHS's that submitted data for the entire collection period from 2007 to 2011, not all ACCHS.

These indicators enable ACCHS to benchmark themselves and assess areas where they have done well since the inception of the HfL program, as well as areas that could be improved.

Additionally, information is presented from the Online Service Reporting (OSR) data collection on staffing, client numbers, governance, accreditation status, and use of technology to provide more context about ACCHS.

While there are no health expenditure data specific to ACCHS, data for the total Australian Indigenous population are provided to show the investments made in this area and how they are spent.

How much money is spent by Australian governments on health of Indigenous Australians?

Indigenous health expenditure was estimated to be $4.55 billion in 2010–11, 3.7% of the total Australian health expenditure. The corresponding figure for non-Indigenous Australians was $119 billion. In 2010–11 health expenditure per Indigenous person was $7,995, an increase of 12.0% from $7,139 in 2008–09. For non-Indigenous people per person expenditure in 2010–11 was $5,436. For every dollar spent per non-Indigenous Australian $1.47 was spent per Indigenous Australian (AIHW 2013b).

NACCHO Healthy for Life Report Card *(cont.)*

Australian Government expenditure on Indigenous-specific health services has continuously increased since 1995–96. In 2010–11, the Commonwealth funding for Indigenous-specific programs was $624 million. This is a real growth of 265% since 1995–96 (AHMAC 2012).

Community health expenditure

In 2010–11, total health expenditure on community health services for Aboriginal and Torres Strait Islander Australians was $1,119.6 million. Of this $444 million (36.3 of the total Indigenous health expenditure) was directly administered by the Australian Government, while states and territories spent $673 million (21.6% of total Indigenous health expenditure by state and territory governments) on community health services. An estimated $429 million of Australian Government expenditure on community health services was administered through Aboriginal Community Controlled Health Services (ACCHS).

Expenditure by remoteness

The average expenditure on health for Indigenous Australians was lowest in Inner regional areas and Major cities in 2008–09 (the most recent year for which figures are available). Expenditure per capita on hospital care within public hospitals for Indigenous people was greatest in the more remote areas. Pharmaceutical Benefits Scheme (PBS) expenditures were greater in more remote areas where the section 100 arrangements apply. Under section 100 of the National Health Act 1953, clients of approved remote area Aboriginal Health Services (AHSs) are able to receive PBS medicines directly from the AHS at the time of medical consultation, without the need for a normal prescription form and without charge. Expenditure through OATSIH grants to ACCHS was also higher in Remote and Very Remote areas.

Aboriginal Community Controlled Health services (ACCHS)

In 2010–11, a total of 235 primary health care services provided data for OSR (AIHW 2012) and 117 of these were ACCHS. In total, 310,038 clients attended 109 ACCHS in 2010–11 and of these 78% were Aboriginal and Torres Strait Islander clients. In the following section data are presented for ACCHS that submitted data in 2010–11 which ranged from 109 to 117 services.

The OSR collection mainly includes data on clinical and non-clinical staffing, both paid by the service and visiting; primary health care services delivered including health prevention; numbers of clients; and episodes of care. Contextual information such as governance, accreditation and access to technology are also from OSR.

- Most ACCHS were located in Inner and Outer Regional areas, followed by Very Remote areas
- Most ACCHS had governing bodies which were 100% Indigenous
- All services had internet/web access, but 18% had no broadband
- The majority of services used an electronic patient information recall system but 15% did not
- The clients of ACCHS also came predominantly from Inner and Outer Regional areas followed by
- Remote and Very Remote areas
- Although the client numbers were highest in Inner and Outer Regional areas, this is not reflected in the availability of clinical staff
- Clinical staff per 1,000 clients in these regions were lower than in others
- Distribution of AHWs were similar in all regions, but nurses were less available in Inner and Outer Regional areas compared with Major Cities Remote and Very Remote areas

NACCHO Healthy for Life Report Card *(cont.)*

- The rate of administrative staff per 1,000 clients was relatively high in Remote and Very Remote areas
- The availability of drivers/field officers was high in Remote areas
- The number of dental health staff was highest in Major Cities, with far fewer dental health staff in other regions.

ACCHS locations

Of the 117 ACCHS participating in HfL, the majority were in Inner and Outer Regional areas of Australia (30 services in each of the regions). There were 17 ACCHS in Major Cities and in Remote areas, while 23 were in Very Remote areas.

Note that regions are defined using the ABS ASGC remoteness classification. Accordingly, for Queensland,

services in Brisbane are classified as being located in Major Cities, those in Dalby as Inner Regional, in Chinchilla as Outer Regional and in Roma and Longreach as Remote and Very Remote areas respectively.

Photo below: Centralian Advocate

NACCHO Staff

NACCHO Current Staff

Lisa Briggs	CEO
Brendon Gardener	Corporate services manager
Liz Vinaka	Executive Officer
Amber Mercer	Ear and Hearing Support
Arika Errington	Project Coordinator for "Talking About The Smokes"
Colin Cowell	National Media and Communications Advisor
David Horne	Finance Officer
Daniel Suggit	Eye Health Project Officer
Denise Burdett	Workforce Project Officer
Dr Jason Agostino	Data Clinician
Dr Katie Panaretto KPI	Public Health Medical Officer
Dr Mark Wenitong	Senior Public Health Medical Officer
Dr Ngiare Brown	Public Health Medical Officer
Harphajan Singh	Accountant
Irene Peachey	Good Medicines Better Health Project Officer
Jessica Mitchell	Administration Assistant
Josie May	Talking About the Smokes (TATS) National Communications Coordinator/Executive Policy Support
Lin Lin	Finance Assistant
Mark Saunders	REACCH Project Officer & Male Health
Megan Daley	Administration Officer
Renee Williams	Close the Gap Policy Officer
Roy Monaghan	Telehealth Delivery Officer
Sheena Watt	Political Advisor
Tav Fox	Project Officer "Talking About the Smokes"
Trish Jean	National Quality & Accreditation Officer
Trisha Williams	Smoke Free Project Officer

NACCHO staff who departed in 2012-2013

We thank you for your service.

Andrew Engelhardt	Chief Financial Officer
Chloe Peters	HR Officer
Donisha Duff	Governance Project Officer
Heather Volk	Qumax Project Officer
James Lamerton	Medicare Local Project Officer
Janine Mohamed	Manager Projects and Innovation
Kirsten Pinnington	Media Support/Administration Officer
Marianne Pinnington	Executive Assistant
Gwen Troutman-Weir	Facilitator/Assessor "Ear and Hearing Project"
Dr Suzanne Jenkins	eHealth
Sarah Cleaves	Workforce Officer
Tricia Elarde	National Coordinator "Ear and Hearing Project"

NACCHO Media and Communications

Connecting, informing and engaging into the iFuture.

In the past 12 months NACCHO has continued to achieve record coverage in both traditional and new social media spaces, with seven major media campaigns being launched in addition to our normal media coverage.

With NACCHO affiliates and members now moving into a wide range of social media and new technologies such as tablets and smartphones, NACCHO has developed new media to meet our iFuture communication needs, even launching its first App!

Major campaigns included

1. The 2013 Federal Elections
2. Launching NACCHO Healthy Futures 10-Point Plan
3. Closing the Gap Campaign incoming Government brief
4. NACCHO Primary Health care summit in Adelaide
5. NACCHO Ochre Day
6. NATSHIP release
7. NACCHO partnership with AFL

In the lead up to the 2013 Federal election, NACCHO engaged Essential Media Communications (EMC) to provide communications and political advice to ensure the good work of NACCHO and its members was better recognised and supported by all sides of politics and the broader community.

NACCHO and it members developed an election strategy, analysed and responded to pre-election policy announcements, ensuring key political stakeholders understood the benefits of the Aboriginal community control health model.

NACCHO was able to attract widespread national media coverage around important sector issues, including the Close the Gap National Partnership Agreement; Aboriginal men's health; Aboriginal and Torres Strait Islander suicide rates; the introduction of Disability Care; and the National Aboriginal and Torres Strait Islander Health Plan.

NACCHO was also able to put Aboriginal health on the election agenda, highlighting through the media the absence of policy platforms by all political parties.

The national coverage included over 150 radio interviews across Australia, detailed NACCHO policy in The Australian newspaper and numerous live TV interviews with the NACCHO Chairperson on Sky News, ABC News 24 and ABC News Breakfast. Radio news across.

NACCHO Media and Communications *(cont.)*

Australia featured NACCHO stories including both commercial and public stations with quotes from NACCHO Chairperson and CEO.

NACCHO was also able to continue to raise awareness of the success of Aboriginal community control health through indigenous media, garnering regular coverage and support through editorial. Both the Koori Mail and National Indigenous Times carried numerous stories of NACCHO policy and response to policy as did NITV, NIRS, The Wire and Koori Radio.

NACCHO is now a leader in Indigenous social media achieving record followers and targeted reach, integrating Twitter and Facebook in our Aboriginal Health News Alerts.

NACCHO's significant profile increase in mainstream, Indigenous and social media has been instrumental in providing the organisation with greater access to policy makers and a solid platform for future relationships with all sides of government and stakeholders.

Statistics

NACCHO has responded well to the new media landscape, now with a completely ntegrated news and information content distribution system that is available on all media platforms. Consider:

5,126,547 Impressions on Twitter during the #NACCHOSummit

156,000 Views of our NACCHO communique to date

850 Aboriginal News alerts subscribers

10,600 Tweets to date

5,236 Followers of @NACCHOAustralia

2,320 Facebook followers

1,000 + views of NACCHOTV on YouTube

Up to **65,000** Facebook reaches in a week

20,000 + Downloads of Aboriginal health reports from our website

AFL Indigenous All Stars launch

The launch of the Indigenous All Stars football team in partnership with the AFL reached an estimated audience of over 5.6 million. It is difficult to estimate the exact media value NACCHO received, however with the media backdrop and Guernsey representation, we estimate approximately $1.2m in media value was delivered largely through broadcast exposure.

The key highlight here was the extensive coverage the All Stars received on Fox, Channel 9, Channel 7, Channel 10, ABC and NITV.

NACCHO Health News newspaper

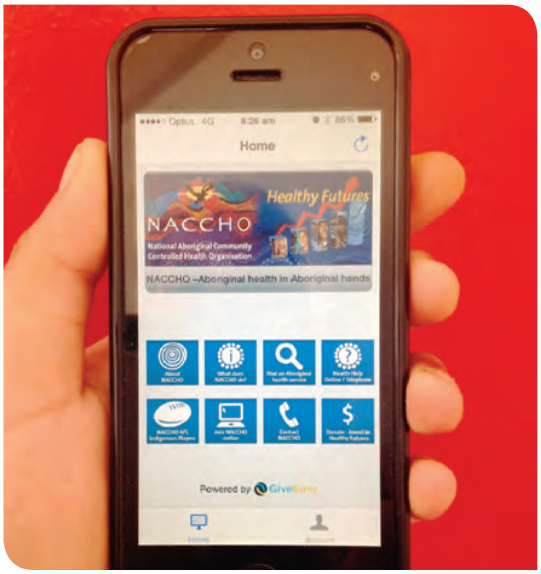
In partnership with the Koori Mail NACCHO will now publish Australia's first Aboriginal Health News newspaper 3-4 times a year. Our 24-28 page supplement will be inserted and distributed nationally in all 14,000 Koori Mails, with 5000 extra copies for NACCHO member organisations. Communications objectives include educating ACCHO staff about NACCHO, sharing success stories between members and educating our sector and broader community on ACCHO successes. Advertising sales exceeded hopes in the very first edition and we expect this newspaper to generate solid revenues in future.

NACCHO Media and Communications *(cont.)*

New NACCHO App

Our new 'NACCHO App' promotes the sports healthy futures program that will give Aboriginal youth the opportunity to improve their overall health and wellbeing through active participation in sports.

The App runs a geo locator, which will help you find the nearest Aboriginal Community Controlled Health Organisation in your area, providing online health information and contact details across a wide range of topics, as well as further information or assistance should you need urgent help.



Health help includes:

Ambulance, Alcohol, Babies Breast Cancer, Cancer, Children, Depression, Diabetes, Domestic Violence, Drugs, eHealth, Eye Health, Gambling, Healthy Eating, Hearing, Male health, Medicare, Mental Health, Prostate cancer, Smoking , Suicide, Teenagers, Women's Health.

The NACCHO App allows users to share, connect or contact NACCHO through our social media platforms such as Twitter, Facebook, daily news alerts and the NACCHO website.

For all media enquires contact
Colin Cowell media@naccho.org.au

Reporting on NACCHO

Strategic Priorities 2011-2014

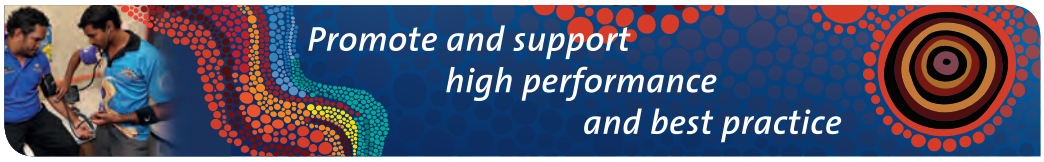
Aboriginal health in Aboriginal hands

Reporting on Strategic Priorities

NACCHO's Strategic Directions over the past three years has focused on three central areas that are consistent with NACCHO's constitutional objectives.

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

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



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

The work to address the Strategic Directions is outlined in these reports.

