NACCHO

National Aboriginal Community Controlled Health Organisation

Annual Report

2013 - 2014

From the national authority in comprehensive Aboriginal primary health care

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

ABN 89078949710.

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About NACCHO

The national authority in comprehensive Aboriginal primary health care

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 authority on comprehensive Aborginal primary health care 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 governed by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the local Aboriginal community which controls it, through a locally elected governance process.

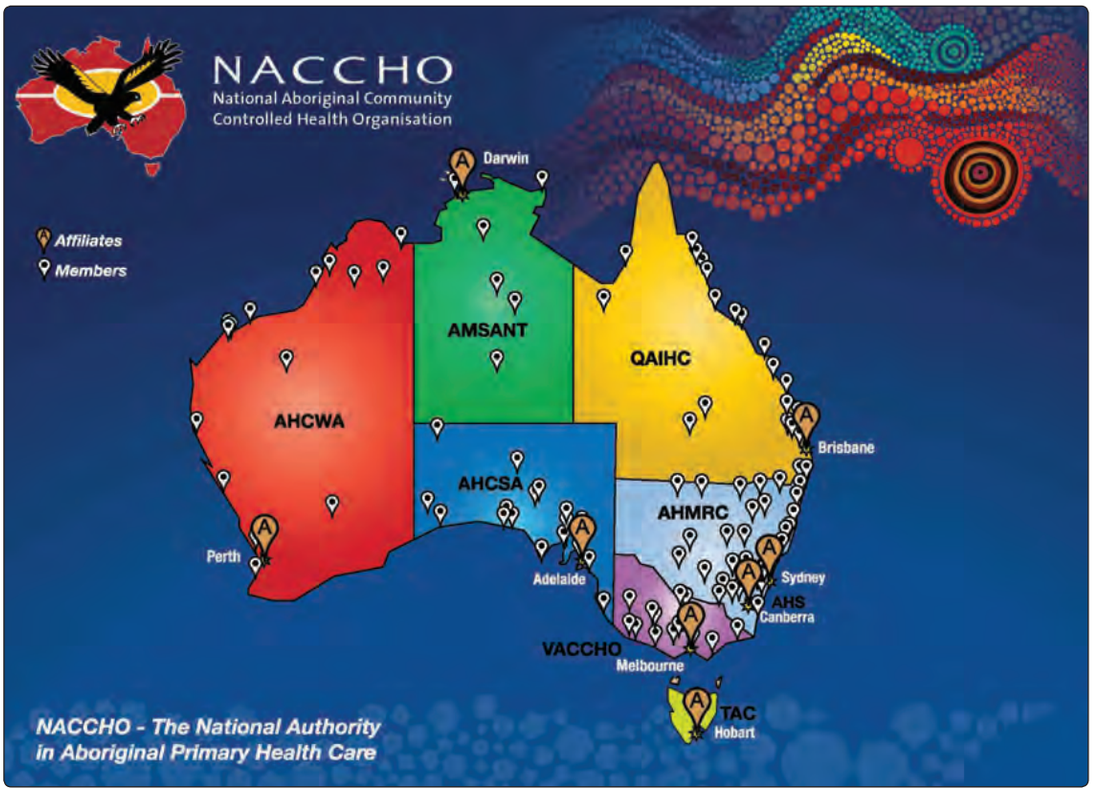
Aboriginal communities operate over 150 ACCHSs in urban, regional and remote Australia. They range from large multi-functional services employing several medical practitioners and providing a wide range of services, large, medium and small services which rely on Aboriginal Health Workers and/or nurses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

- Shaping the national reform of Aboriginal health.
- Promoting and supporting high performance and best practice models of culturally appropriate and comprehensive primary health care.
- Promoting research that will build evidence-informed best practice in Aboriginal health policy and service delivery.



Chairperson Report

Justin Mohamed

At the 2014 NACCHO Health Summit in Melbourne in June we asked members to sum up in one or two words what Aboriginal Community Controlled Health meant to them, and to write it on their hand with a black marker pen for our wrap up video.

What we thought would be a fun way to represent the notion of Aboriginal health in Aboriginal hands, resulted in an amazing testament to the diversity and passion of our sector.

Words such as empowerment, partnership, education, healing, healthy futures, ownership, equity, people power, customs and traditions, holistic approach and self-determination, to name just a few, paint a powerful picture of the great work we do together in our communities across Australia.

Watching these words appear one after another across the screen, written on the hands of our members and supporters, serves as an incredible and timely reminder of the commitment of our 150 members services at a time of political and policy uncertainty at the Federal level.

At our last AGM we reported on a bumper year for NACCHO as we intensified our efforts to ensure we were well positioned as we headed into the 2013 Federal election.

Certainly our work over the past two years has increased our profile publicly, and within government and political circles, and provided the solid evidence needed to back up our case for ongoing commitment and investment in Aboriginal Community Controlled Health Services.

Our address to the National Press Club just before the Budget this year provided another opportunity for us to deliver the message that investing in our services makes good economic sense.

Launching NACCHO's, The Economic Value of Aboriginal Community Controlled Health Services report at the Press Club, illustrating the broader economic benefits of ACCHSs in jobs creation and education, was a great platform for NACCHO to continue the momentum from the previous year and prove what we all know – ACCHSs deliver.

The effect of the national media coverage and ensuing political capital achieved from this prestigious event cannot be underestimated in the climate we now find ourselves in post-Federal Budget.

All this groundwork has meant we have had extraordinary access to newly elected Government Ministers and advisors – access that many other peak organisations have not been able to get.

Politicians of all political parties took up our invitation to hear from the NACCHO Board at the March 2014 Board Meeting in Canberra. Attendees included Health Minister Peter Dutton, Assistant Minister for Indigenous Health Fiona Nash, Minister for Indigenous Affairs Senator Nigel Scullion, Shayne Neumann MP, Warren Snowdon MP, Senator Nova Peris, Senator Rachel Seiwert, Senator Penny Wright and Sharmon Stone MP in attendance.

In June, Senator Fiona Nash took leave from Parliament to speak at the NACCHO 2014 Health Summit in Melbourne.

These are strong indications that NACCHO and its member services are well thought of by those in positions of power at the highest levels of Government.

Chairperson Report (cont.)

How this translates on the ground over the next twelve months will be telling.

Our core services funding has been renewed in the short term but we are still waiting to know if many of our other critical health programs will continue to attract funding, together with sustainable funding models for our sector past June 2015. The impact of newly announced models of health, employment and education that the Federal Government are wanting to introduce from the recent budget announcements will be significant and requires our attention as government continues going through their processes finalising what form our countries economic future takes. Even as this report is being complied there has already been some major shifts within government from their original announcements and I am sure that there will be even further amendments to the original budget announcements leading up to our AGM.

This is an unsatisfactory level of uncertainty as it pervades not only the health sector but all organisations working within Aboriginal and Torres Strait Islander Affairs. This is why the next six months will be critical for our sector as we look beyond June 2015.

NACCHO will continue to advocate strongly at the national level for five-year funding agreements, red tape reductions, capacity building within our workforce and consultation around any changes to health delivery.

We will ensure we are integral to the development of the implementation plan for the National Aboriginal and Torres Strait Islander Health Plan - just as we were for the development of the original plan.

We will continue to provide decision makers with the evidence they need to know that an investment in our services will provide dividends in health, employment and education.

Chairperson Report (cont.)

Before the next Budget in 2015 we will be releasing the second Aboriginal Community Controlled Health Service National Key Performance Report Card which will no doubt reaffirm the pivotal role member services play currently and in the future as we continue our dynamic work in addressing health needs within our Communities through Aboriginal Community Controlled Health Organisations.

And we will continue to consult with you, our members, to make sure your voice is heard when we engage with these politicians and senior leaders.

Together with NACCHO we need all our affiliates and members services to step up at this critical time. While NACCHO is having some success advocating in Canberra, we are calling on all our member services to engage with their local Members of Parliament.