Each Strategic Direction has objectives and several key strategies that have or will be implemented to achieve the objectives.

Shape the national reform of Aboriginal Health

Strategic Direction 1:

Shape the national reform of Aboriginal health.

Each Strategic Direction has objectives and several key strategies that will be implemented to achieve the objective over the next three years.

The listed indicators will determine how well NACCHO is progressing under each Strategic Direction.

They are divided into 'process' and 'impact' indicators.

Process indicators are used to judge the effectiveness and appropriateness of strategies, and focus on issues of satisfaction, quality, audience and reach.

Impact indicators are used to judge progress toward or achievement of objectives and focus on difference or change.

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

Impact indicators

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

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

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

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

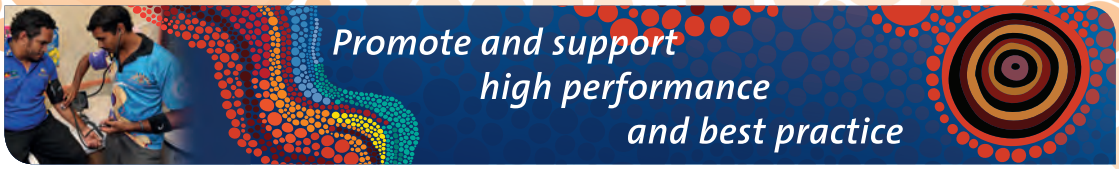
NACCHO offers a vital resource to the national health reform process that has yet to be fully realised. It can be involved more effectively in a consistent and ongoing manner to set the public health agenda and determine how to fund, monitor and report on health activities and outcomes. The authority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

NACCHO Strategic Plan *2011-2014*

Area 1: Shape the national reform of Aboriginal Health – Policy Performance • To increase the ACCH Sector's involvement and authority in determining how Aboriginal health is funded, managed and monitored in the national health reform process.			
1.1	Advocate for the establishment of a National Aboriginal & Torres Strait Islander Health Authority	Ongoing	NACCHO Branding NACCHO Media NACCHO ACCHS's Report Card NAGATSIHID Rep AIHW & NPA Partnership NACCHO Sector Governance Network
1.2	Initiate and contribute to whole of Government initiatives, particulary those addressing the social determinants of health for Aboriginal peoples	Ongoing	NACCHO 10 Point Plan NACCHO Ministerial Committees
1.3	Liaise and work with key Federal Ministers and Government agencies on a regular basis	Ongoing	NATSIHEC – Justin Mohamed SAG – Justin Mohamed DOHA – Lisa Briggs NACCHO Election Policy Platform
1.4	Advocate for a streamlined approach to Government funding and reporting in the ACCH Sector, including a shift to "function based" rather than "positioned based" funding.	Ongoing	DOHA OATSIH PHC Funding Review NACCHO Health Finance Submission
1.5	Support Affiliates and members to advocate and enable Aboriginal health services to transition into ACCH Services	Ongoing	NACCHO Healthy Futures Health Summit 2013 DOH Funding Agreements & Schedules 2014/15 – 5 yr global agreements
1.6	Strengthen and maintain cooperative relationships and partnerships with a broad range of stakeholders across the health sector	Ongoing	AMA Indigenous Committee Rep NACCHO national peak body coalition
1.7	Advocate for NACCHO to have observer status at the Australian Health Ministers Advisory Council (AHMAC)	Not Achieved	
1.8	Advocate for the 2003 National Aboriginal Strategic Framework for Aboriginal and Torres Strait Islander Health and associated biannual report against key indicators to be updated	Ongoing	National Aboriginal & Torres Strait Islander Health Plan - NATSIHP

NACCHO Secretariat Performance *2012/13*

Area 1: Shape the national reform of Aboriginal Health – Operational Performance • To increase the ACCH Sector's involvement and authority in determining how Aboriginal health is funded, managed and monitored in the national health reform process.	
Talking About the Smokes (TATS)	• including two affiliates • Partnership 6 national lead agencies • 35 local research result data reports developed for participating ACCHS
Smoke Free	• 4 national leadership meetings conducted • QUIT Strategies delivered to Boards and ACCHS Staff • NACCHO Rep on National Tobacco Technical Group • 42,000 Social Media likes through Facebook • WNTD 2013 Luncheon over 200 participants
QUMAX	• meeting with pharmacy guild & DOHA • 5th Community Pharmacy Agreement - 2015
Ear & Hearing	• Member of National Hearing Loss Forum led by Senator Rachel Siewert • NACCHO Roundtable key policy platform • 4 National Aboriginal & Torres Strait Islander Ear & Hearing Mentors • Developing National Roadmap for Ear & Hearing – NACCHO Strategic Framework driven by ACCHS's & profession
Good Medicine & Better Health	• Governance led group NACCHO, State Affiliates and National Prescribing Service (NPS)
Telehealth	• 3 Support & Working Group meetings conducted
REACCH	• Governance NACCHO and Project Committee made of participating ACCHS • National Aboriginal & Torres Strait Islander Blood Borne Viruses & Sexually Transmissible infection Strategy 2010/13
Sector Governance Network	• National Sector Governance Network Guidenance & Principles Framework • National SGN –NACCHO, Affiliates and DOHA OATSIH • NACCHO SGN Evaluation
Closing the Gap	• 3 National Network Meetings &PIP Advisory Group • Tackling Tobacco Reference Group Member



Strategic Direction 2:

Promote and support high performance and best practice models of culturally appropriate and comprehensive primary health care

Each Strategic Direction has objectives and several key strategies that will be implemented to achieve the objective over the next three years.

The listed indicators will determine how well NACCHO is progressing under each Strategic Direction.

They are divided into 'process' and 'impact' indicators.

Process indicators are used to judge the effectiveness and appropriateness of strategies, and focus on issues of satisfaction, quality, audience and reach.

Impact indicators are used to judge progress toward or achievement of objectives and focus on difference or change.

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

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

Impact indicators

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

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

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

Rationale: Our commitment to Aboriginal concepts of health as holistic, recognition of diverse communities and different needs and the right to have universal access to basic health care has resulted in NACCHO Members developing a culturally appropriate comprehensive primary health care model that is adaptable to a variety of locations. In fact, NACCHO Members' ability to service areas in which few or any access to health care is available has increasingly been used as the recommended model for the delivery of services in difficult to access and often forgotten or hidden areas of Australia.

It is a critical part of achieving health equity for all Aboriginal people throughout Australia.

Strategic Directions 2: *(cont.)*

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

NACCHO Strategic Plan *2011-2014*

Area 2: Promote and support high performance and best practice models of culturally appropriate and comprehensive primary health care – Policy Performance

- To Increase the profile of the ACCH sector comprehensive primary health care model and achievements
- To improve the capacity of the ACCH sector to provide best practice comprehensive primary health care, and monitor and report the outcomes of care

1.1	Document and distribute information on the ACCH Sector comprehensive primary health care model and achievements in a variety of formats to a broad range of stakeholders in the health sector	Ongoing	NACCHO Communiqué & Elert NACCHO & AIHW Report Card Affiliate & ACCHS newsletters distribution
1.2	Coordinate and hold an annual NACCHO Advocacy Day and NACCHO National Symposium on best practice in Aboriginal Health	Ongoing	Parliamentary Event – NACCHO 10 point plan NACCHO Health Summit - Adelaide
1.3	Advocate for active involvement of the ACCH Sector in making equitable and needs-based funding decisions in ACCH sector identified priority areas	Ongoing	NACCHO 10 point Plan NACCHO Male Ochre Blueprint NACCHO Funding Submission DOHA PHC Funding Review DOHA Funding Agreement renewal
1.4	Develop and coordinate national capacity strengthening and information sharing initiatives in collaboration with Affiliates, such as • Governance and member support • IT workforce development • Date and Information monitoring, pooling and reporting • The quantity and quality of ACCH Service infrastructure	Ongoing	NACCHO Sector Governance Network NACCHO eHealth & Telehealth National KPI's and OCHRE Streams NACCHO Funding Submission
1.5	Advocate for recognition of and action on the key social determinants of health beyond the health system	Ongoing	National Alliance for Social Determinants of Health Mental Health, AOD, NATSIHP
1.6	Foster workforce supply for the ACCH Sector and build a national framework that supports recruitment and retention of the workforce		Capacity building of ACCHS through governance, accreditation and workforce development Funding ACCHS through research initiatives Health Workforce Australia GPET & Australian Medical Deans Association

NACCHO Strategic Plan *2011-2014 (cont.)*

1.7	Work collaboratively with Aboriginal Health professional organisations to strengthen the status and aspirations of the Aboriginal Health Workforce, including to: Promote understanding of the full scope of the Aboriginal Health Worker (AHW) role Gain wage parity with Government workers Ensure there are realistic training, education and career pathways into the broad range of health disciplines needed within Aboriginal Health Services	Ongoing	Health Workforce Australia AIDA CATSIHN NATSIAHWA AIHA
1.8	Develop an approach to engaging young people more actively in NACCHO across the ACCH sector more broadly	Ongoing	NACCHO Support for Future Leaders – Youth Delegation at NACCHO events e.g.: AGM
1.9	Strengthen the culture of pride in our work across the ACCH Sector, including through an NACCHO Awards Program	Not Achieved	

NACCHO Secretariat Performance *2012/13*

Area 2: Promote and support high performance and best practice models of culturally appropriate and comprehensive primary health care – Operational Performance

- To Increase the profile of the ACCH sector comprehensive primary health care model and achievements.
- To improve the capacity of the ACCH sector to provide best practice comprehensive primary health care, and monitor and report the outcomes of care.

Talking About the Smokes (TATS)	• 34 participating; representing 38 research site quotas; Torres Strait representing 2 site quotas; Total 40 • 61 Local research assistants trained
Smoke Free	• Pledge to QUIT – • 115 pledges • 36 smokers pledge to quit • 76 supporters • 69 pledges community members • 1 Leadership workshop conducted for ACCHS CEO's & Board members
QUMAX	• 74 ACCHS = 49% participating • 811 ACCHS Staff trained in NCN electronic reporting system
Ear & Hearing	• 101 AHW's are accreditated in Ear & Hearing Health • 78% of AHW's from ACCHS's – 15% major city & 25% remote • 265 AHW's participated in Professional Development Training • 10 National Trainer Scholarships provided
Good Medicine & Better Health	• Supported 38 ACCHSs sites • 349 ACCHSs Staff participated and completed GMBH training
REACCH	• 4 ACCHS's participating • 4 State Affiliates participating • 16 training sessions conducted • 2 site visits conducted
eHealth	• Establishment of Project Management Board and contract management with NACCHO • Schedule of eHealth Expert Group meeting for 12 months • NACCHO eHealth monthly project manager status report to NEHTA & DoHA • NACCHO Engagement Plan • NACCHO eHealth project plan for 12 month contract. Including: definition of the NACCHO eHealth governance structure; risk register with mitigation; issues register and lessons learnt log • Selection of 9 first wave implementation services for early PCEHR connection
Telehealth	• 100 member services surveyed as part of the Telehealth Delivery Project in addition to inviting member services to partake in four to seven thousand dollar telehealth infrastructure grant.
Closing the Gap	• 3 National Policy Workshops conducted including Affiliates, AMLA & Government agencies • National Support Workshop 100 participants from ACCHS, Medicare Locals and Government agencies • 10 ACCHSs site visits conducted

NACCHO Secretariat Performance *2012/13*

Area 2: Promote and support high performance and best practice models of culturally appropriate and comprehensive primary health care – Operational Performance

- To Increase the profile of the ACCH sector comprehensive primary health care model and achievements
- To improve the capacity of the ACCH sector to provide best practice comprehensive primary health care, and monitor and report the outcomes of care.

Sector EQHS Measure Sector Accreditation Status	**Sector EQHS C Measure Sector Accreditation Status** The following table provides an overview of the 3 different categories OATSIH has determined in relation to organisations participation and eligibility in accessing elements within EQHS C Measure in line with their accreditation / certification status.

Affiliate	Accreditation Type	Category 1	Category 2	Category 3	Total
VACCHO	Clinical	0	1	22	96%
	Organisational	3	10	12	48%
AHCWA	Clinical	0	2	18	90%
	Organisational	7	15	7	24%
QAIHC	Clinical	0	1	19	95%
	Organisational	0	12	21	64%
AHCSA	Clinical	0	0	10	100%
	Organisational	3	8	0	0%
AH&MRC of NSW	Clinical	2	4	32	84%
	Organisational	3	27	18	38%
AMSANT	Clinical	2	0	21	91%
	Organisational	17	13	9	23%
Winnunga	Clinical	0	0	1	100%
	Organisational	0	0	1	100%
TAC	Clinical	0	1	2	67%
	Organisational	0	4	1	20%

Category 1 - Organisations not participating in EQHS-C for this framework for 1st time accreditation / certification
Category 2 - Organisations participating in EQHS-C for this framework for 1st time accreditation / certification
Category 3 - Organisations accredited / certified against this framework

Strategic Direction 3:

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

Each Strategic Direction has objectives and several key strategies that will be implemented to achieve the objective over the next three years.

The listed indicators will determine how well NACCHO is progressing under each Strategic Direction.

They are divided into 'process' and 'impact' indicators.

Process indicators are used to judge the effectiveness and appropriateness of strategies, and focus on issues of satisfaction, quality, audience and reach.

Impact indicators are used to judge progress toward or achievement of objectives and focus on difference or change.

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

Impact indicators

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

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

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

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

NACCHO Strategic Plan *2011-2014*

Area 3: Promote research that will build evidence-informed best practice in Aboriginal Health policy and service delivery – Policy Performance

- The quantity of available research and evaluation that reflects ACCH Sector priorities increases over the next three years
- There is increasing evidence that ACCH Sector conducted, commissioned or initiated research and evaluation is used to shape decisions about the funding, management and monitoring of Aboriginal Health

3.1	Work with Affiliates and members to develop ACCH Sector research and evaluation priorities for the next triennium	Not Achieved	Lowitja Institute & NACCHO Partnership
3.2	Identify funding sources for conducting or commissioning research and evaluation that addresses ACCH Sector priorities	Ongoing	REECH Initiative Kirby Institute TATTS Initiative – Menzies Institute DOHA Sential Sites Evaluation Ministerial Committees
3.3	Strengthen and maintain cooperative relationships and partnerships with relevant research bodies that support ACCH Sector research priorities	Ongoing	Lowitja Institute Kirby Institute Menzies institute Improvement Foundation Ministerial Committees
3.4	Share and promote research and evaluation outcomes to a broad range of stakeholders across and beyond the health sector	Ongoing	NACCHO Communiqué & Elert NACCHO Website Whole of government
3.5	Utilise research and evaluation outcomes to advocate for and protect the cultural integrity and security of the ACCH Sector, and the range of services and programs it delivers to Aboriginal peoples	Ongoing	NACCHO & AIHW Report Card NACCHO 10 point plan NACCHO Male Health OCHRE Blueprint NACCHO Health Finance Submission Ministerial Committees
3.6	Utilise research and evaluation outcomes to advocate for evidence-informed policies to address the social determinants of health for Aboriginal peoples	Ongoing	NACCHO & AIHW Report Card NACCHO Ear & Hearing Updates to Senate Inquiry NACCHO Adult & Children Oral Health Submission & presentation to House of Representatives

NACCHO Secretariat Performance *2012/13 (cont.)*

Talking About the Smokes (TATS)	• 40 Research sites quotas: targets reached • 2522 Aboriginal & Torres Strait Islander participants interviewed in wave 1 • 645 ACCHS Staff from 31 ACCHS interviewed • 34 Policy surveys completed • 35 Local research result date reports sent to participating ACCHS
Ear & Hearing	• Newcastle – due to initiative and support through Associate Professor Kelvin Kong 4 year hospital waitlist reduced to 2 months = 3 clients
REACCH	• 3 Conference Presentations • 3 Academic Paper for Journal publication • 3 NACCHO co-authored abstract to Australiasian Sexual Health Conference • ACCHS's service level development of clinical std for Hep C • ACCHS's service level development of model of service for BBV • ACCHS's service level development of research protocols
Closing the Gap	• DOHA – ICDP Sentinel Sites Evaluation Report 2013
NACCHO & AIHW Report Card 2013	• Performance of 80% of ACCHSs membership participating in OSR and Healthy for Life

State and Territory Affiliate Reports

AH&MRC

Address: Level 3, 66 Wentworth Ave,
Surry Hills, NSW 2010
Postal: PO box 1565
Strawberry hills, NSW 2012
P: 02 9212 4777 F: 02 9212 7211
E: ahmrc@ahmrc.org.au
www.ahmrc.org.au

VACCHO

Address: 17–23 Sackville Street,
Collingwood Vic 3066
Postal: PO Box 1328,
Collingwood Vic 3066
P: 03 94119411 F: 03 9411 9599
E: enquiries@vaccho.org.au
www.vaccho.org.au

AHSCA

Address: 9 King Williams Road
Unley, SA 5061
Postal: PO box 981 Unley, SA 5061
P: 08 8273 7200 F: 08 8273 7299
E: ahsca@ahsca.org.au
www.ahsca.org.au

AHWCA

Address: 450 Beaufort Street Highgate
Western Australia 6003 Australia
Postal: PO Box 8493
Stirling street, Perth WA 6000
P: (08) 9227 1631 F: (08) 9228 1099
E: reception@ahcwa.org
www.ahcwa.org.au

AMSANT

Address: MOONTA HOUSE
43 Mitchell Street, Darwin
Northern Territory 0800
Postal: GPO Box 1624, Darwin
Northern Territory 0801
T: (08) 8944 6666 F: (08) 8981 4825
E: reception@amsant.org.au
www.amsant.org.au

TAC

Address: 198 Elizabeth Street
Hobart, TAS 7001
Postal: GPO box 569
Hobart TAS, 7001
P: 03 6234 0700 F: 03 6234 0799
E: hobart@tacinc.com.au
www.tacinc.com.au

QAIHC

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

Winnunga Nimmityjah

Address: 63 Boolimba Crescent,
Narrabundah, ACT 2604
T: 02 6284 6222 or free call 1800 120 859
F: 02 6284 6200
E: winadmin@winnunga.org.au
www.winnunga.org.au

New South Wales Affiliate

Aboriginal Health and Medical Research Council (AH&MRC)

At the end of another busy year, it is my great pleasure to present the Aboriginal Health and Medical Research Council of NSW's Affiliate Report for 2012-13.

Working always towards our vision of achieving health equity for Aboriginal people and supporting our member services to provide comprehensive and culturally appropriate primary health care to the Aboriginal community, the Aboriginal Health and Medical Research Council (AH&MRC) has focused on key opportunities to advance our short-term objectives. We also continued to make good progress toward achieving our long-term strategic objectives.

The AH&MRC worked with the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Affiliates from other jurisdictions to facilitate input and engagement at the national level, particularly in the areas of governance, risk management and accreditation.

Importantly, through the continued support of a number of key partners, the AH&MRC delivered positive outcomes in a number of program areas as outlined below. We would like to thank our many partners for their commitment over many years of working with us.

During the past 12-months the Aboriginal Health and Medical Research Council of NSW (AH&MRC) continued to deliver in all the key areas of our Strategic Plan 2011-2014, namely:

To increase the effectiveness of the AH&MRC's active involvement in decision making regarding Aboriginal health in NSW

We believe that in order to achieve the above outcomes, recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal people must be acknowledged. The United Nations Declaration on the Rights of Indigenous Peoples reinforces this imperative and emphasises the role of self-determination in any processes to address disadvantage within the Aboriginal community.

Adopted in 2007, the Declaration upholds the rights of indigenous peoples, calling on states to consult and cooperate in good faith with the peoples concerned through their own representative institutions in order to obtain their "free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them."

As we continue to respond to the reforms in NSW and nationally over recent years, the AH&MRC advocates for the continued support of the Aboriginal Community Controlled health sector and its ongoing role in the development of policy, planning and service delivery.

Through the Coalition of Aboriginal Peak Organisations (CAPO) we continue to work with other peak organisations to influence Aboriginal Affairs policy in NSW.

Within NSW, the AH&MRC has advocated for partnerships between ACCHSs and Medicare Local Organisations (MLOs) in the spirit of the NSW Aboriginal Health Framework Agreement and also Local Health Districts (Local Health District) in the spirit of the NSW Aboriginal Health Partnership Agreement.

To improve the quality and effectiveness of relationships with all stakeholders

In light of the far-reaching changes delivered by government health reforms in recent years, reviews are underway into two of our key external relationships:

Firstly, the AH&MRC is working with the NSW Ministry of Health to strengthen the *NSW Aboriginal Health Partnership Agreement*, taking account of new health structures.

New South Wales Affiliate *(cont.)*

Secondly, at the national level, the participants on the NSW Aboriginal Health Forum discussed the revision of the *Aboriginal Health Framework Agreement* and are currently re-examining the broader principles and purpose of the Forum to determine what can be achieved.

To ensure Aboriginal health programs and services are effective, sustainable and reflect local Aboriginal community needs

AH&MRC continues supporting ACCHSs in the delivery of programs and services focussed on improving Aboriginal health in NSW.

Supporting the business quality of ACCHSs is the primary focus of our Business Development Unit. In 2012-13 the AH&MRC provided valuable support to members in the form of consultations, site visits and one-on-one activities — all tailored to the specific needs and requirements of our member services.

The Business Development Unit's Accreditation Team supported our Member ACCHSs to achieve both clinical and organisational accreditation under the Commonwealth's Establishing Quality Health Standards Continuation (EQHS-C) measure. On behalf of our members, the AH&MRC continued to promote the Aboriginal Community Controlled Health Service model, canvassing with government bodies and regulators issues relating to incorporation requirements, governance and risk assessment procedures.

The AH&MRC Ethics Committee continues to ensure that research is conducted in an ethical manner, is consistent with all relevant guidelines and supports the interests of the Aboriginal community.

Assisting our member ACCHSs to build sustainable and effective continuous quality improvement (CQI) systems of their own is another important priority of the AH&MRC. The ongoing objective of these CQI activities is to strengthen capacity and quality in service delivery within the changing policy and service delivery landscape. This was achieved by conducting detailed assessments of needs during site visits to ACCHSs and also through the delivery of workshops to support each organisation's use of the Clinical Audit Tool (CAT) for ongoing quality improvement.

In addition to the many workshops, training sessions and other events held by the AH&MRC each year, we hosted two significant conferences: the 2013 SEWB Workforce Support Unit Forum; and the AH&MRC CQI Conference *Data Driving Change — What Works for Us.*

In 2012-13 the AH&MRC Public Health Unit promoted Aboriginal health through a number of vibrant, innovative campaigns, conferences and activities to bring critical health messages to Aboriginal communities.

The AH&MRC Anti-Tobacco Resistance and Control (A-TRAC) program rolled out several locally designed activities to address smoking in Aboriginal communities in NSW. The A-TRAC team continues to provide support services and has done a great deal to enable the Aboriginal community to showcase the most successful programs aimed at promoting tobacco resistance and control.

Research into Aboriginal health is steadily growing and places increasing demands on ACCHSs for participation at different levels. Through its Research Support Program, the AH&MRC improved the capacity within ACCHSs to respond to requests for research by developing a toolkit to assist members with decision making about their involvement in research projects. The AH&MRC is also called upon to support or participate in research projects is currently involved in 46 research projects.

To strengthen the capability and competence of the Aboriginal health workforce

The annual Graduation Ceremony of the Aboriginal Health College was again a great success and

New South Wales Affiliate *(cont.)*

many students graduated with Certificate III, IV, Diploma and Advanced Diploma qualifications as well as related Statements of Attainment.

A major achievement by the Aboriginal Health College— which was founded by the AH&MRC in 2003 and achieved status as a Registered Training Organisation in 2004 — was gaining accreditation from the Australian Nursing and Midwifery Accreditation Council (ANMAC) to conduct the Diploma of Nursing.

The Aboriginal Health College currently had over 400 student enrolments within the financial year 2012-13 in a mix of both short courses and courses offering full qualifications.

These are just some of the highlights from 2012-13. The AH&MRC Annual Report 2012-13 provides more detail about our range of activities aimed at meeting the aspirations of our members as outlined in the AH&MRC's Strategic Objectives.

In spite of the challenges, the AH&MRC continues to ensure that attention and energy is directed across all sectors to improve health outcomes for Aboriginal people. We look forward to the commitment of new and enduring stakeholders to capitalise on this momentum.

Victoria Affiliate

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Chair's Report

Firstly another fine year for us in Victoria with the RAPs and us doing so well. Your team and additions of Winnie and Yola have added an extra dimension to VACCHO's wrap around corporate governance. Member meetings are becoming stronger with stakeholders wanting to see what is in our space.

To Nicole Cassar with the Cultural Safety training – a first for Victoria again! Our Policy and Advocacy team were busy this year, contributing to the National Aboriginal and Islander Health Strategy, the OATSIH primary health care funding review, and Aged Care and Disability Care Australia, where VACCHO is providing leadership and support at the local, State and National levels. VACCHO has reviewed the role and responsibility of the Victorian Advisory Council on Koori Health to make it the advisory and priority setting body for the National and State Strategies and to more efficiently make recommendations to government. VACCHO also leads the 'Coalition for Aboriginal Health Equality' which supports civil society organisations that signed the "Statement of Intent" to improve their programs and to collectively hold the government to account.

The Premier's announcement of the commitment to the State's Close the Gap funding, its increase by 30% and acknowledgements about the central role of VACCHO and its members in providing advice and leadership was a sign of the effectiveness of VACCHO's advocacy efforts and the high esteem in which we are held.

This heightened level of engagement and advice is also evident in Jill's co-chairing of the Victorian Expert Advisory Committee on Aboriginal Health with the Secretary of the Department of Health. With the Victorian Health Minister Australia's Jill also co-chaired the first national forum on partnership and success in Aboriginal health. VACCHO will also be co-chairing the Victorian government's advisory committee on Aboriginal disability.

VACCHO continues to give high level advice on the reviews of Drug and Alcohol service strategy in Victoria and the review of Victoria's mental health Act. VACCHO also advises on partnership strategies with Victorian Hospitals and Medicare Locals through forums convened by the Health Minister. We continue good relations with key ministers, shadow ministers and key organisations.

A big 'thank you' to ETU for their hard work this year. To the members, remember that we VACCHO is here to move the sector forward..... our biggest strength is our membership. To Jill her leadership has inspired all Aboriginal CEO's to strive for better outcomes.

Congratulations to all organisations for passing accreditation this year and remember that help is only an email or phone call away.