Nothing sends as powerful a message about the contribution our services make to their communities as when a Senator or Member of Parliament visits an ACCHS and sees firsthand what we do. These grass roots experiences of Members deliver strong advocates for us when push comes to shove within Parliament House as politicians decide on our financial future.

Many ACCHSs will already have solid relationships and I encourage you to continue to foster these. For those who don't, NACCHO has created a basic 'how to' kit which includes template invitation letters, calendar of Parliamentary sitting days and a fact sheet on Aboriginal Community Controlled Health which you can download.

If we can get every sitting Senator and MP into their local ACCHS over the next six months we will be in a very strong position in the lead up to the next Federal budget.

The last twelve months has also seen NACCHO continue to strengthen our relationships and supporter base external to government.

We continue to play a key role in the Close the Gap steering committee and are working on a plan as part of this group to reinvigorate the campaign.

Chairperson Report (cont.)

Earlier this year the members of the National Health Leadership Forum (NHLF) agreed to move out from under the banner of National Congress and have returned to operate independently as a group of member-based National Aboriginal & Torres Strait Islander Health bodies. It was agreed that NACCHO would be the lead organisation for the group and I was appointed as Chairperson.

To date the NHLF has focused its attention on the revision of the Close the Gap Steering Committee's goals and activities, development of a implementation plan for the Federal Government's recently announced National Aboriginal & Torres Strait Islander Health Plan and continuing the work to investigate the potential for the Canberra based NHLF members to be co-located in a purpose-built facility.

Working with partners such as Queen Elizabeth Diamond Jubilee Trust and the Fred Hollows Foundation we also launched a tri-state Trachoma Elimination Program to continue the quest for eliminating avoidable trachoma from Aboriginal communities.

At the international level, NACCHO again represented Australian Aboriginal and Torres Strait Islander interests at the United Nations Permanent Forum in Indigenous Issues and Chaired the Australian Indigenous Peoples Organisations meetings over the duration of the forum.

During this time NACCHO held meetings with other Indigenous peoples from around the world sharing our successes and ideas with each other. The special theme for 2014 was "Principles of good governance consistent with the United Nations Declaration on the Rights of Indigenous Peoples: articles 3 to 6 and 46".

NACCHO was well placed to provide best practice exemplars on good governance pertaining to the community controlled sector, and our representatives provided written interventions and recommendations on good governance, as well as addressing standing items on the health and wellbeing of Indigenous children and youth. These included recommendations that; the UNPFII work with Indigenous networks to explore and report on the cultural determinants of health for Indigenous children; the UNPFII, IASG and co-opted expertise report on the evidence demonstrating link between positive cultural practices, resilience and wellbeing for Indigenous children; and that, ECOSOC and the UNPFII explore and report on models of Indigenous community control as best practice exemplars of good governance.

We also had the opportunity to attend official meetings with the Australian Embassy and other Australian government representatives who were attending the forum, discussing a number of topics including the impact of recent budget announcements, international trends that may impact on Australia and how Australia is tracking against the UN Rights of Indigenous Peoples.

It has been another huge year for NACCHO and I would like to thank our secretariat lead by our CEO Lisa Briggs, our State and Territory Affiliates and all our members for their support through this year and for the past five years as Chairperson of the NACCHO Board.

The words I wrote on my hand for the NACCHO Summit video were: Unity = Strength.

It's our unity, our collective purpose and our commitment that has got us here, forty-three years after the Redfern Aboriginal Medical Service first opened its doors. It's these things that will ensure we continue our dynamic model that has been built on the strength of Aboriginal Health in Aboriginal Hands well beyond the next 43 years.

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 health services nationwide and the national authority in the delivery of comprehensive 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 Co-chair -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. Matthew is currently Acting Chief Executive Officer of QAIHC.

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.

Marelda Tucker - Western Australia

Aboriginal Health Council WA chairperson for past 9 months. Marelda Tucker (nee Humphries) - Family background - Nyoongar of Ballardong / Yued tribes. (Humphries / Taylor / Bennell families), born in Kellerberrin 1966 raised in Perth WA. She is married to Wongatha Fabian Tucker from the Goldfields, Kalgoorlie WA.

Marelda is currently an active executive Board member and client of Bega Garnbirringu and AHCWA for the past 7 years and has been a client of Derbarl Yerrigan formerly PAMS since it started operating more than 40 years ago.

Her whole working life has been spent working with Aboriginals for Aboriginal advancement. Her passion is to see her people survive into the future - through healthy choices, healthy lives, healthy families. Marelda believes that no challenge has ever been too big for Aboriginal Australia and our approach to the new Indigenous Advancement Strategy will prove that we can be as resilient and strong as ever. "Our ability to care for our own will see us through and will only make us determined even more to thrive into the future. Together we stand, divided we fall."

The NACCHO Board (cont.)

Neil Fong, Western Australia

Neil is a Yawuru man from Broome WA and has worked extensively in Aboriginal affairs over a 30 year period, being involved in land acquisition, service development and delivery, program evaluation and purchasing. Neil has had senior roles in the WA State Government, being the Director of Aboriginal Health as well as an Assistant Commissioner for the Department of Corrective Services.

Following the Successful completion of a Law Degree in 2002, Neil undertook the role of the Executive Officer for the Gordon Inquiry that had responsibility to investigate how Government Agencies responded to Sex Abuse of Aboriginal Children.

Neil is the current Chief Executive Officer of the South West Aboriginal Medical Service, located in Bunbury WA.

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.

Selena Lyons - New South Wales

The NACCHO Board (cont.)

Janice Elizabeth Burns - Queensland

Janice has a strong connection with the local and regional and Torres Strait Islander community, and is committed to the continual improvement of Aboriginal and Torres Strait Islander health.

Her work history includes:

23 years as a Project officer with the Australian Government, and this entailed the extensive monitoring of grant funds to various organisations across a range of programs. This process enabled me to acquire the relevant skills to analyse and assess financial reports to determine correct use of grant funding.

17 Years as a legal secretary

Management skills included working with subordinate staff.

Janice has attended various governance workshops and possesses the relevant knowledge and skills to apply that knowledge in her work.

Murri court Elder

Over 30 years active involvement in various community organisations in Townsville, Mt Isa and Cairns, with experience covering community engagement, governance, and advice.

Janice is a Director of TATSICHS

Elizabeth Adams - Queensland

Elizabeth (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; 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.

The NACCHO Board (cont.)

Marcus Clarke -Victoria

Jason B King - Victoria

Jason has worked in Aboriginal health and affairs since 2002. Jason's first taste of Aboriginal Health employment was at Gippsland and East Gippsland Aboriginal Co-operative (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 organisation to a $10m organisation and has an exciting building program for the 21st century. He is very passionate about governance and strengthening all Aboriginal community controlled organisations to better serve their communities and provide the best of health care to Aboriginal Australians.

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.

The NACCHO Board (cont.)

John Singer - South Australia

John's family is from Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Lands, which is the cross border area of Northern Territory, South Australia and Western Australia. He began working in Aboriginal 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, Aboriginal community control and government structures, and is very committed to improving the health and well being of Aboriginal people.

Vicki Holmes – South Australia

Vicki Holmes is an Aboriginal women descended from the Tanganekald and Western Aranda clan.

Vicki has been with Nunkuwarrin Yunti for 32 years.

She has had many roles in the organisation, her first position was the Medical Receptionist , she also did home visits, transport , hospital visits , working wherever she was needed.

1986 – Vicki became Health Co-ordinator, programmes such as Women's Health, HIV, Diabetes, Mental Health, Social/Welfare support, were expanding and developing.

2010 – Vicki became the Chief Executive Officer of Nunkuwarrin Yunti of South Australia.

As Chief Executive Officer of Nunkuwarrin Yunti, she holds positions on the Boards of NACCHO, the Aboriginal Health Council of South Australia, REACCH, and 1st Peoples National Congress.