Sustainability

The sustainability of VACCHO is underpinned by its strategic objectives, with a commitment to retain and grow the level of commitment from Government and to explore business opportunities for the future growth of VACCHO. Recently VACCHO engaged in activities that have either generated or have the potential to generate income. In light of this activity it is timely that VACCHO explores economic development opportunities that can enhance the Organisation and membership support. VACCHO is uniquely placed to leverage the VACCHO brand and take advantage of the Organisations core competencies.

Victoria Affiliate *(cont.)*

CEO's Report

VACCHO has had another active and busy year. This is partly due to the magnificent efforts of our dedicated staff at VACCHO as well as the engagement, trust and support of our members.

As I travel about to various meetings I am continually impressed by what great support we all get from VACCHO and I am always talking it up to other states. VACCHO's newest unit aimed at sector quality improvement is helping other state and territory organisations build capacity, demonstrating that in this area VACCHO is contributing to community leadership.

The year I received national recognition in the form of the Order of Australia award for commitment to Aboriginal Health.

VACCHO began the year with its new strategic plan, which positions VACCHO and directs it to the domains of quality workforce, quality services, quality infrastructure, quality policy development and advocacy, quality partnerships and networks and Aboriginal Cultural qualities. These are the guiding principles for our state-wide leading organisation and reflect the wide range of activities we engage in and are useful areas where every member can gain direction and support.

VACCHO settles into its new building, which is itself a symbol of community, a centre for leadership, a hub of training, meeting and advocating.

The commitment to quality goes from top to bottom. The board has undergone significant training and professional development in order to improve how we do our business thoroughly and professionally. This helps VACCHO meet its accreditation standards under ISO accreditation and helps us do our business as a board, serving the members and providing executive services to VACCHO. This has led to a range of new systems and processes at board meetings to make sure we can sign off on the new standards and so we can provide evidence of our best practice.

The members meetings remain inspirational, wide ranging and engaging. We cover a wide range of subject matter, we work together as people who share so much in common share inspiration and wisdom and work together on the challenges we face individually and collectively.

VACCHO and the members continue to take on new challenges and help each other expand the services we provide and improve the quality of the ones we have. VACCHO was able to assist many members develop their capacity in Aged Care, an increasing need for our elders across the state. VACCHO has also been a champion of Disability Care Australia. VACCHO has been working with our member Wathaurong, which is in one of the pilot sites. Also VACCHO has been working successfully at the State and national level on this issue.

VACCHO has been promoting our members and the community's interests in the areas of Justice as well as health. I co-chair the Victorian Expert Advisory Committee on Aboriginal Health with the secretary of the Victorian Health department, Dr Pradeep Phillip.

VACCHO has reformed and restructured the Victorian Advisory Council on Koori Health. This committee of the State and Commonwealth and VACCHO will monitor and advise on implementation of the National Aboriginal and Torres Strait Islander Health Plan and the Koollin Ballit.

VACCHO has also advised and supported work of the CEOs of Hospitals in their signing and supporting the "Statement of Intent" on Aboriginal Health Equality.

VACCHO has put its voice behind the good work of the Victorian Human Rights and Equal Opportunity Commission. We have committed to evidence based policy in "justice reinvestment" highlighting prevention and services to people before they come in contact with and are damaged by the prison system. VACCHO has supported the work examining the imprisonment of Aboriginal women and has promoted the observer effect, in raising awareness and promoting reporting of racism.

Victoria Affiliate *(cont.)*

It was wonderful this year to see a team from VACCHO representing us on the "recognise" drive, promoting the case and cause of the Constitutional recognition of Aboriginal people.

With new challenges to add to the old, with new members, with new programs and expanded services VACCHO continues to improve in its services to meet its challenges and to serve its community with professionalism, wisdom and advocacy. VACCHO has shown how strong and effective it can be as an advocate.

Our tremendous efforts were validated by the State government's recent commitment to an increase of 30% in Aboriginal Health investment and its ongoing commitment to partner with the Aboriginal community as experts and leaders in this field.

South Australian Affiliate

Aboriginal Health Council of South Australia (AHCSA)

AHCSA has 19 Member Services and the December AGM for 2012 was held in Adelaide, followed by the first Full Board meeting. The main issues/activities were:

- Continued partnership and liaison with Country Health SA and the Aboriginal Health Directorate;
- A new partnership with the South Australian Medical Research Institute, particularly the Wardliparingga Aboriginal Research Unit with Professor Alex Brown as the new Director.

South Australian Aboriginal Health Partnership

- AHCSA continues to participate in the COAG Implementation Advisory Group, which comprises SA Health, Dept Health & Ageing, GPSA and Rural Doctors Workforce Agency;
- The **GP Workforce Team** has enabled the employment of 3 GP Registrars in rural South Australia and resulted in an over 300 increase in Aboriginal health checks.
- **The COAG Workforce Liaison Officer (CWLO)** is involved in networking, meetings, information sharing, joint planning and priority setting with Medicare Locals (ML's) NACCHO, AHCSA members, stakeholders and other organisations. The role includes coordinating senior management, regional and local user-group forums, as well as developing formal and accountable commitments to collaboration through partnership agreements and Memorandums of Understanding.
    - The CWLO, with the workforce team leader and senior management of AHCSA continues to participate on the COAG IAG, providing feedback from the sector on COAG workforce and program issues, towards better collaboration and partnerships across the ACCHS sector. The CWLO continues to liaise with OATSIH state office and DOHA.
    - The CWLO continues work with ACCHSs on the use of MBS items and incentives under the ICDP package and has been visiting member services with the Medicare Field Officer to support member access to incentives under the package.
    - The CWLO works with ACCHSs and ML CTG teams to support and co-facilitate the CTG network. Network meetings provide an opportunity for professional development, information sharing and networking for Aboriginal and Torres Strait Islander Outreach Workers, (ATSIOW) Indigenous Health Project Officers and Care Coordinator Supplementary Services workers across the state. The CWLO works with the Australian Medicare Local Alliance and individual MLs to broaden this support.
    - The CWLO supports ATSIOWs in both ACCHSs and MLs to access Primary Health Care training through AHCSA RTO, providing information on appropriate accredited training that may be available for ATSIOWs.
    - The CWLO advocated for members with new ATSIOW positions and supported AHCSA members with recruiting the 2012/13 allocated positions, including assistance with job and criteria specifications, job advertisements, selection panels and follow up activities.

e-Health

We deployed the PCEHR across SA ACCHSs, providing IT infrastructure and training in applications processing and consumer registration. We are now evaluating PCEHR in SA AMSs, including its uptake, support services, policies, procedures and infrastructure.

South Australian Affiliate *(cont.)*

AHCSA's e-Health team is separate from and not funded by the NACCHO eHealth project.

General Practice Education and Training Program

- As of January 1 2013, funding for the GPET Officer positions will no longer be directly allocated to the State affiliates. Instead GPET now requires Regional Training Providers (RTPs) to consult with affiliates when developing strategic plans, in order to negotiate appropriate roles and relationships that reflect the local and state/territory dynamics. The funding guidelines to support implementation of RTP strategic plans will encompass funding for partnerships and liaison roles between RTPs and the community controlled sector.

- GPET will provide funding to RTPs to increase GP Registrar (GPR) training in an Aboriginal & Torres Strait Islander Health Training Post (ATSIHTP). AHCSA is working collaboratively with RTPs in SA to ensure the GPET Project Officer position is funded for 3 years (from 1st January 2013). We also initiated an Aboriginal Advisory group for RTPs and funding for another GP Supervisor position, towards increasing the number of training posts and culturally sensitive GPR training in Aboriginal health.

- GPET conducted a survey for member services in regards to the enablers & limitations of having a GPR in their service. This survey was then used to determine which direction GPET would take. The Project Officer continues to participate & coordinate the GP Registrar Aboriginal Health workshops which are held 3 times per year with both RTP's.

- The **Education and Training team** has embarked on a new delivery approach in the last year. Students undertaking the Primary Health Care qualifications are travelling to Adelaide for their training in greater numbers than in previous years. AHCSA has invested in an extra training venue to manage the numbers. In addition to Primary Health Care training, AHCSA's RTO now has 4 training programs underway.

- These are Aboriginal Maternal and Infant Care, Good Medicines Better Health, Indigenous Research Capacity Building and the Training and Assessment programs. AHCSA has been involved in developing and trialling a new cancer unit for AHWs and units for burns safety promotion, management of burn injuries and rehabilitation of burn victims in partnership with the burns units of the Royal Adelaide and the Women's and Children's Hospitals. Training partnerships also exist with Quit SA and Alzheimers Australia.'

- Several other issues that will be a major focus in the next year will be the review of the development of our new Strategic Plan, review of the AHCSA Key policies and procedures and organisational accreditation for AHCSA;

- The third AHCSA Strategic Plan has begun with the development and launch of the AHCSA Strategic Directions Document based on the organisations foundation document – the Constitution. From the four Constitutional Objectives the Board developed 19 Key Directions which will form the basis of the Organisational Plan.

- The **Aboriginal Primary Health Care workers forum** is held three times per year – all AHWs participate, whether they work in mainstream or ACCHS. These are well attended and were held in Adelaide;

- The **Accreditation Support Officer** AHCSA continues to support its Members through the EQHS-C measure. This year has been marked by the focus on aligning the role in accreditation with the emerging focus on governance.

South Australian Affiliate *(cont.)*

A number of Member organisations have entered the cycle of re-accreditation through the RACGP Standards and the AHCSA Membership maintains a 100 coverage rate against these standards. Whilst no Member services have achieved organisational accreditation, the majority of Member organisations that have engaged in organisational accreditation have entered their external review cycles and it is anticipated at least 50 of the AHCSA Membership will achieve accreditation by the end of 2013.

Clinical	Category 1 Organisations	Category 2 Organisations	Accred/Certif Organisations	TOTAL Accred/Certif %
Total: 10	0		10	100%
Organisational				**TOTAL Accred/Certif %**
Total*: 15	3	10	0	0%

Category 1 - Organisations not participating in EQHS-C for this framework for first time accreditation/certification
Category 2 - Organisations participating in EQHS-C for this framework for first time accreditation/certification
Accred/Certif- Organisations accredited/certified against this framework

AHCSA has also continued to work with the other Affiliates through regular engagement in the National Accreditation Officers Network (NAON) as well as providing feedback on the EQHS-C measure through the Indigenous Health Service Accreditation Implementation Group (IHSAIG).

ABCD National Research Partnership (NRP) Project

All participating ACCHSs are well engaged in the ABCD NRP project in SA and are at varying stages of using the One21seventy continuous quality improvement (CQI) program to support improvement in the quality of care.

A local research project has been designed around these CQI program implementation activities since early 2011: Investigating the barriers and enablers to CQI within Aboriginal primary health care services in SA.

The findings of this research are now being used to develop plans for more effective ways to improve the quality of health care in ACCHSs in SA into the future.

Aboriginal Health Research Ethics Committee (AHREC)

- The main purpose of the Aboriginal Health Research Ethics Committee (AHREC) is to promote, support and monitor quality research which will benefit Aboriginal people in South Australia (SA). In addition, the AHREC provides advice to communities on the ethics, research approaches, potential benefits and outcomes of research. Each year the AHREC submits an annual report to the National Health and Medical Research Council (NHMRC) to demonstrate compliance with the NHMRC's ethical guidelines and report on number of research proposals approved for the year. Submitted in March 2013, the 2012 annual report showed stability in both the membership of the committee and the number of research proposals approved. From January to December 2012, fifty eight research proposals had been approved compared with fifty two approved for the same period in 2011.

South Australian Affiliate *(cont.)*

- Advocacy continues for the 'Aboriginal Researcher Registry'. The Aboriginal Researcher Registry is an electronic database created and maintained by the AHCSA for the purpose of identifying Aboriginal researchers interested in research project work and linking them with funded projects and other researchers. Access to the database will be restricted to personnel employed by the AHCSA and involved in the Aboriginal research capacity building course and the council's research and ethics services. An application form is available via the AHCSA website.
- Work has continued on 'Next Steps for Aboriginal Health Research: Exploring how research can improve the health and wellbeing of Aboriginal people in South Australia', a joint project of the AHCSA and the (SAHMRI). This study aims to find and place in order the main public health research areas that side with the needs and interests of Aboriginal people in SA.

Public Health Medical Officer, David Scrimgeour, continues to provide public health advice and support to AHCSA and to its member services. This involves a range of activities, which recently has included maintaining the AHCSA Public Health Network; supporting health service development; developing sustainable disease control programs integrated with primary health care (especially sexual health, blood-borne viruses, alcohol issues, trachoma and eye health, ear health; and rheumatic heart disease); and supporting data management and quality improvement through improved health information systems and e-health initiatives.

Tackling Smoking Coordinator

A major achievement this financial year has been the development and launch of the 'Stickin It Up the Smokes' social marketing 'campaign. This unique campaign is specifically targeted at decreasing smoking rates among pregnant Aboriginal women in South Australia. It forms part of AHCSA's maternal health tackling smoking program, which encourages young Aboriginal women to give up smoking during pregnancy.

The Maternal Health tackling smoking program has been refunded by SA health to continue further engagement with Pregnant Aboriginal women, their partners & community members utilizing the campaign resources to encourage Women to make quit attempts during pregnancy.

The program will also be linking in with Mothers once they have had their babies to continue to support them to stay quit and ensure they maintain smoke free homes and cars to improve their health and the health of their children.

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Good Medicines Better Health

- Last year AHCSA had successfully negotiated to deliver the GMBH program to 3 sites in Queensland (Brisbane, Rockhampton and Cairns) and four sites in the NT (Darwin, Nhulunbuy, Katherine and Alice Springs). There are still randomly selected SA sites that are currently undertaking the GMBH program.

South Australian Affiliate *(cont.)*

- In Qld there were 30 and the NT 43, Aboriginal Health practitioners that successfully completed the GMBH workshop.
- The NT Have also included the 3 train the trainer modules (hypertension, diabetes and asthma) and to date (as at end August 2013), two off the modules have been completed, with the third to be completed by the end of September.
- To date and since 2012 120 Aboriginal Health Workers/Practitioners have completed the GMBH program. 18 have completed phase two which includes the train the trainer modules.
- The training site follow ups are still to be organised and under the agreement there are some sites that need further follow up with students as to how the GMBH is being implemented in the work-place. These sites to be included are Cairns and Mareeba (Qld), Alice Springs, Katherine, Nhulunbuy and Darwin in the NT.
- Resources continues to be an issue at state and territory level, however the program has managed to complete the training with minimal disruption.
- NAACHO, ATSIHRTONN, NPS and AHCSA reviewed the Asthma, Hypertension and Diabetes student workbook and completed this review in April 2013.
- The reference group for GMBH continued to meet on a quarterly basis to resolve any issues that may have been raised on the delivery of the GMBH program. This is about to conclude with the likely ending of funding for the program and until further notice.
- Patient Information Management Systems Coordinator
- Suggestions and assistance offered re policy/procedures development to support health service systems made following each on site visit to ACCHSs.
- Templates developed for GP Management Plans and Team Care Arrangements, comprehensive Women's Health Checks. Procedures for this developed to support the commencement of care planning at Pika Wiya.
- Internal referral systems at CKAHSAC are in the process of being developed and implemented.
- Implementation of Communicare developments at ACCHO's supported by the AHCSA Eye Health & Chronic Disease Specialist Support Program. This standardizes the information recorded by Optometrists and Ophthalmologists visiting ACCHSs in SA and at Tjuntjuntjara in WA and support reporting requirements.
- Communicare developments implemented at ACCHSs participating in the Trachoma Elimination Program to enable reporting on KPIs.
- Remote access to Communicare for staff (as per developed protocol) at each of the 3 KWHA sites enabled. This provides the opportunity for improved management and continuity of care to those patients travelling frequently between these communities.

Eye Health Specialist Support Program

- Continues to provide support to the ACCHS's and the Eye Specialists to ensure an accessible, equitable and culturally relevant eye health and chronic disease specialist support program is delivered to the Aboriginal Community Controlled health sectors within the rural and remote locations of South Australia.
- Training, delivery and installation of the use of a retinal camera has been provided to Oak Valley Health Clinic and Tullawon Health Service staff on the use of Digital Retinal System cameras. The cameras were provided by IRIS and funded by OATSIH.

South Australian Affiliate *(cont.)*

- The Coordinator, representing AHCSA participated and attended the Vision2020 CEO briefing in Sydney with an opportunity to partner with Jason King, NACCHO, to continue to promote Aboriginal and Torres Strait Islander eye health issues.

Trachoma Elimination Program

- Continues to establish the geographic extent of endemic trachoma in South Australia, through screening within the rural and remote Aboriginal Communities.
- The main aim is to reduce the prevalence and transmission of active trachoma by undertaking comprehensive screening for active trachoma in all children aged 1-14 annually in communities where trachoma is endemic, and ensuring that all individuals and families requiring treatment are treated according to the Guidelines for the public health management of Trachoma in Australia.
- Provides training, education and health promotion in preference to the natural history and transmission of trachoma, local prevalence data regarding active trachoma and trichiasis, and details of proposed interventions primary health care services, optometry and ophthalmology services and community representatives information; this will allow informed decisions to be made about the implementation of trachoma control measures.
- The program and team will support the Aboriginal Community Controlled Health Services and the health professionals to develop processes to ensure that adults aged over 40 are screened for trichiasis.

Aboriginal Social Marketing

From 2012-2013 the Aboriginal Social Marketing role focused on the creation and distribution of resources for a healthy lifestyle social marketing campaign known as Keep It Corka.

Several grants were also obtained to help support these resources with activities on the ground, the major one being for Little Caravan of Fun, a mobile van that has visited 32 Aboriginal communities around South Australia and offered free training in healthy cooking, nutrition and horticulture.

Transition Manager

The transition manager assists with the planning and development of a new Aboriginal community controlled health service in the Hills Mallee Southern Region in Murray Bridge. In April 2012, it was decided to replace the Hills Mallee Southern Fleurieu and Kangaroo Island Region Aboriginal Health Services Transition Coordination Committee with the HMSR Aboriginal Health Executive Team. This was due to Executive Team members having the ability to exercise certain powers within their portfolios, allowing decision making processes to have a quicker response time.

This also signals that we have moved from a consultative process into a developmental approach. The essential element to this approach is the Working Groups, which have the expertise and knowledge to make sound recommendations to the Aboriginal Health Executive Team.

The Working Groups are:

1. Governance
2. Workforce
3. Infrastructure
4. Funding and Service Delivery
5. Finance and Accounting

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

West Australian Affiliate

Aboriginal Health Council of West Australia (AHCWA)

The Aboriginal Health Council of Western Australia (AHCWA) continued to flourish over the past year with a number of outcomes that have cemented their position as the peak body representing Aboriginal Community Controlled health in Western Australia.

AHCWA experienced significant growth this financial year, mostly due to increased levels of core and program funding. This growth allowed AHCWA to secure new purpose-built premises, increase staff numbers and implement more programs and support services to the Aboriginal and/or Torres Strait Islander communities of Western Australia and AHCWA's member services.

In November 2012 AHCWA were assessed and approved for QIC Accreditation in clinical and non-clinical areas. This was a significant milestone for AHCWA that took a major effort and commitment from the Board of Directors to continually adopt and maintain best practice standards.

AHCWA and its member services were one of two jurisdictions in Australia to achieve a medium-low risk assessment under the Office of Aboriginal and Torres Strait Islander Health's annual risk assessment program.

The financial position of AHCWA has grown steadily and through good financial management and business planning, remains secure.

Through maintaining a presence of relevant committees and meetings at a State and National level, AHCWA ensured that input from the Community Controlled Health sector was received by decision makers. This included working with NACCHO to build sector capacity and lobbying Government to deal with any hot issues confronting the sector.

Supporting Member Services is an important role for AHCWA, and this period saw the organisation provide valuable support in the areas of: human resource management, risk assessment management and training, finance management, IT support for audits and patient information systems, corporate governance and secretariat management.

Northern Territory Affiliate

Aboriginal Medical Services Alliance Northern Territory (AMSANT)

As AMSANT heads towards its 20th birthday next year we can reflect on a past year in which Aboriginal community controlled primary health care in the Territory continues to be what for some is a confounding success story. We remain the only jurisdiction on target to close the life expectancy gap by 2031.

The performance of our sector significantly underpins this headline success achieved in the NT. However, it is foremost a product of the past twenty years of hard work, notably through collaborative planning undertaken as a member of the NT Aboriginal Health Forum and the leadership our sector has shown in the development and reform of Aboriginal Comprehensive Primary Health Care.

The 2013 Australian Institute of Health and Welfare report on national Healthy for Life (HfL) indicators singled out the achievement of the Northern Territory HfL health services, almost all of which are AMSANT members.

Participation in Healthy for Life is an example of how our services have embraced Continuous Quality Improvement (CQI) processes. The past year has demonstrated our continued strength in building CQI as an integral part of the practice of Aboriginal Comprehensive Primary Health Care here in the Northern Territory. Significantly, this has flowed to the Government primary health care system out bush as well as the Community Controlled sector. In other words, our CQI team here at AMSANT has been successfully taking up the challenge of making CQI "Everybody's business".

The extension of CQI training into the Aboriginal health workforce this last year has been a welcome development and the CQI Collaborative workshops continue to engage large numbers of clinical staff.

A comprehensive evaluation of the CQI Strategy has been undertaken by Allen+Clarke in the last 12 months and the (largely positive) findings of the review will inform both NT and national development of CQI.

A second part of progress in CQI is more of a "hidden story" of our organisations: our successful commitment to ISO accreditation. Almost all of our Members have clinical accreditation; many are also working towards organisational accreditation, with AMSANT itself achieving ISO accreditation this year. Accreditation is not about creating a perfect organisation, it is about working towards being the best organisation you can be—and getting better at what you do over time.

AMSANT members remain at the forefront of e-Health developments. The AMSANT e-Health Unit has had a busy year supporting and advocating for our membership in what is becoming an increasingly more complex environment.

Our support team has continued to travel to member services to assist staff with issues related to use of their Communicare systems. The six monthly Communicare and eHealth workshops have been well attended and have been presented within the CQI framework that AMSANT is supporting throughout the Territory.

Yet again the need for appropriate, reliable and cost effective connections to the internet has been a huge issue for AMSANT members and the e-Health Unit.

AMSANT had a busy year in terms of Telehealth support. We received some dedicated funding and were able to dovetail into the NACCHO Telehealth Project to develop some simple assistance guides and resources to services beginning the Telehealth journey. It is apparent to us that Telehealth will be an area of remote medicine that continues to grow. It is important

Northern Territory Affiliate *(cont.)*

that it supports clinical care and does not become a burden on remote clinicians by being overly technical.

AMSANT has continued its role on the consortium project with the NT Department of Health, the Northern Territory Medicare Local (NTML), the Aboriginal Health Council of SA (ACHSA) and the WA Country Health Service (WACHS) focusing on the transition of the My eHealth Record (MeHR) to the Personally Controlled Electronic Health Record (PCEHR) – or National eHealth Record.

The AMSANT eHealth Unit has also continued to be active member of the NACCHO eHealth expert group (EHEG) and John Paterson has retained his position as the Chairperson of that group. In March AMSANT took on the role of auspicing the National Aboriginal Community Controlled Health Sector eHealth Project. The project focuses on the national eHealth record and given the work that AMSANT and its members have done on the National record to date, it was an easy fit. We have been able to successfully conclude work on phase 1 of this project and are looking forward to taking the project into phase 2 next year.

The past year has also seen considerable success for AMSANT in working collaboratively on social determinants of health issues through the Aboriginal Peak Organisations NT (APO NT) alliance. This has included important work on housing, alcohol, and governance.

Alcohol continues to be a headline issue in Aboriginal health and social policy in the NT. In November 2012 APO NT convened a summit in Darwin to provide a forum for Aboriginal communities to discuss alcohol policy, its impact on Aboriginal people and communities, and evidence about what works to reduce alcohol-related harm. A second forum was scheduled for Alice Springs later in 2013.

AMSANT also coordinated development of a submission from APO NT on the Alcohol Mandatory Treatment (AMT) Bill introduced by the Northern Territory Government in May 2013. The resulting legislation turns its back on evidence of what works and, along with the abandoning of the Banned Drinkers Register and other alcohol supply measures, represents a backwards step by the NT Government.

More positively, APO NT convened an historic Strong Aboriginal Governance Summit in April, bring together over 300 leaders from Aboriginal organisations and communities across the Territory. This has provided momentum to begin driving an Aboriginal-led agenda, rather than simply responding to government agendas.

A further successful APO NT initiative has been the development of a set of principles to guide the actions of non-Aboriginal NGOs working in the Aboriginal service delivery and development space. The principles commit NGOs to supporting Aboriginal control of service delivery and within partnerships and have received strong support, with 18 international, national and local NGOs already pledging their endorsement.

The principles address a key problem we have experienced in Aboriginal health—that of multiple providers, where non-Aboriginal NGOs taking up health and related service contracts exclude our organisations and contribute to fragmented and uncoordinated outcomes.

The leadership provided by APO NT has also borne fruit in continued high-level engagement by the Commonwealth Government on the rollout of headline policies including Stronger Futures, the new Remote Jobs and Communities Program, and the Communities for Children program.

Regionalisation activities have continued to progress, although under difficult conditions, with limited and uncertain funding and lack of capacity in the Top End.

In East Arnhem, the Final Regionalisation Plan is still being negotiated. In West Arnhem, the Red Lilly Health Board has met and governance consultants are in place. In the Barkly, negotiations are continuing between Anyinginyi health Service and the two departments of health. In Central Australia progress on developing the steering groups into health boards has been

Northern Territory Affiliate *(cont.)*

delayed due to delay by OATSIH in the procurement of governance consultants.

A milestone has been the establishment of three regional Clinical and Public Health Advisory Groups (CPHAGs), bringing together health professionals and community members from different providers within regions to facilitate more effective regional coordination and planning of health services.

Further challenges have emerged with the implementation of the new Services Framework reforms of the NT Department of Health, with two Health and Hospital Service Boards now established to manage hospitals, acute care and primary health care funded by inclusion of primary health care funding and the potential for resources to be transferred into hospital and acute care.

AMSANT has continued to work within the structure of the NT Aboriginal Health Forum and is encouraged that the NT Medicare Local (NTML), of which AMSANT is a one third owner, will be joining the Forum.

Workforce issue also continue to be a challenge, particularly in relation to Aboriginal Health Practitioners (AHPs). Following the successful Year of the Aboriginal Health Worker last year, AMSANT has been a member of the Aboriginal Health Worker Review Implementation Committee (AHWRIC), convened to progress the recommendations of the AHW professional review from 2010. Progress has been slow due to the scale of the challenges facing the AHW profession with significant reductions in ATSIHP numbers in recent years.