Her vision for Nunkuwarrin Yunti is around what she calls the 4Cs Community – we must engage in the Community, we need to understand what their needs are... "I feel that if the community can see us, their health will improve..."

The NACCHO Board (cont.)

Donna Ah Chee - Northern Territory

Donna Ah Chee is the CEO of the Central Australian Aboriginal Congress Aboriginal Corporation, the Aboriginal community controlled primary health care service in Alice Springs. Congress employs around 300 staff delivering services ranging from antenatal and postnatal care, early childhood development, chronic disease, social and emotional wellbeing, women's and men's health, a 55 place childcare centre as well as auspicing five health clinics in central Australia.

Donna has lived in Alice Springs for over 25 years and is married to a local Yankuntjarra/Arrernte man and together they have 3 children.

She is a Bundgalung woman from the far north coast of New South Wales. She has been actively involved in Aboriginal affairs for many years, especially in the area of Aboriginal adult education and Aboriginal health. In June 2011 Donna moved to Canberra to take up the position of CEO of the National Aboriginal Community Controlled Organisation (NACCHO) before returning to Congress in July 2012.

Donna has convened the Workforce Working Party under the Northern Territory Aboriginal Health Forum, was Chairperson of the Central Australian Regional Indigenous Health Planning Committee (CARIHPC), a member of the NT Child Protection External Monitoring Committee and jointly headed up the Northern Territory Government's Alcohol Framework Project Team. She currently sits on the National Indigenous Drug and Alcohol Committee (NIDAC) and at a local level represents Congress on the People's Alcohol Action Coalition (PAAC).

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.

The NACCHO Board (cont.)

Marion Scrymgour – Northern Territory

Marion Scrymgour was born in Darwin to Tiwi Islander Clare (nee Mollomini) and Jack Scrymgour, who was forcibly removed under the Aboriginals Ordinance 1911 as a small child from his home in Central Australia.

Prior to politics, Marion was Director of Wurli-Wurlinjang Aboriginal Health Service, co-ordinating community care trials for Commonwealth and Territory Governments in health service in the Katherine West Region. She is the founding Director of Katherine West Health Board Aboriginal Corporation.

In late 2000, Marion won became the first Aboriginal woman to be elected to the Northern Territory Legislative Assembly, where she served the electorate of Arafura from 2001 to 2012.

In 2003 Marion was assigned the portfolios of Family and Community Services and Environment and Heritage, becoming Australia's first Aboriginal woman cabinet minister. In 2007 she became Deputy Chief Minister of the Northern Territory in Henderson's Labor Government, which at the time made her the highest-ranked Aboriginal person in government in Australia's history.

In late 2013 the University of Sydney awarded Marion an honorary Doctor of Health Sciences for her "integrity, passion and commitment to Aboriginal and Torres Strait Islander health…"

Member Sector Chart

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

ACT Board Rep
Julie Tongs

ACT Member
Winnunga Nimmityjah Aboriginal Health Service Incorporated

Tasmanian Board Rep
Wendy Moore

Tasmanian Member
Tasmanian Aboriginal Centre Inc.

South Australia Board Reps
Vicki Holmes
John Singer

SA Members
Aboriginal Sobriety Group Inc
Ceduna Kooniba Aboriginal Health Service (Aboriginal Corporation)
Kalparrin Community Incorporated
Nganampa Health Council Inc
Nunkuwarrin Yunti of SA Inc
Nunyara Aboriginal Health Service Inc.
Oak Valley (Maralinga) Inc.
Pangula Mannamurna Inc.
Pika Wiya Health Service Aboriginal Corporation
Port Lincoln Aboriginal Health Service Inc.
Tullawon Health Service Incorporated
Umoona Tjutagku Health Service Aboriginal Corporation

NT Board Reps
Donna Ah Chee
Marion Scrymgour

NT Members
Ampilatawatja Health Centre Aboriginal Corporation
Anyinginyi Health Aboriginal Corporation
Central Australian Aboriginal Congress Aboriginal Corporation (CAAC)
Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation (Danila Dilba Health Service)
Katherine West Health Board Aboriginal Corporation
Miwatj Health Aboriginal Corporation
Pintupi Homelands Health Service
Sunrise Health Service Aboriginal Corporation
Urapuntja Health Service Aboriginal Corporation
Wurli Wurlinjang Health Service Aboriginal Corporation

NSW Board Reps
Christine Corby
Selena Lyons

NSW Members
Aboriginal Medical Service Co-op Ltd Redfern
Aboriginal Medical Service Western Sydney Co-operative Limited
Albury Wodonga Aboriginal Health Service Inc.
Armajun Aboriginal Health Service Incorporated
Awabakal Newcastle Aboriginal Co-Operative LTD
Balranald Aboriginal Health Service Incorporated
Biripi Aboriginal Corporation Medical Centre
Bourke Aboriginal Health Service Limited
Brewarrina Aboriginal Health Service Limited
Bulgarr Ngaru Medical Aboriginal Corporation
Bullinah Aboriginal Health Service Aboriginal Corporation
Condobolin Aboriginal Health Service Inc
Coomealla Health Aboriginal Corporation
Coonamble Aboriginal Health Service Incorporated
Cummeragunja Housing & Development Aboriginal Corporation (Viney Morgan Aboriginal Medical Service)
Durri Aboriginal Corporation Medical Service
Galambila Aboriginal Health Service Incorporated
Griffith Aboriginal Medical Service Incorporated
Illawarra Aboriginal Medical Service Aboriginal Corporation
Katungul Aboriginal Corporation Community & Medical Service
Murrin Bridge Aboriginal Health Service Incorporated
Orange Aboriginal Health Service Incorporated
Peak Hill Aboriginal Medical Incoporated
Pius X Aboriginal Corporation
Riverina Medical & Dental Aboriginal Corporation
South Coast Medical Service Aboriginal Corporation
Tamworth Aboriginal Medical Service Incorporated
Tharawal Aboriginal Corporation
The Oolong Aboriginal Corporation
Tobwabba Aboriginal Medical Service
Walgett Aboriginal Medical Service Co-Operative Ltd.
Walhallow Aboriginal Corporation
Weigelli Centre Aboriginal Corporation
Wellington Aboriginal Corporation Health Service
Werin Aboriginal Corporation Medical Clinic
Yerin Aboriginal Health Services Incorporation - Eleanor Duncan Aboriginal Health
Yoorana-Gunya Family Healing Centre Aboriginal Corporation

West Australian Board Reps

Neil Fong

Marelda Tucker

WA Members

Beagle Bay Community Inc

Bega Garnbirringu Health Service Incorporated

Bidyadanga Aboriginal Community La Grange Inc

Broome Regional Aboriginal Medical Service (Aboriginal Corporation)

Carnarvon Aboriginal Medical Service Corporation

Derbarl Yerrigan Health Service Incorporated

Derby Aboriginal Health Service Council Aboriginal Corporation

Geraldton Regional Aboriginal Medical Service

Jurrugk Aboriginal Health Service

Kimberley Aboriginal Medical Services Council Incorporated

Mawarnkarra Health Service

Ngaanyatjarra Health Service Aboriginal Corporation

Nganggawili Aboriginal Community Controlled Health*

Nindilingarri Cultural Health Service Inc

Ord Valley Aboriginal Health Service Aboriginal Corporation (OVAHS)

Puntukurnu Aboriginal Medical Service Aboriginal Corporation

South West Aboriginal Medical Service

Spinifex Health Service

Wirraka Maya Health Service Aboriginal Corp

Yura Yungi Medical Service Aboriginal Corp

* New Member Service

Queensland Board Reps

Elizabeth Adams

Janice Burns

Queensland Members

Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd

Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd

Apunipima Cape York Health Council Aboriginal Corporation

Barambah Regional Medical Service (Aboriginal Corporation)

Bidgerdii Aboriginal & Torres Strait Islander Corporation Community Health Service Central Queensland Region (Bidgerdii Community Health Service)

Charleville & Western Areas Aboriginal Torres Strait Islander Community Health Ltd