Structural and constitutional changes for AMSANT commenced by the Board in 2011-2012 have progressed during the past year, although somewhat overshadowed by a series of external reviews of the organisation. These reviews were time consuming and an imposition on staff, however they have been successfully completed.

At the heart of the matter has been the issue of governance—and it is an issue Aboriginal Community Controlled Health Services across the nation have been dealing with over the last couple of years. While we strongly support the NACCHO principles around good governance none of our Members wish to lose sight of the core principles of community control over our governance.

The AMSANT Board will be reporting on progress to our Annual General Meeting, with changes expected within this coming financial year. The Membership will examine a raft of amendments to our structure, Constitution and governance arrangements at the AGM. This will provide us with a strong foundation to make AMSANT a more effective and dynamic organisation in the contemporary health service delivery space. At the same time we will be mindful of maintaining a commitment to the principle of community control and appropriate consultation of all of our Members.

Tasmanian Affiliate

Tasmanian Aboriginal Centre (TAC)

The values of the Tasmanian Aboriginal Centre (TAC) are underpinned by a strong commitment to our relationship with the land, our culture and our Aboriginal history – the cultural, social and emotional well-being of our community that contribute so much to improving our communities health.

In 2012/13 a 6,800 hectare property called Gowan Brae in the Central Highlands of Tasmania was purchased by the Indigenous Land Corporation and the Tasmanian Land Conservancy enabling the TAC to own and manage a permanent reserve. Gowan Brae has great heritage value as it has large areas of uninterrupted cultural landscape, an abundance of traditional resources and a rich Aboriginal history throughout the region.

The land adjoins the Tasmanian Wilderness World Heritage Area and contains significant conservation values, including rare and threatened flora and fauna species, endangered vegetation communities and sites of geo-heritage significance. TAC's early work focussed on developing a management plan, a bio-diversity survey and immediate issues such as preventing illegal access and eradicating weeds.

TAC also worked on conserving the natural resources and cultural values on Babel, Big Dog, Chappell, Badger and Lungtalanana (islands owned in the Furneaux Group). On Babel Island the TAC land management team has been removing introduced plants and animals which are damaging the mutton bird rookeries that provide such a strong cultural connection for Aboriginal people from across Tasmania.

Since 1990 the Aboriginal community, through TAC, has developed palawa kani, a composite language retrieved from documentary evidence and community memory of the probable six to twelve original languages of Tasmania. The biggest achievement of the palawa kani language Program was in 2012/13 with the launch in March of the Tasmanian government's Aboriginal and Dual Naming Policy, which had been lobbied for since 2007. The policy was drafted and negotiated with the government throughout 2012 and finally approved by the Tasmanian Cabinet in November 2012. Six (6) palawa kani place names were submitted to the Nomenclature Board in early 2013; outcome of the submission is still unknown.

A new initiative of the language program was the series of 12 Welcomes Workshops held over 3 months in the north and south of the state. Adults and children aged between 7 and 13 learnt to create their own welcomes to country in family based sessions, which will culminate in the children presenting welcomes at events such as the NAIDOC flag raisings and schools. The TAC continued to provide regular language training to TAC staff and community, including training Cape Barren Island school, staff at the Tasmanian Aboriginal Child Care Association and Aboriginal organisations such as the Aboriginal land Council of Tasmania.

TAC continues to advocate for law reforms, including the reform of Aboriginal heritage and planning laws, the criteria for National Heritage listing, Submissions on the Tasmanian Forests Bill and appearance at Legislative Council on negotiating for management of forestry lands.

A recreation and sport assistance fund "takamuna pakana" was launched in 2012/13 with the support of Indigenous Sport and Active Recreation Program (ISARP). The fund provides opportunity for Aboriginal people of any age to pursue a more active, healthier lifestyle. Grants may be given for sports fees, uniforms, fitness equipment, while elite Aboriginal athletes may apply for assistance in travel, accommodation and uniforms relating to competitive sport at a regional, State, national or international level.

Tasmanian Affiliate *(cont.)*

TAC provides training and development for staff and community through our Registered Training Organisation and through external and on-the-job training. Over the past year 9 people (6 TAC staff, 3 community members) commenced the Diploma of Conservation and Land Management (specializing in Indigenous Land Management), and 6 people (2 TAC staff, 4 community members) completed the Course in Peer Support for Breast-feeding in Aboriginal and/or Torres Strait Islander communities.

The Workforce Implementation Policy Officer (WIPO) reviewed the Tasmanian Aboriginal Community Health Sector Workforce plan and in order to make the outcomes more realistic and achievable the plan was collapsed into four key areas for 2013/2014 of Communication, Cultural Awareness, Community Strengthening and Mentoring. Recruiting more GP registrars and delivering cultural competence training have been key aspects of this role.

We have tried to address the issue of the increasing number of people working in mainland Aboriginal organisations, or in Aboriginal specific roles who claim to be "palawa". Some of these people are unknown or unheard of by the Aboriginal community here, and it may be worthwhile for recruiting organisations to do some background checking before accepting claims of Aboriginality "by palawa" people.

The primary health care we deliver to the Aboriginal community throughout the state complements the wide range of other services we deliver ensuring we remain the truly comprehensive community controlled Aboriginal organisation we have been for the past 40 years, being fearless about acting in the best interests of the Aboriginal community.

Queensland Affiliate

Queensland Aboriginal and Islander Health Council (QAIHC)

The 2012-2013 year has been a busy and productive period for the Queensland Aboriginal and Islander Health Council (QAIHC). Matters of significant importance and impact have ranged from areas of internal focus such as changes to organisational structure and amendments to our constitution, to the various challenges posed by changes to health policy and operating demands.

Structurally QAIHC continued its move to a regionally focussed organisation in the firm belief that this reform will lead to improved health outcomes for Aboriginal and Torres Strait Islander people by fostering and encouraging:

- greater alignment of priorities and functions across AICCHS
- strengthening the case for increased regional investment
- greater synergy with Medicare Locals and Local Hospital Networks.

We now have three regional organisations (Institute for Urban Indigenous Health {IUIH}, the Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation {CQRAICCHO} and the Northern Aboriginal and Torres Strait Islander Health Alliance {NATSIHA}) in operation. It is hoped that the last two regions will be operating in 2014. Already in response to the QAIHC regionalisation strategy, QAIHC has prepared Regional Profile Reports for each of the five regions to assist with planning and coordination of health service activity.

Throughout the year, QAIHC has modified aspects of its governance and structure reflective of a maturing and progressive organisation. Changes have been made to the QAIHC Constitution to ensure that it meets the needs of QAIHC, its member organisations and stakeholders and that it reflects the regionalisation of QAIHC activities. We have both broadened our membership and updated our Members Charter.

As a responsible organisation we continue to be assiduous in the provision of governance training for our members. In addition the establishment of an Ethics Council has been another important step in the enhanced governance of the organisation. The Council will be responsible for vetting appointments, mediating disputes between members and investigating potential breaches of ethical standards.

External recognition of QAIHC's quality and standards attainment has been achieved over the last year with ISO registration of the organisation for the provision of leadership in advocacy and community controlled sector development in Queensland.

Currently QAIHC is working to gain Registered Training Organisation (RTO) status. This move is in response to requests from member services following the closure of the two Aboriginal and Torres Strait Islander RTOs in Queensland. It is expected that the QAIHC RTO will commence delivery of training in January 2014.

A further initiative currently being developed is the expansion of the Business Quality Centre (BQC) to better support member organisations with their core business of delivering quality primary health care services to Aboriginal and Torres Strait islander people. Currently available services relate to finance, human resource management and information technology.

Throughout the past year QAIHC has placed a great deal of emphasis on compiling a large amount of primary health care data gathered from QAIHC Clinics across Queensland from 2009 to 2013.

The information shows that QAIHC member services are providing regular care to around 70,000 patients across Queensland representing close to 45% of the Queensland Aboriginal and Torres Strait Islander population - a remarkable figure considering QAIHC member clinics are

Queensland Affiliate *(cont.)*

not located in all parts of the State. Highlights of the data we have collected include:

- 20% of Indigenous Queenslanders seen in past 6 months
- 200,000 patients visits across all services in past 6 months
- 41% of total patient population is made up of male patients
- 60% on average of all patients have had a health check in past 12 months
- 70% of hypertension patients on recommended medication
- 50% of diabetics on GPMP
- 49% of patients in AICCHS were smokers
- 27% of patients are overweight and 41% are obese
- 15% of patients screened were identified as having poor kidney function and at risk of renal disease.

The data also demonstrates conclusively, that QAIHC member services are the largest provider of primary health care services to Aboriginal and Torres Strait Islander people across Queensland, and are therefore integral to improving the health of Aboriginal and Torres Strait Islander Queenslanders. It is hoped that this solid data and evidence supported information will be instrumental in Government decision making processes affecting community controlled services in Queensland.

Of particular impact for this organisation was the announcement in May that the Commonwealth Department of Health and Ageing has selected CheckUP in partnership with QAIHC, to provide outreach services in Queensland under the Rural Health Outreach Fund and Medical Outreach - Indigenous Chronic Disease Program. This partnership will ensure that the voice and needs of the Aboriginal and Torres Strait Islander community is heard, leading to better service coordination, better service integration and better mental health services. We will be able to ensure that planning occurs collaboratively across all sectors including the public hospital sectors in Queensland.

Work has also progressed throughout the year on bringing to completion, with funding provided by QGC, the construction of a mobile medical clinic for use in Central Queensland. I expect the mobile clinic to be available for use early in the new financial year. The mobile clinic will ensure greater access to medical services for those people currently disadvantaged by lack of access to various medical services.

It is hoped that we will partner with more corporate entities in the future to pursue a variety of opportunities for achieving better health outcomes for Aboriginal and Torres Strait Islander people.

Australian Capital Territory Affiliate

Winnunga Nimmityjah Aboriginal Health Service (WNAHS)

The ACT Affiliate, Winnunga has continued to lobby ACT and Commonwealth governments on behalf of the Aboriginal and Torres Strait Islander community of the ACT. CEO Julie Tongs continued to meet with politicians and senior bureaucrats to ensure the needs of the community remain at the forefront of the political agenda. The CEO has actively participated in a range of national as well as ACT committees, including the ACT Aboriginal Health Forum and NACCHO Board meetings where she has provided ongoing input into NACCHO national policy.

Winnunga continued to be represented on the Board of the ACT Medicare Local, by the Senior Medical Officer. Meetings have been held on a range of issues with ACT Medicare Local. The Public Health Medical Officer has also continued to sit on the ACT Medicare Local Population Health Reference Group.

Winnunga provided input into many ACT Health policy developments and consultations, such as the ACT Chronic Disease Strategy, the ACT Primary Health Care Strategy the ACT Aboriginal and Torres Strait Islander Tobacco Control Strategy.,

The Public Health Medical Officer and Data Officer have been involved in the national developments in reporting and IT: the Web Based Reporting Tool (Ochrestreams), National Key Performance Indicators, the on-line OSR, Telehealth and the Personally Controlled Electronic Health Record. We are working towards ensuring these systems are effective and work in the best possible way. Winnunga has been part of the e-health collaborative wave aimed at improving access to the Personally Controlled Electronic Health Record (PCEHR). Patient registration to the PCEHR has been steadily improving and functionality for service delivery has grown with increased participation.

The Public Health Medical Officer and senior GPs have supervised quality improvement research undertaken by medical students and a GP registrar at Winnunga. These projects have included diabetes, otitis media and opiate prescribing for chronic pain management. The projects provide detailed clinical audits of current practice and assist with strategies for quality improvement.

The PHMO has led quality improvement by developing service-level policies to aid in the management of complex issues such as opiate prescribing and implemented these through the doctors and complex client meetings.

Another student population health project looked at the potential uses of social media and electronic communication in improving health service delivery. The project recommended a Facebook page should be established providing up-to-date information about the services available at Winnunga and highlighting pertinent health promotion messages. This will also include a link to the Winnunga website and other forums which are deemed appropriate and accurate educational material for clients of Winnunga. Winnunga has now progressed to adopting this method of communication and is in the process of establishing a Facebook page.

The Affiliate WIPO contributed to many projects over the year. Through funding from Healing Foundation, workshops have been coordinated around Trauma and Lateral Violence. Other Aboriginal organisations have also attended the training. As part of up-skilling Aboriginal Staff, 11 Aboriginal Health Workers completed the Primary Health Care qualification, and engaged in other pathways such as Mental Health and Alcohol and Other Drugs qualifications. Other training commencements including Primary Health Care, Health Administration, Administration and Australian School based Apprenticeships have also been initiated.

The Affiliate WIPO contributed to other works including the ACT Health document 'A New Way' which is developing a prioritised list of specific projects in the jurisdiction,

Australian Capital Territory Affiliate *(cont.)*

contributing to a program reference group relating to the benchmarking of the Aboriginal and Torres Strait Islander curriculum around Primary Health Care.

Other main projects for the year included:

- Nurturing and supporting networks that support Aboriginal and Torres Strait Islander people to enter and remain in the workforce.
- Ensuring workplaces are culturally competent with up to date policies, through cross cultural diversity workshops and training opportunities.
- Information dissemination on where organisations can seek further guidance on ensuring Aboriginal and Torres Strait Islander staff are respected in the workplace.
- Offering Aboriginal and Torres Strait Islander mental health first aid training to a range of organisations for all employees.
- Aboriginal and Torres Strait Islander staff are up skilled and suitability trained.

Winnunga is multi accredited and as part of the affiliate scope we have provided intense accreditation support to Rivmed Medical and Dental Service Corporation in Wagga Wagga through the Accreditation Manager. Our goal was to assist Rivmed to develop, review and implement policies needed to obtain QMS accreditation. Rivmed had previously been AGPAL accredited but as QMS encompasses the whole of service it was about sharing knowledge skills and in a lot of instances resources to support them in their struggle to achieve dual accreditation. Much of this was about Rivmed taking ownership and making their policies fit their service as we all work differently to meet the needs of our communities. We would like to extend a big congratulations to Rivmed as they achieved their goal and are now dual accredited. Rivmed demonstrated true commitment towards the accreditation process which was inspiring.

Winnunga continues to provide high level support to Riverina Aboriginal Medical and Dental Corporation through the provision of data and information services. Data extraction is one example of how we have worked together with Rivmed ensuring data input and extraction requirements are met competently. Another example of the support provided is around user friendly Communicare procedures, which have been valuable to the day to day work of Rivmed.

Winnunga actively participated in the NACCHO Governance project, and is proud to report that we successfully fulfilled all its obligations under this project.

NACCHO Financial Statements

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

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NACCHO Financial Statements

Director's Report

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

Your directors present their report on the company for the financial year ended 30 June 2013.

Directors

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

Justin Mohamed

Matthew Cooke

Julie Tongs

Christine Corby

Valda Keed

Ian Woods

Paula Arnol

Sheryl Lawton (ceased November 2012)

Bernie Singleton

Elizabeth Adams (appointed November 2012)

John Singer

Yvonne Buza (ceased December 2012)

Vicki Holmes (appointed December 2012)

Wendy Moore

Joanne Badke (appointed November 2012)

Andrew Gardiner (ceased November 2012)

Lynn McInnes (ceased November 2012)

Jayson King (appointed November 2012)

Arthur Davies

Vicki O'Donnell

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

Principal Activity

The principal activity of the company during the financial year was to act as the national umbrella organisation representing Aboriginal Community Controlled Health Services relating to Aboriginal health and wellbeing.

The comprises the running of the National Secretariat and the provision of secretarial services to the National Executive Committee and the full membership. No Significant change in the nature of these activities occurred during the year.

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

Objectives

The establishment or conduct of all or any of the following objectives within the context of the Aboriginal understanding of health within the Aboriginal community: to ameliorate poverty within the Aboriginal community; the advancement of Aboriginal religion; to provide constructive educational programmes for members of the Aboriginal community; and to deliver holistic and culturally appropriate health and health related services to the Aboriginal community.

Strategy for Achieving the Objectives

NACCHO provides leadership and direction in policy development and aims to shape the national reform of Aboriginal health. This is so that our people can access the highest quality; culturally safe community controlled health care in a way that builds our responsibility for our own health.

NACCHO builds the capacity of Aboriginal Community Controlled Health Services and promotes and supports high performance and best practice models of culturally appropriate and comprehensive primary health care.

NACCHO develops more efficient and effective services for its members and promotes research that will build evidence –informed best practice in Aboriginal health policy and service delivery.

NACCHO Financial Statements

Director's Report

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

After Balance Date Events

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

Meetings of Directors

DIRECTORS	DIRECTORS' MEETINGS	
	Number eligible to attend	Number attended
Justin Mohamed	4	4
Matthew Cooke	4	4
Julie Tongs	4	3
Christine Corby	4	0
Valda Keed	4	4
Ian Woods	4	2
Paula Arnol	4	1
Sheryl Lawton (ceased November 2012)	2	1
Bernie Singleton	4	2
Elizabeth Adams (appointed November 2012)	2	2
John Singer	4	3
Yvonne Buza (ceased December 2012)	2	1
Vicki Holmes (appointed December 2012)	2	2
Wendy Moore	4	4
Joanne Badke (appointed November 2012)	2	2
Andrew Gardiner (ceased November 2012)	1	1
Lynn McInnes (ceased November 2012)	2	2
Jason King (appointed November 2012)	3	2
Arthur Davies	4	1
Vicki O'Donnell	4	2

Contributions on wind up

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to make a maximum contribution of $10 towards meeting any outstanding obligations. At 30 June 2013, the total maximum amount that members of the company are liable to contribute if the company is wound up is $10

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

Director _____ Justin Mohamed

Director _____ Matthew Cooke

Dated: 27 September 2013

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 2013 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: 27 September 2013

STATEMENT OF PROFIT OR LOSS AND COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2013

	Notes	2013 $	2012 $
Revenue from ordinary activities	2	10,284,059	6,822,107
Employee benefits expense		(3,424,953)	(2,550,089)
Depreciation and amortisation expenses	2	(29,989)	(29,397)
Other expenses from ordinary activities	2	(6,121,724)	(3,856,017)
Profit from ordinary activities		**707,393**	**386,604**
Other comprehensive income			
Net gain / (loss) on revaluation of non-current assets		-	-
Total comprehensive income		-	-
Total comprehensive income / (loss) attributable to members		-	-
Profit / (loss) attributable to members		**707,393**	**386,604**

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2013

	Notes	2013 $	2012 $
CURRENT ASSETS			
Cash and cash equivalents	3	5,161,772	5,769,710
Receivables	4	1,399,223	974,842
Other	5	167,460	49,671
TOTAL CURRENT ASSETS		**6,728,455**	**6,794,223**
NON-CURRENT ASSETS			
Property, plant and equipment	6	87,838	79,565
TOTAL NON-CURRENT ASSETS		**87,838**	**79,565**
TOTAL ASSETS		**6,816,293**	**6,873,788**
CURRENT LIABILITIES			
Payables	7	1,259,872	1,124,448
Financial Liabilities	8	11,357	19,332
Provisions	9	149,256	260,963
Other	10	4,063,496	4,863,311
TOTAL CURRENT LIABILITIES		**5,483,981**	**6,268,054**
NON-CURRENT LIABILITIES			
Provisions	9	19,185	-
TOTAL NON-CURRENT LIABILITIES		**19,185**	**-**
TOTAL LIABILITIES		**5,503,166**	**6,268,054**
NET ASSETS		**1,313,127**	**605,734**
EQUITY			
Retained profits		1,313,127	605,734
TOTAL EQUITY		**1,313,127**	**605,734**

STATEMENT OF CHANGE IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2013

	Retained Earnings $	Total Equity $
Balance at 1 July 2011	219,130	219,130
Net Surplus/(Loss) for the year	386,604	386,604
Balance at 30 June 2012	**605,734**	**605,734**
Balance at 1 July 2012	605,734	605,734
Net Surplus/(Loss) for the year	707,393	732,656
Balance at 30 June 2013	**1,313,127**	**1,338,390**

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2013

	Notes	2013 $	2012 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		127,697	79,059
Operating grant receipts		9,271,970	10,134,378
Payments to suppliers and employees		(10,164,416)	(6,544,372)
Interest received		196,588	147,349
Net cash provided by/(used in) operating activities	14(b)	**(568,161)**	**3,816,414**
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		10,909	-
Payment for property, plant and equipment		(50,686)	(11,708)
Net cash used in investing activities		**(39,777)**	**(11,708)**
Net increase/(decrease) in cash held		(607,938)	3,804,706
Cash at beginning of financial year		5,769,710	1,965,004
Cash at end of financial year	14 (a)	**5,161,772**	**5,769,710**

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

Australian Accounting Standards set out accounting policies that the Australian Accounting Standards Board has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and are consistently applied unless otherwise stated.

The financial report has been prepared on an accruals basis and is based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

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

(a) Income Tax

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

(b) Property, Plant and Equipment

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

Property

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

Plant and equipment

Plant and equipment is measured on the cost basis.

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

Depreciation

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

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(c) Employee Benefits

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

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

(d) Cash

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

(e) Revenue

Grants are recognised as revenue to the extent that the monies have been applied in accordance with those conditions of the grant. Grant funds received prior to year-end but unexpended as at that date are recognised as unexpended grants (other current liabilities).

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets and all other revenue is recognised when the right to receive the revenue has been established.

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

(f) Goods and Services Tax (GST)

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

NOTE 2: PROFIT FROM ORDINARY ACTIVITIES

Profit (losses) from ordinary activities has been determined after:	2013 $	2012 $
(a) Expenses		
- Consultancy fees	3,431,399	2,038,447
- Meetings, workshops & seminar costs	216,581	110,921
- Rent & other occupancy costs	394,614	358,997
- Telephone	66,443	61,024
- Travel expenses	1,241,316	756,334
- other expenses	771,371	530,294
	6,121,724	**3,856,017**
Depreciation of non-current assets		
- Plant and equipment	**29,989**	**29,397**
(b) Revenue		
Grant funding	9,971,383	6,602,886
Other Income	116,088	71,872
Interest Income	196,588	147,349
	10,284,059	**6,822,107**
(c) Auditors Remuneration		
- Audit Services	17,682	15,108
	17,682	**15,108**

NOTE 3: CASH & CASH EQUIVALENTS

Cash on hand	2,171	584
Cash at bank	2,965,724	3,664,322
Term Deposits	2,193,877	2,104,804
	5,161,772	**5,769,710**

NOTE 4: TRADE & OTHER RECEIVABLES

CURRENT		
Trade & other debtors	1,399,223	974,842
Provision for Doubtful Debts	-	-
	1,399,223	**974,842**

(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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

NOTE 4: TRADE & OTHER RECEIVABLES

2013	Gross Amount	< 30 days	Past Due 31–60 days	Past Due 61–90 days	Past Due > 90 days	Past Due and Impaired
		$	$	$	$	$
Trade and other receivables	**$1,399,223**	1,071,993	176	42,515	284,539	-
2012						
Trade and Other receivables	**$974,842**	786,264	-	-	188,578	-

NOTE 5: OTHER ASSETS

CURRENT		
Prepayments	166,740	48,951
Other current assets	720	720
Total Other Assets	**167,460**	**49,671**

NOTE 6: PROPERTY, PLANT AND EQUIPMENT

PLANT AND EQUIPMENT		
(a) Plant and equipment		
At cost	37,318	37,318
Less accumulated depreciation	(14,185)	(9,519)
	23,133	**27,799**
(b) Motor vehicles		
At cost	36,181	27,967
Less accumulated depreciation	(4,491)	(12,705)
	31,690	**15,262**
(c) Office equipment		
At cost	7,488	7,488
Less accumulated depreciation	(3,284)	(2,348)
	4,204	**5,140**
(d) Computer equipment		
At cost	69,517	55,584
Less accumulated depreciation	(40,706)	(24,220)
	28,811	**31,364**
Total property, plant and equipment	**87,838**	**79,565**

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

NOTE 6: PROPERTY, PLANT AND EQUIPMENT

(a) Movements in Carrying Amounts

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

	Plant & equipment	Motor vehicles	Office equipment	Computer equipment	Total
	$	$	$	$	$
2013					
Balance at the beginning of the year	27,799	15,262	5,140	31,364	79,565
Additions	-	36,181	-	14,505	50,686
Disposals	-	(12,424)	-	-	(12,424)
Depreciation expense	(4,666)	(7,329)	(936)	(17,058)	(29,989)
Carrying amount at end of year	**23,133**	**31,690**	**4,204**	**28,811**	**87,838**

		2013 $	2012 $
NOTE 7: TRADE & OTHER PAYABLES			
CURRENT			
Trade creditors and accruals		664,190	834,522
Unspent grant funds payable		536,392	-
Sundry creditors (ATO)		59,290	289,926
		1,259,872	**1,124,448**
NOTE 8: FINANCIAL LIABILITIES			
CURRENT			
Corporate Credit Cards		**11,357**	**19,332**
NOTE 9: PROVISIONS			
CURRENT			
Annual Leave Provision		123,993	218,934
Sick Leave Provision		25,263	-
Long Service Leave Provision		-	42,029
Employee benefits	10(a)	**149,256**	**260,963**
NON-CURRENT			
Employee benefits	10(a)	19,185	-
(a) Aggregate employee benefits liability		**168,441**	**260,963**
NOTE 10: OTHER LIABILITIES			
CURRENT			
Income in Advance		**4,063,496**	**4,863,311**

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

NOTE 11: RELATED PARTY TRANSACTIONS

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

Justin Mohamed	Sheryl Lawton	Wendy Moore
Matthew Cooke	Bernie Singleton	Paula Arnol
Yvonne Buza	Lynn McInnes	Julie Tongs
Arthur Davies	Christine Corby	Ian Woods
Valda Keed	John Singer	Vicki O'Donnell
Elizabeth Adams	Vicki Holmes	Andrew Gardiner
Jason King	Joanne Badke	

	2013 $	2012 $
Key Management Personnel		
Key management personnel comprise key management having authority and responsibility for planning, directing and controlling the activities of the organization.		
Key Management Personnel Compensation Summary		
Short Term Employee Benefits	550,828	690,389
Long Term Employee Benefits	-	-
	550,828	**690,389**

The annual stipend paid by National Aboriginal Community Controlled Health Organisation in respect of services provided by the Chairman, and costs associated with providing those services, during the financial year was $135,625.

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 dependent 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.