Cunnamulla Aboriginal Corporation for Health

Darling Downs Shared Care Incorporated (Carbal Medical Centre)

Galangoor Duwalami Primary Health Care Service

Gidgee Healing (Mount Isa Aboriginal Community Controlled Health Services Limited)

Girudala Community Co-operative Society Ltd

Goolburri Aboriginal Health Advancement Company Ltd

Goondir Aboriginal & Torres Strait Islanders Corporation for Health Services

Gurriny Yealamucka (Good Healing) Health Services Aboriginal Corporation

Injilinji Aboriginal and Torres Strait Islander Corporation for Children and Youth Services

Kalwun Health Service

Kambu Aboriginal and Torres Strait Islander Corporation for Health

Mamu Health Service Ltd

Mudth-Niyleta Aboriginal and Torres Strait Islander Corporation

Mulungu Aboriginal Corporation Medical Centre

Nhulundu Wooribah Indigenous Health Organisation Incorporated

North Coast Aboriginal Corporation for Community Health

Townsville Aboriginal and Torres Strait Islander Corporation for Health Service

Wuchopperen Health Service Limited

Yulu-Burri-Ba Aboriginal Corporation for Community Health

Victorian Board Reps

Jason King

Marcus Clarke

Victorian Members

Aboriginal Community Elders Service Incorporated (ACES)

Ballarat & District Aboriginal Co-operative -CDEP

Bendigo & District Aboriginal Co-operative Ltd

Budja Budja Aboriginal Co-operative Limited

Dandenong & District Aboriginal Co-operative Limited (Bunurong Health Service)

Dhauwurd - Wurrung Elderly and Community Health Service Inc

Gippsland & East Gippsland Aboriginal Co-operative Ltd

Goolum Goolum Aboriginal Co-operative Ltd

Gunditjmara Aboriginal Co-operative Ltd

Kirrae Health Services Inc.

Lake Tyers Health and Children Services Association Inc.

Mildura Aboriginal Corporation Incorporated (Mallee District Aboriginal Services)

Moogji Aboriginal Council East Gippsland Inc.

Mungabareena Aboriginal Corporation

Murray Valley Aboriginal Co-operative

Ngwala Willumbong Coopertive Ltd /Telkaya, Drug & Alcohol Network(Statewide)

Njernda Aboriginal Corporation (Echuca Health House)

Ramahyuck District Aboriginal Corporation

Rumbalara Aboriginal Co-operative Ltd

Victorian Aboriginal Health Service Co-operative Ltd

Wathaurong Aboriginal Co-operative Ltd

Winda-Mara Aboriginal Corporation

Chief Executive Officer's Report

Lisa Briggs

In 2013/14 most Australians enjoyed one of the highest life expectancies of any country in the developed world. This is not true for Australian Aboriginal and Torres Strait Islander people who can expect to live 17 years less and child mortality rates that are twice the rate than other Australians, adding to our complexities with preventable diseases such as heart disease, kidney disease and diabetes. The watershed moment when NACCHO and the then Prime Minister of Australia Hon. Kevin Rudd signed the Close the Gap Statement of Intent in Parliament House Canberra in March 2008, demonstrating bipartisan support from across Governments that would commit to "Increasing the life expectancy and reduce Child Mortality rates of Aboriginal and Torres Strait Islander people within a generation"

Despite all of these challenges that are presented before us NACCHO, Affiliates and the Aboriginal Community Controlled Health Organisations have much to celebrate in our successes, lessons learnt and innovation that continues to rise to the top.

NACCHO, Affiliates and the Aboriginal Community Controlled Health Organisations were established in response to previous government policies that prevented Aboriginal and Torres Strait Islander people from accessing and participating fully amongst Australian society. As a private industry the Aboriginal Community Controlled Health sector have come a long way demonstrating time and time again that collectively we are solution based, with innovation streaming to the top that can equally benefit wider Australia.

Where other Australians have had over 200 years to invest and develop the foundations that we have to work with, Aboriginal Community Controlled Health has achieved many great things in our 46 years of existence that no other provider has been able to do;

- We have grown from our 1st AMS in Redfern back in 1972 – to 150 Aboriginal Community Controlled Health Organisations with over 302 service sites nationally;
- The Aboriginal Community Controlled Health sector are the largest private employer estimated at 5829 workers 3215 of whom are Aboriginal and Torres Strait Islander people, larger than the mining industry and/or governments;
- Collective client base of 342,000 Aboriginal and Torres Strait Islander people and other Australians which is rising at 6% annually;
- Perform 2.5 million (AIHW,2013) episodes of care annually which has doubled in the last 3 years;

Chief Executive Officer's Report (cont.)

- Our model of service has performed well against the Close the Gap Targets by reducing child mortality rates by 62% and increasing life expectancy gap by 33% over the last two decades;
- Our innovation in shaping health systems, policy and compliance that works for Aboriginal Community Controlled Health has been taken and put up as best practice and implemented into the Australian Health system – eg: Super clinics, Medicare Locals and now Primary Health Networks;

We have had many member services celebrate their milestone Anniversaries and within the next few years Redfern will be the first to celebrate its Jubilee (50 yrs) with many other members closely following. As part of our NACCHO leadership we are shaping our 2014 Members Meeting to challenge our thinking where we need to be and what we will look like leading to 2031 as part of the NACCHO 10 point plan and beyond securing our Footprint for the next 50 years. As an opportunity NACCHO has engaged a Corporate Australia panel that will provide insight in developing, shifting and shaping our economic future as part of us going beyond where we are today.

This financial year NACCHO commenced with a new incoming government, reshuffling of the Commonwealth governments mechanisms, new Ministers appointed which would mean re-establishing relationships at all levels. The previous years NACCHO's 10 point plan, Report Card, Men's Health and Election platform policies would ensure that we would be able to provide a new government with direction of the needs of the NACCHO, Affiliates and the members. NACCHO held its first board meeting in Parliament House as an opportunity to meet with all sides of government as an introduction to our Aboriginal Health Leadership. Overall each party member reaffirmed their commitment to the Aboriginal Community Controlled Health sector and acknowledged the leadership role we could providing to other Aboriginal organisations nationally. It was not long

Chief Executive Officer's Report (cont.)

after this meeting that Minister Dutton announcement that the Aboriginal Community Controlled Health Organisations would receive their funding for another year where at this time no other such announcements had been made.

The NACCHO secretariat would launch its new report "Investing in Aboriginal Community Controlled Health makes Economic Sense" in the National Press Club, which is showcased live on ABC nationally. This report was independently crafted highlighting the value that Aboriginal Community Controlled Health Organisations provide both within the Australian health system and economically to the communities of which they reside as well as highlighting the need for the Australian government to fund our member services to the same parity as other services within the Australia health system demonstrating that our model is "Bang for the Buck".

The May budget would see announcements that would threaten our Universal Health System for a $7 Co-Payment, Forrest Review to address Education and Employment among Aboriginal and Torres Strait Islander people. NACCHO took our shared concerns to Ministers, national partners and amongst the media of the impacts such policy shift would have on Aboriginal and Torres Strait islander people as well as within the House of Representatives, Senate Committee ensuring we were utilising the full Parliamentary platform.

On an empowering note the NACCHO/Menzies research for Smoking would come to an end with gauging 2000 interviews from Aboriginal and Torres Strait Islander people nationally with 1000 interviews as part of the follow up. The research initiative would enable solutions to reduce smoking rates amongst Aboriginal and Torres Strait Islander people, where other Australian interventions have failed bringing the true philosophy to Aboriginal Community Control. The Baker IDI REECH project

Chief Executive Officer's Report (cont.)

for Sexual Health would also see 9 Aboriginal Community Controlled Health Organisations review their systems and model for increased screening and targeted approaches. Both research initiatives will contribute to the Academic literature, which showcases leadership in the field driven by NACCHO, Affiliates and members.

78 NACCHO members would benefit from the QUMAX initiative to provide support our Aboriginal and Torres Strait Islander people continued to receive and access medications are part of their treatment schedule, our Public Health Medical Officers network would develop 3 new nKPI's to monitor our health and the EQUES would continue to promote the importance of becoming and maintaining accreditation.

Our communications have also increased with the commencement of the NACCHO News a partnership with Koori Mail that would see a quarterly release of good news stories of Aboriginal and Torres Strait Islander communities in the field of health nationally with over 100,000 readers. At the same time NACCHO Social Media through Twitter and Facebook would provide us with media traction to gain the attention of wider public.

NACCHO Health Summit, Melbourne showcased of 120 presenters with 400 registered participants from both the NACCHO membership and partners another successful event with Social Media impact of Twitter breaking our record from 3.3 mil to over 10 mil tweets of engagement.

Although we still face uncertainty on the government political agenda, we stand united in our plight to ensure the Advancement of Aboriginal and Torres Strait Islander people are represented through our Aboriginal Community Controlled Health Organisations it is this united mechanism that will see us through.

Yours in solidarity,

Lisa Briggs

Chief Executive Officer

Investing in Aboriginal Community Controlled Health Makes Economic Sense

In April 2014 NACCHO Chairperson launched the Report 'Investing in Aboriginal Community Controlled Health Services Makes Economic Sense'. The Report was launched to a packed room at the National Press Club with live national coverage on ABC TV and Radio along with other media articles.

The Report found that ACCHS deliver not only health gains, but also substantial economic gains. The ACCHS network of clinics, community health centres and health-based co-operatives throughout Australia generates substantial economic value for Aboriginal people and their communities. ACCHS are a large-scale employer of Aboriginal people. This provides real income and economic independence for many people. They contribute enormously to raising the education and skill levels of the Aboriginal workforce.

Findings outlined that investing in ACCHS is a good business proposition. It provides value for money and is highly cost-effective for four main reasons:

1. ACCHS deliver primary health care that delivers results

Like your local GP does but more effectively for Aboriginal people because the ACCHS model combines the best of clinical know-how with culturally enriched local knowledge and wisdom. It takes care of the whole person, not separate body parts.

People work as part of a team that includes Aboriginal Health Workers, allied health, and social and emotional wellbeing counsellors in the front line. GPs as well, although not always. It runs health promotion and health screening to identify and treat health problems before they get serious. It organises access to medical specialists and hospitals if necessary. The ACCHS model considers individuals and families as part of a community and it responds effectively to community-based needs and issues.

This model of health care works for Aboriginal people. Evidence-based inquiries and reports show that ACCHS outperform mainstream services in terms of treatment and prevention. They reduce the need for highly expensive hospital-based services. And they save lives.

2. ACCHS employment boosts Aboriginal education and training levels

ACCHS employ people with high skill levels. Most have tertiary level qualifications and several have multiple qualifications. This increases the education and skill base of the Aboriginal workforce. Organisational pathways in ACCHS are based on continuing and further education. The message is that ACCHS have education benefits. A single investment by government in ACCHS deals effectively with the two main problems in Aboriginal communities - high unemployment and low levels of education.

3. ACCHS provide a channel for regional employment and economic growth

ACCHS provide employment for over 5,000 people, and about 3,200 of these are Aboriginal people. They are the main source of employment in many communities. Employment generates income which generates more jobs, more income, more investment and so on. The multiplier effects of any additional investment in ACCHS are substantial. They generate a range of local, regional and national health and cross-sector multiplier effects.

Policy people take note. Strategies to close the gap in any one area will not work in isolation. Investing in ACCHS is highly effective in meeting government policy goals and targets for closing the gap.

4. Investing in Aboriginal primary health care now improves the bottom line in government budgets

Deloitte Access Economics estimated the scale of strengthening in government budgets that would flow from increasing Aboriginal employment and productivity and raising life expectancy over a twenty-year time period from 2013. These include:

- $11.9 billion net increase in government revenue over 20 years (mainly tax payments from increased employment).
- $4.7 billion less government expenditure on social security and health.
- Biggest savings would be expenditure on health (33%), social security (54%) and justice (89%).

These areas are the focus of NACCHO recommendations.

Recommendations

Stemming from the Report, NACCHO recommends that funding for ACCHS be placed on a much more rational and transparent basis as follows:

1. Funding security

A broad spectrum of medical and health organisations strongly recommend that closing the gap programs and related services are quarantined from budget cuts across all federal, state and territory jurisdictions (RACGP 2014; CtGSC 2014, 2013; Russell 2013; RACP 2012).

2. Indexation of funding for ACCHS in line with standard government procedures

As a minimum, funding for ACCHS should be indexed for inflation, population growth and service demand.

3. Inventory and identification of areas with inadequate levels of service provision

An inventory of service gaps, needs and capacity building plan is needed. An area-based analysis of output and outcome indicators and service provision is required to identify areas where additional or enhanced ACCHS services are required.

4. Capital works program

New services in areas of high demand, notably major cities, and inner regional areas to a lesser extent. For both maintenance and new infrastructure based on an inventory of current problems and future needs. The capital program should have an explicit aim of training and employing Aboriginal staff for the construction work.

5. Redress anomalies

Funding for mainstream services continues to increase in line with population growth and size, but funding for ACCHS services for the section of the population with the greatest need has been cut and will be further reduced in real terms, despite outperforming mainstream services.

Adequate funding is required to redress reduced funding in 2012-13 from previous year.

6. Address geographic inequities in funding

A more transparent mechanism for deciding spending for ACCHS within and between jurisdictions is required – based on population size, need, remoteness and partial offsetting by mainstream, with a phased scheme to increase funding for areas receiving less than their appropriate share.

7. Address system failure in mainstream programs

New administrative mechanisms are required to address system failure in mainstream health programs:

i) The appropriate share of funding for each program that Aboriginal and Torres Strait Islander people should receive should be determined based on population size and level of needs.

ii) New mechanisms introduced to address market failure by allocating funding to raise expenditure on Aboriginal and Torres Strait Islander people to the same level as any other section of the population of equivalent size and need.

iii) Allocate funding to whichever health service provides the best return on investment – with the default assumptions being:

a) Since Aboriginal and Torres Strait Island people comprise 3% of the population and have a need index of at least 2, then as a rough guide 6% of expenditure ought to be directed towards Aboriginal and Torres Strait Islander people;

and,

b) The evidence strongly suggests ACCHS outperform mainstream services and would generally be the preferred provider.

8. Preferred provider status

ACCHS endorsement by government as the preferred provider of health services to Aboriginal and Torres Strait Islander communities (CtGSC 2014).

9. Key Performance Indicator for mainstream services

Incorporate Key Performance Indicators for culturally competent health services into accreditation processes or funding/reporting requirements (Royal Australasian College of Physicians 2012)

10. Aboriginal health workforce

i) Develop an Aboriginal Employment Strategy for the ACCHS sector.

ii) Consideration of explicit Aboriginal employment targets for government programs that deliver goods, environmental or personal services (Mason 2013; Hunt 2013; Gray et. Al. 2012).

iii) Consideration of recommendations of Review of Australian Government Health Workforce Programs regarding Aboriginal health workforce resources (Mason 2013).

11. Data and Information ACCHS

Recommendations

i) A joint NACCHO/AIHW annual Report Card, containing quantitative data on population estimates by jurisdiction and geographical area, performance, service capacity in relation to need, expenditure, clients, episodes of care, client contacts, staff, workforce needs, education and training gaps and information needed to maintain good governance.

ii) Provisions of ACCHS-specific data in AIHW and ROGS Reports on Government Services.

iii) Improvements to current ASGC-RA rural classification system (Mason 2013 recommendations 4.20, 6.7).

NACCHO Health Summit

The NACCHO Health Summit was a recommendation put forward by the members to hold our own conference that would showcase best practice within the Aboriginal Community Controlled Health Organisations in urban, rural and remote Australia. The summit is a self-funded event allowing us to determine the shape and direction we take. We want to acknowledge and recognise all of our members, participants and sponsors for their contribution towards making the NACCHO Health Summit a success.