NOTE 14: CASH FLOW INFORMATION

(a) Reconciliation of cash

Cash at the end of the financial year as shown in statement of Cash Flows is reconciled to the related items in the statement of financial position as follows:

Cash on hand	2,171	584
Cash at bank	2,965,724	3,664,322
Term Deposits	2,193,877	2,104,804
	5,161,772	**5,769,710**

(b) Reconciliation of cash flow from operations

Gain/(Loss) from ordinary activities	707,393	386,604
Non-cash flows in profit from ordinary activities :		
Depreciation	29,989	29,398
Net (gain) / loss on disposal of property, plant and equipment	1,515	14,549
Changes in assets and liabilities :		
(Increase)/decrease in receivables	(424,381)	414,834
(Increase)/decrease in other assets	(117,789)	147,742
Increase/(decrease) in grants received in advance	(799,815)	2,233,045
Increase/(decrease) in payables & credit card liabilities	127,449	545,761
Increase/(decrease) in provisions	(92,522)	44,481
Cash flows from operations	**(568,161)**	**3,816,414**

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2013

	2013 $	2012 $
NOTE 15: LEASING COMMITMENTS		
(a) Operating leases		
Operating leases commitments payable:		
- not later than 1 year	318,587	357,088
- later than 1 year, but not later than 5 years	42,540	307,887
Total operating lease liability	**361,127**	**664,975**

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	5,161,772	5,769,710
Trade and Other Receivables	1,399,223	974,842
Other	167,460	49,671
	6,728,455	**6,794,223**
Financial Liabilities		
Trade and other payables	1,259,872	1,124,448
Corporate Credit Cards	11,357	19,332
Income in advance	4,094,746	4,863,311
	5,365,975	**6,007,091**

(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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

NOTE 16: FINANCIAL RISK MANAGEMENT (continued)

	Within 1 Year		1 to 5 Years		Over 5 Years		Total Cash Flow	
	2013	2012	2013	2012	2013	2012	2013	2012
	$	$	$	$	$	$	$	$
Financial liabilities due for payment								
Trade & other payables	**1,259,872**	1,124,448	-	-	-	-	**1,259,872**	1,124,448
Corporate credit cards	**11,357**	19,332					**11,357**	19,332
Income in advance	**4,094,746**	4,863,311	-	-	-	-	**4,094,746**	4,863,311
Total expected outflows	**5,365,975**	6,007,091	-	-	-	-	**5,365,975**	6,007,091
Financial assets — cash flows realisable								
Cash and cash equivalents	**5,161,772**	5,769,710	-	-	-	-	**5,161,772**	5,769,710
Trade & Other Receivables	**1,399,223**	974,842	-	-	-	-	**1,399,223**	974,842
Other	**167,460**	49,671	-	-	-	-	**167,460**	49,671
Total expected inflows	**6,728,455**	6,794,223					**6,728,455**	6,794,223
Net (outflow)/inflow on financial instruments	**1,362,480**	787,132	-	-	-	-	**1,362,480**	787,132

(iv) **Credit risk**

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

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

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

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

NOTE 17: COMPANY DETAILS

The registered office of the company is:
National Aboriginal Community Controlled Health Organisation
Level 2, 3 Garema Place
CANBERRA ACT 2601

NOTE 18: CONTINGENT LIABILITIES

The company had no known contingent liabilities as at 30 June 2013.

NOTE 19: EVENTS OCCURRING AFTER BALANCE DATE

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

DIRECTORS' DECLARATION

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 4 to 15 are in accordance with the Corporations Act 2001:
   (a) comply with Accounting Standards and the Corporations Regulations 2001; and
   (b) give a true and fair view of the financial position as at 30 June 2013 and of the performance for the financial year ended on that date of the company.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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

Director _____ Justin Mohamed

Director _____ Matthew Cooke

Dated: 27 September 2013

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 Controlled Health Organisation (the company), which comprises the balance sheet as at 30 June 2013 and the income statement, statement of recognised income and expenditure and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the Directors' declaration.

Directors' Responsibility for the Financial Report

The Directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Independence

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

INDEPENDENT AUDIT REPORT

TO THE MEMBERS OF
NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

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

i. giving a true and fair view of the company's financial position as at 30 June 2013 and of their performance for the year ended on that date; and

ii. complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.

PKF Di Bartolo Diamond & Mihailaros

Ross Di Bartolo
Partner

Canberra

Dated: 27 September 2013

DISCLAIMER TO THE MEMBERS OF NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

The additional financial data presented on page 20 is in accordance with the books and records of the company which have been subjected to the auditing procedures applied in our statutory audit of the company for the financial year ended 30 June 2013. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than National Aboriginal Community Controlled Health Organisation) in respect of such data, including any errors of omissions therein however caused.

PKF Di Bartolo Diamond & Mihailaros

Ross Di Bartolo

Partner

Dated: 27 September 2013

DETAILED PROFIT AND LOSS
FOR THE YEAR ENDED 30 JUNE 2013

	2013 $	2012 $
INCOME		
Interest	196,588	147,349
Grant funding & Subsidies	9,971,383	6,602,886
Other income	116,088	71,872
TOTAL INCOME	**10,284,059**	**6,822,107**
LESS EXPENSES		
Audit fees	17,682	15,108
Advertising & Promotions	101,948	12,244
Bad Debts	-	50,000
Bank charges	14,807	5,688
Cleaning	33,584	24,021
Computer expenses	181,266	25,983
Consultancy fees & Contract services	3,431,399	2,038,447
Depreciation	29,989	29,398
Donations	-	44,255
Electricity	10,363	9,416
Employees' amenities	9,759	13,802
Insurance	6,809	10,974
Interest paid	876	67
Legal costs	23,680	-
Loss on disposal of non-current assets	1,515	14,549
Meetings, workshops & seminar costs	238,348	139,088
Minor equipment	27,853	29,955
Motor vehicle expenses	6,050	3,254
Operating expenses	2,417	3,815
Postage	18,536	4,039
Printing and stationery	132,420	59,387
Recruitment costs	47,327	126,543
Rent	394,614	358,997
Repairs and maintenance	9,549	438
Salaries and on costs	3,177,277	2,372,852
Security costs	539	965
Subscriptions & memberships	28,231	9,246
Superannuation	247,676	177,237
Telephone	66,443	61,024
Training & professional development	74,393	38,377
Travelling expenses	1,241,316	756,334
TOTAL EXPENSES	**9,576,666**	**6,435,503**
OPERATING SURPLUS/(LOSS)	**707,393**	**386,604**

Appendix 1

Abbreviations and Acronyms

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

Abbreviations and Acronyms *(cont.)*

BBV	Blood borne virus
CCAHP	Collaborative Centre for Aboriginal Health Promotions
CCHS	Community Controlled Health Services
CCSS	Care coordination and supplementary services program
CEO	Chief Executive Officer
COAG	Council of Australian Governments
CRCAH	Cooperative Research Centre for Aboriginal Health
CRIAH	Coalition for Research to Improve Aboriginal Health
CS&HISC	Community Services and Health Industry Skills Council
CSTDA	Commonwealth, State and Territory Disability Funding Agreement
DAAs	Dosage administration aids
DoHA	Department of Health and Ageing
EPC	Enhanced Primary Care
FACSIA	Department of Family and Community Services and Indigenous Affairs
FTE	Full Time Equivalent
GMBH	Good Medicines, Better Health Project
GP	General Practitioner
HA	Hepatitis Australia
H&DAC	Health and Dental Aboriginal Corporation
HB	Health Board
HC	Health Council
HIV	Human Immunodeficiency Virus
HPF	Health Performance Framework
HREOC	Human Rights and Equal Opportunity Commission
HFL	Healthy for Life
HLSW	Healthy Lifestyle Workers
HOMER	Harmonisation of Multi Centre Ethical Review Project
HREC	Human Research Ethics Committees
HS	Health Service
HSTAC	Human Services Training Advisory Council
HWPC	Health Workforce Principle Committee
ICESCR	International Covenant on Economic, Social and Cultural Rights
IOWs	Indigenous Outreach Workers
ISC	Community Health Services Industry Skills Council
IASHC	Indigenous Australian Sexual Health Committee
INIHKD	International Network of Indigenous Health Knowledge Network

Abbreviations and Acronyms

IPON	Indigenous Peoples' Organisations Network of Australia
KPI	Key Performance Indicators
MA	Medicare Australia
MAAPs	Medication Access and Assistance Packages
MACASHH	Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis
MACBBVS	Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmitted Infections
M&DHAC	Medical and Dental Health Aboriginal Corporation
MBS	Medical Benefits Schedule
MSOAP	Medical Specialist Outreach Assistance Program
MSOAP-ICD	Medical Specialists Outreach Access Program-Indigenous Chronic Disease
MOU	Memorandum of Understanding
NACCHO	National Aboriginal Community Controlled Health Organisation
NAGATSIHID	National Advisory Group for Aboriginal and Torres Strait Islander Health, Information and Data
NAA	Not Another Acronym
NAHS	National Aboriginal Health Strategy 1989
NAIHO	National Aboriginal and Islander Health Organisation
NAPSAs	Notional Agreements Preserving State Awards
NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
NCHECR	National Centre for HIV Epidemiology and Clinical Research
NCIRS	National Centre for Immunisation Research and Surveillance
NES	National Employment Standards
NHHR	National Health and Hospital Reform
NHMRC	National Health and Medical Research Council
NIDAC	National Indigenous Drug and Alcohol Committee
NIHEC	National Indigenous Health Equality Council
nKPIs	National Key Performance Indicators
NPS	National Prescribing Service
NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health

Abbreviations and Acronyms *(cont.)*

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

Appendix 2

Representation on Committees

NACCHO represents our sector on a wide range of bodies:

- Aboriginal & Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN)
- Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) and Sub-Committees
- ASHM (Australasian Society for HIV Medicine) Health Expert Reference Group National HIV Testing Policy
- ASHM Expert Reference Group
- ASHM National HBV Reference Committee
- Australian Chlamydia Control Effectiveness Pilot (ACCEPt) Advisory Committee
- Australian Injecting & Illicit Drug Users League (AIVL) National Aboriginal Program Reference Group
- Australian Medical Association Indigenous Health Task Force
- Cancer Australia Strategic Forum
- Centre for Excellence in Indigenous Tobacco Control (CEITC) Advisory Group
- Chronic Disease Campaign (Social Marketing) Technical Reference Group (Tobacco ICDP measure)
- Close the Gap (CTG) Steering Committee
- Close the Gap (CTG) Targets Committee
- COAG (Council of Australian Governments) Mental Health Expert Reference Group
- COAG Workforce Campaign Technical Reference Group
- Conversation Maps Steering Committee
- CS&HISC -Community Services & Health Industry Skills Council (TPAC Training Package Advisory Group)
- Expert Advisory group on Medicines
- General Practice Education and Training (GPET) Board and subcommittee
- Good Medicines Better Health Project Steering Group
- Governance Enhancement Working Group (GEWG)
- Indigenous Chronic Disease Package COAG Evaluation and Monitoring Framework Reference Group
- Industry Skills Council Training Packaging Advisory Committee
- International Network of Indigenous Health Knowledge Network (INIHKD) – International Steering Group
- KidsMatter – Advisor Group for KidsMatter Framework
- Medicare Telehealth Technical Advisory Group
- NACCHO Aboriginal Male Health Advisory Committee
- NACCHO Sexual, Reproductive Health & Blood Borne Virus' Advisory Committee
- NACCHO Tackling Smoking Advisory Committee (NTSAC)
- National Aboriginal and Torres Strait Islander Health Equality Council (NATSIHEC)

Representation on Committees *(cont.)*

NACCHO represents our sector on a wide range of bodies:

- National Aboriginal Torres Strait Islander Women's Alliance
- National Advisory Committee for Cardiovascular Disease absolute risk assessment
- National Advisory Group for Aboriginal and Torres Strait Islander Health, Information and Data (NAGATSIHID)
- National Committee Medical Specialist Outreach Assistance Program (MSOAP) Eye Health Teams for Rural Australia
- National e-Health Independent Advisory Group
- National Health and Medical Research Council Preventative Health Committee
- National Heart Foundation Aboriginal and Torres Strait Islander Health Advisory Committee
- National Indigenous Drug and Alcohol Committee (NIDAC)
- National Indigenous Health Equality Council
- National Key Performance Indicators (NKPI) advisory working group
- National Lead Clinicians Group
- National Medicines Policy Forum
- National Relay Services
- National Rural Health Alliance
- National Rural Health Alliance Board
- NIDAC 2012 Conference organising Committee
- OATSIH Business Improvement Group
- OSR Advisory Group
- Practice Incentive Payment (PIP) Advisory Group
- Practice Nurse Incentive Reference Group
- Program of Experience in the Palliative Approach (PEPA) Reference Group
- QUMAX Program Reference Group
- RACGP Aboriginal and Torres Strait Islander Faculty Board
- RACGP- NACCHO Reference Group for the National Guide
- Research Excellence in Aboriginal Community Controlled Health (REACCH) Centre for Clinical Research Excellence in Aboriginal Health
- Talking about the Smokes (TATS) Research Project Reference Group – Menzies School of Health Research project
- Tobacco Technical Reference Group (TTRG)
- Workforce Expansion and Training Technical Advisory Committee

NACCHO

Contact

National Aboriginal Community Controlled Health Organisation

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

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

Connect

www.naccho.org.au/connect

Aboriginal health in Aboriginal hands

NACCHO the national authority in comprehensive Aboriginal primary health care