This year's summit was held at the Melbourne Convention Centre with our formal proceedings underway with a traditional welcome to country by Aunty Di Kerr, traditional owner, of the Wurrundjeri people.

The summit was formally opened by Senator Fiona Nash, Assistant Minister for Health. Our theme NACCHO Healthy Futures "Investing in Aboriginal Community Controlled Health makes Economic Sense" with 400 participants representing Australia with over 120 presentations on the topics of CQI, governance, Comprehensive PHC, Workforce Research & Data. There sure was a lot to showcase. This provided an opportunity for NACCHO members to put forward some key concerns forward to the Minister around funding certainty and ongoing commitment for Aboriginal Community Controlled Health Organisations.

Keynote addresses were provided from Department of Health First Assistant Secretary Samantha Palmer and Prime Minister and Cabinet First Assistant Secretary Caroline Edwards. Many other national peak body professionals presented, from Therapeutic Goods Association, Pharmacy Guild Australia, General Practice Education and Training, Lowitja Institute, Tom Calma and Aunty Alma Thorpe, providing our members the most current updates.

Overall the Secretariat viewed the summit as a success story topping our trending on social media such as Twitter taking us from 3 million (2013) and reaching 10.3 million (2014) taking us from strength to strength as we continue to promote our membership more widely about the contribution the Aboriginal Community Controlled Health Organisations make to the Australian Health system.

NACCHO Political Engagement

NACCHO Members Meeting and Annual General Meeting Perth WA

Our members meeting and AGM in Perth allowed us to have some debate on our political climate with the Federal election outcome meaning a new government. NACCHO invited Jeff McMullen, well known media journalist and Fred Chaney, former Minister for Aboriginal Affairs under the Liberal Party to discuss with members new government and new approach.

When asking the members what they liked most about the members meeting:

"Debate on new government & new approach"

"Data presentation and getting together with other AMSs"

"Sandy Davis presentation profound and inspiring"

The new government presented an opportunity for NACCHO to commence its political engagement by holding our first 2014 NACCHO Board meeting in Parliament House. NACCHO took a cross-party approach inviting representatives from Liberal Party, Labor Party, Greens and Sharman Stone who was Chairing House of Representatives Inquiry into Alcohol use amongst Aboriginal and Torres Strait Islander people.

This meeting enabled the NACCHO Board to test the political environment, put forward shared concerns surrounding the Government's commitment to the Aboriginal Community Controlled Health Organisations, funding certainty and existing gaps such as infrastructure, water, housing and employment to mention a few.

Nigel Scullion – "Those who know me here will know me as a fairly frank person, so I will be fairly frank. I don't worry about your sector too much at all, I have to say. Of all the sectors and all the things and issues, I pay less attention to you than anyone. That is simply because of your own success. Community controlled health organisations are setting the way. They just get on with business. Yeah, there's a spike here and someone annoys someone else there, but by and large, as a delivery service, you are second to none. There's no doubt about that."

Minister Peter Dutton – "I think NACCHO is represented well. I think it's a good collaboration." From my perspective, I think we would want to see a continuation of the relationship. And funding goes obviously with that."

Minister Nash – "To visit communities and get a sense of exactly what is needed in the communities, what is happening, what is working with the community controlled health organisations and what is not."

Engaging new Parliamentarians – NACCHO MP Toolkit

With over 40 new elected representatives coming into the Commonwealth Parliamentary system NACCHO saw an opportunity to develop a MP Toolkit for the members to utilise as an engagement tool. Inviting a Senator or MP into an Aboriginal Community Controlled Health Organisation from within their state or local electorate would assist them with understanding why we exist. We could also explain our role and contribution to the overall health system enabling greater participation in debates about Aboriginal Affairs particularly in health within the Commonwealth Parliamentary system.

National Press Club

Launch of the NACCHO Report Healthy Futures - "Investing in Aboriginal Community Control makes Economic Sense"

Parliamentary engagement through House of Representatives & Senate Enquires

- House of Representatives Alcohol inquiry amongst Aboriginal & Torres Strait Islander people
- Senate Inquiry – Medicare Co-payment
- Submissions for the Commission of Audit, Medicare Locals, Forrest Review and Medicare Co-payment

Laurie Wilson, National Press Club President and Justin Mohamed, Chairperson of NACCHO
(Provided by the National Press Club of Australia)

NACCHO Melbourne Health Summit June 2014







NACCHO Karaoke Cup

The most sought after prize on the NACCHO Calendar the 2013 NACCHO Karaoke Cup.

Congratulations to all our winners

State Champions – Western Australia

Duet Champions

Solo Artist

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

Aboriginal Male Healthy Futures Blueprint

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 Aboriginal 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.

National Ochre Day Brisbane August 2014

The national authority in comprehensive primary Aboriginal healthcare the National Aboriginal Community Controlled Health Organisation (NACCHO) is the national peak Aboriginal health body representing 150 Aboriginal Community Controlled Health Services (ACCHS). This is achieved by working with our Affiliates, the State and Territory peak Aboriginal Community Controlled Health bodies, to address shared concerns on a nationally agreed agenda for Aboriginal and Torres Strait Islander health and social justice equality.

NACCHO and the Aboriginal community controlled comprehensive primary health care services, which are NACCHO members are enduring examples of community initiated and controlled responses to community issues. Solutions have been developed in response to the deep-rooted social, political and economic conditions that prevail in many Aboriginal communities and that need to be addressed alongside the delivery of essential health care.

NACCHO's Strategic Directions focus on three central areas that are consistent with its 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.

Introduction

NACCHO's position paper on Aboriginal male health (2010) describes the key policy areas and programs NACCHO has documented should be developed in male health. These include physical health, strong minds, brother care, healing and men's business, as well as Aboriginal male health workforce development. It summarises that Aboriginal male health should be a core primary health care service provided by Aboriginal Community Controlled Health Services (ACCHS). NACCHO as a cultural organisation has always supported the proper gender based approaches to health service provision, which fits within the current approaches of primary health care service quality and research and evaluation.

Aboriginal males have a unique and important role in their communities

All too often Aboriginal male health is approached negatively, with programs only aimed at males as perpetrators. Examples include alcohol, tobacco and other drug services, domestic violence, prison release, and child sexual abuse programs. These programs are vital, but are essentially aimed at the effects of males behaving badly to others, not for promoting the value of males themselves as an essential and positive part of family and community life.

To address the real social and emotional needs of males in our communities, NACCHO proposes a positive approach to male health and wellbeing. We need to 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 approach is to support Aboriginal males to live longer healthier lives as males for themselves. The flow-on effects will hopefully address the key effects of poor male behaviour by expecting and encouraging Aboriginal males to be what they are meant to be.

In many communities, males have established and are maintaining men's groups, and attempting to be actively involved in developing their own solutions, to the well documented men's health and wellbeing problems, though almost all are unfunded and lack administrative and financial support.

NACCHO Ochre Day

To assist NACCHO to strategically develop this area as part of an overarching gender/culture based approach to service provision NACCHO decided it needed to raise awareness, gain support for and communicate to the wider Australian public on issues that have an impact on the social, emotional health and wellbeing of Aboriginal males. It was subsequently decided that NACCHO should stage a public event that would aim to achieve this and that this event be called "NACCHO Ochre Day".

NACCHO under the leadership and advice of Mr John Singer (NACCHO Board Member) along with the support of Mr Justin Mohamed (NACCHO Chairperson) and Ms Lisa Briggs (NACCHO CEO) the NACCHO Board of Directors endorsed the second "NACCHO Ochre Day" to be held in Brisbane over two days on the 21st and 22nd of August 2014.

NACCHO Ochre Day Breakfast

NACCHO Ochre Day commenced with a Male only breakfast held in the Dining Room at the "Royal on the Park Hotel". This breakfast began with MC Assoc Prof James Ward introducing a "Welcome to Country" by Uncle Des Boyd followed by the traditional dancers "Kalu-Yurung" (Fast Rain). On behalf of NACCHO Mr Justin Mohamad (NACCHO Chairperson) welcomed all 160 delegates to the second NACCHO Ochre Day, which was followed by a celebration of current Aboriginal Male Health programs presented by Mr Bernard Kelly-Edwards, Galambila Aboriginal Health Service Inc, Mr Cameron Harris Wuchopperen Health Service and Mr Leaf Bennet Institute for Urban Indigenous Health.

NACCHO Ochre Day Walk

At the conclusion of the breakfast all Delegates gathered in the Botanical Gardens across the road from the hotel to prepare for the walk to Musgrave Park. The Walk proceeded through the Gardens and up onto the "Goodwill Bridge" and over the Brisbane River. The walk stopped for 5 minutes at the half way point of the bridge, during this 5 minutes there was a minute silence to remember our Brothers that are no longer with us. This was followed by the playing of a didgeridoo and clap-sticks. The walk then continued up into Musgrave Park.

NACCHO Ochre Day Musgrave Park

NACCHO Ochre Day celebrations continued with lunch at Musgrave Park with presentations delivered by invited speakers. Mr Keiran Wiggins (Keiran is a graduate of the Gold Coast Titans Rugby League Club's Young Ambassador Program) Importantly Professor Ngiare Brown (Professor Ngiare is the Senior Aboriginal Public Health Medical Officer at NACCHO) continued with the Ochre Day tradition of inviting a Female speaker to speak during lunch. Rugby League legend Mr Preston Campbell gave delegates an insight into his football career, Preston also spoke about depression and the work that he is now involved in raising awareness of this topic in Aboriginal Communities.

NACCHO Ochre Day Dinner

NACCHO Ochre Day Dinner was held for the first time this year and included the "Jaydon Adams Memorial Oration". This first Oration was delivered by Mr Trent Adams the younger brother of Jaydon. Trent spoke eloquently about his Brother Jaydon's work in Aboriginal health. Trent also spoke about the importance of addressing Aboriginal Male health issues especially if we want to close the gap.

A highlight of the dinner was the handing over of the "NACCHO Ochre Day Shield" by Ms Lizzy Adams the QAIHC Chairperson to Mr John Singer the AHCSA Chairperson. Mr Singer assured everyone that

the AHCSA would hold the NACCHO Ochre Day Shield in safe keeping until NACCHO Ochre Day 2015 which will be held in Adelaide. Mr Singer also committed AHCSA to work with NACCHO to deliver a bigger and better NACCHO Ochre Day in Adelaide in 2015.

NACCHO Ochre Day two took place at the Gabba Cricket Ground.

Delegates were asked to workshop the 10 points of the NACCHO Male Health "Blueprint" that will inform the development of the "Action/Implementation Plan" this Plan will support the "Blueprint"

Day two also brought together some of the male workforce in ACCHSs thereby providing an opportunity for networking, to share workforce experiences and activities and reinforce their value to each other, the ACCHSs sector, their families and communities.

Finally NACCHO would like to thank Mark Saunders, convenor and acknowledge here that NACCHO Ochre Day held in Brisbane this year could not have been the success that it was if not for the commitment, both financial and in-kind from QAIHC, IUHI and Oxfam.

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

NACCHO Chairperson Justin Mohamed, Professor Megan Davis and NACCHO Deputy Chairperson Matthew Cooke at Parliament House Canberra Launch June 2013

In 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 to 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 Health 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 Aboriginal Health sector with the means to do it.

NACCHO's 10pt plan is reflective of the Close The Gap, Indigenous Health Equality Summit, Statement of Intent.

Justin Mohamed

CLOSE THE GAP

Indigenous Health Equality Summit

CANBERRA, MARCH 20, 2008

PREAMBLE

Our challenge for the future is to embrace a new partnership between Indigenous and non-Indigenous Australians. The core of this partnership for the future is closing the gap between Indigenous and non-Indigenous Australians on life expectancy, educational achievement and employment opportunities. This new partnership on closing the gap will set concrete targets for the future: within a decade to halve the widening gap in literacy, numeracy and employment outcomes and opportunities for Indigenous children, within a decade to halve the appalling gap in infant mortality rates between indigenous and non-indigenous children and, within a generation, to close the equally appalling 17-year life gap between Indigenous and non-Indigenous when it comes to overall life expectancy.

Prime Minister Kevin Rudd, Apology to Australia's Indigenous Peoples, 13 February 2008

This is a statement of intent – between the Government of Australia and the Aboriginal and Torres Strait Islander Peoples of Australia, supported by non-Indigenous Australians and Aboriginal and Torres Strait Islander and non-Indigenous health organizations – to work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by year 2030.

We share a determination to close the fundamental divide between the health outcomes and life expectancy of the Aboriginal and Torres Strait Islander peoples of Australia and non-Indigenous Australians.

We are committed to ensuring that Aboriginal and Torres Strait Islander peoples have equal life chances to all other Australians.

We are committed to working towards ensuring Aboriginal and Torres Strait Islander peoples have access to health services that are equal in standard to those enjoyed by other Australians and enjoy living conditions that support their social, emotional and cultural well-being.

We recognise that specific measures are needed to improve Aboriginal and Torres Strait Islander peoples' access to health services. Crucial to ensuring equal access to health services is ensuring that Aboriginal and Torres Strait Islander peoples are actively involved in the design, delivery and control of these services.

ACCORDINGLY WE COMMIT:

- To developing a comprehensive, long-term plan of action, that is targeted to need, evidence-based and capable of addressing the existing inequities in health services, in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-indigenous Australians by 2030.
- To ensuring primary health care services and health infrastructure for Aboriginal and Torres Strait Islander peoples which are capable of bridging the gaps in health standards by 2018.
- To ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs
- To working collectively to systematically address the social determinants that impact on achieving health equality for Aboriginal and Torres Strait Islander peoples.
- To building on the evidence base and supporting what works in Aboriginal and Torres Strait Islander health, and relevant international experience.
- To supporting and developing Aboriginal and Torres Strait Islander community controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing.
- To achieving improved access to, and outcomes from, mainstream services for Aboriginal and Torres Strait Islander peoples.
- To respect and promote the rights of Aboriginal and Torres Strait Islander peoples, including by ensuring that health services are available, appropriate, accessible, affordable and good quality.
- To measure, monitor, and report on our joint efforts, in accordance with benchmarks and targets, to ensure that we are progressively realising our shared ambitions.

WE ARE: SIGNATURES:

Representative of the Australian Government
National Aboriginal Community Controlled Health Organisation
Congress of Aboriginal and Torres Strait Islander Nurses
Australian Indigenous Doctors Association
Indigenous Dentists Association of Australia
Aboriginal and Torres Strait Islander Social Justice Commissioner,
Human Rights and Equal Opportunity Commission

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 Staff

NACCHO Current Staff

Lisa Briggs	Chief Executive Officer
Prof. Ngiare Brown	Senior Aboriginal Public Health Medical Officer
Brendon Gardner	Corporate Services Manager
Roy Monaghan	Workforce Manager
Catherine Wright	Policy Manager
Dr Jason Agostino	Data Clinician
Denise Burdett	Workforce Policy Officer
Marion Cincotta	Data Statistician
Giulia Fabris	Senior Policy Officer
Stephen Harfield	Research Fellow (CREATE)
David Horne	Operations Officer
Neil Lancaster	Sales and Marketing Officer
Lin Lin	Finance Officer
Jessica Mitchell	Travel and Events Officer
Mark Saunders	REACH Policy Officer
Isobel Shearman	QUMAX Program Officer
Harphajan Singh	Company Accountant
Daniel Suggit	Eye Health Project Officer
Trisha Williams	Smoke Free Project Officer
Leonie Williamson	Political Advisor

NACCHO staff who departed in 2013-2014

We thank you for your service.

Megan Daley	Administrative Assistant
Patricia Jean	National Quality and Accreditation Officer
Josie May	Talking About the Smokes (TATS) National Communications Coordinator
Arika Errington	Project Coordinator "Talking About the Smokes"
Tav Fox	Project Coordinator "Talking About the Smokes"
Dr Katie Panaretto	Public Health Medical Officer
Josh Quarmby	Human Resource Coordinator
Liz Vinaka	Secretariat Executive Officer
Amber Mercer	Ear and Hearing Support
Colin Cowell	National Media and Communications Advisor
Irene Peachey	Good Medicines Better Health Project Officer
Renee Williams	Policy Manager
Sheena Watt	Political Advisor

NACCHO Media and Communications

Overview

Strategic media and communications continued to be employed to good effect over the last twelve months to support NACCHO's goals and ensure Aboriginal health issues were elevated in the national arena.

NACCHO's regular communication with members via the communiqué and social media delivered a steady stream of information about health issues and NACCHO activities, while media coverage brought NACCHO messages to a broader audience.

Social media engagement with stakeholders also continued to grow, offering a range of ways supporters could interact with NACCHO.

NACCHO's continued to engage Essential Media Communications to provide strategic communications advice and support, invaluable in the lead up to the federal election and in securing a speaking invitation to the National Press Club.

Media

Widespread, national media coverage was achieved for NACCHO events such as Ochre Day, the NACCHO Health Summit and Avoidable Blindness Forum. Television, radio and print media; mainstream and Indigenous media, all ran stories highlighting successes and challenges in Aboriginal health.

A focus for NACCHO's media activities however was the range of issues which came into play following the election of the new government at the federal level in November.

Media coverage was employed to highlight the flaws in policy decisions, to ensure widespread understanding by the public of the implications of some of those decisions on Aboriginal people, and to apply pressure on decision makers to reverse or vote down policies as applicable.

NACCHO was able to highlight issues such as:

- Proposed GP and PBS co-payments
- ACCHO funding
- Commission of Audit
- Changes to the Racial Discrimination Act
- 2014 Federal Budget
- Abolishment of the COAG Reform Council

Supported by lobbying and advocacy by NACCHO and other stakeholders, this public pressure resulted in the government committing to a twelve-month funding agreement for ACCHOs, a government back down on changes to the Racial Discrimination Act and great uncertainty for the government on the proposed GP and PBS co-payments

NACCHO also continued to support the communications efforts of the Close the Gap campaign and work with the Steering Committee to keep the Close the Gap targets on the national agenda.

National Press Club

A media highlight during the twelve months was the NACCHO Chairperson's address to the National Press Club. The address, launching NACCHO's report into the economic benefits of Aboriginal Community Controlled Health sector, was broadcast live in full nationally on ABC TV and Sky News.

The event also ensured coverage in the Australian newspaper, ABC Radio National Breakfast, ABC 702 Sydney Mornings, Sydney Morning Herald online, NITV, Koori Mail, NIT, NIRS, the Wire, SBS radio, The Australian Times UK website, Croakey and the Daily Liberal.

NACCHO Newspaper

NACCHO launched a newspaper partnership with the Koori Mail – a 28 page supplement inside the Koori Mail called NACCHO Health News.

The newspaper was produced twice over the twelve months and included stories showcasing member services, impacts of the budget on Aboriginal health and highlights of NACCHO events such as Ochre Day and the Health Summit.

The newspaper was distributed in all 14,000 editions of the Koori Mail and 5000 additional copies were produced per edition for member services. The reach of the NACCHO Health News is estimated to be as high as 100,00 readers.

Member campaign engagement

Following concerns about the impact of measures announced in the federal budget, NACCHO held a series of workshops with member services on campaigning and navigating government.

These workshops, facilitated by Millwood Consulting, held in Canberra and at the NACCHO Health Summit in Melbourne, aimed to engage members in on-going action and advocacy and to inform policy and communication objectives of NACCHO.

To assist member services, NACCHO also produced a "Visit Your MP" kit with sample invites, fact sheets and follow up letters to encourage all members services to complement the work being done nationally and ensure all new MPs were invited to visit a service.

Social Media Impacts

NACCHO Media stats		
	September 2013	September 2014
Twitter Impression NACCHO Summit 2014	5 Million	**26 Million**
Views on NACCHO Communque	156,000	**245,599**
Aboriginal News Alerts subscribers	850	**1,203**
Tweets to date	10,600	**23,100**
Followers of @NACCHOAustralia	5236	**9,907**
Facebook Followers	2320	**3131**
Views of NACCHO TV	1,000	**1450**
Max Reaches Facebook in week	65,000	**76,000**
Downloads of Health Report from NACCHO site	20,000	**85,000**

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 extra copies for NACCHO member organisations. It is estimated that the NACCHO Health News may reach as many as 100,000 readers. Communications objectives include educating ACCHO staff about NACCHO, sharing success stories between members and educating our sector and broader community on NACCHO successes.

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.

Reporting on Strategic Priorities (cont.)

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.

Reporting on Strategic Priorities (cont.)

NACCHO Strategic Plan 2011-2014

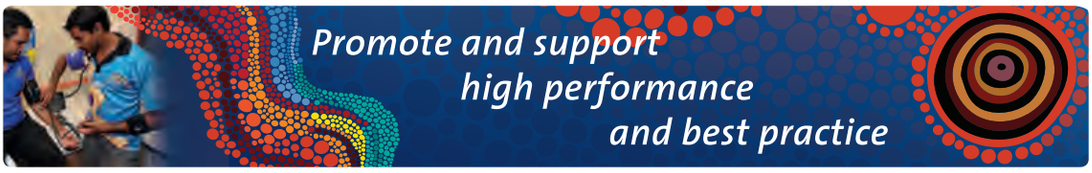
Area 1: Shape the national reform of Aboriginal Health – Policy Performance • To increase the ACCH Sector's involvement and authority in determining how Aboriginal health is funded, managed and monitored in the national health reform process.			
1.1	Advocate for the establishment of a National Aboriginal & 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 Investing in ACCH Makes Economic Sense Report
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 Health Summit 2014 DOH Funding Agreements & Schedules 2015/16 – 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

Reporting on Strategic Priorities (cont.)

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)	• Wave 2 of TATS has now been completed by the NACCHO team. Project targets. • The final report is due in January 2015.
Smoke Free	• Continual engagement with the Affiliates through the NACCHO Tackling Smoking Advisory Committee • 4 national leadership meetings conducted • QUIT Strategies delivered to Boards and ACCHS Staff • NACCHO representative on National Tobacco Technical Reference Group • NACCHO representative on No Smokes working group • 40,000 Social Media likes through Facebook
QUMAX	• Ongoing collaboration with the Pharmacy Guild of Australia and the Department of Health under the 5th Community Pharmacy Agreement • Input in to the proposed 6th Community Pharmacy Agreement
Ear & Hearing	• Ear and Hearing Health Skill Set training programs completed July 2013-June 2014, 31 participants. • 43 Participants attending a professional development workshop in Sydney in July 2013. • National Symposium 'Healthy Ears – Sound Futures' held in October 2013.
Good Medicine & Better Health	• Governance led group NACCHO, State Affiliates and National Prescribing Service (NPS)
Telehealth	• Over three funding rounds a total of eighty four Aboriginal Community Controlled Health Services across all state and territory jurisdictions were allocated $608,394 for improving Telehealth infrastructure.
REACCH	• Governance NACCHO and Project Committee made of participating ACCHS • National Aboriginal & Torres Strait Islander Blood Borne Viruses & Sexually Transmissible infection Strategy 2010/13
Closing the Gap	• 3 National Network Meetings &PIP Advisory Group • Tackling Tobacco Reference Group Member

Reporting on Strategic Priorities (cont.)



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.

Reporting on Strategic Priorities (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.

Reporting on Strategic Priorities (cont.)

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 Investing in ACCH Makes Economic Sense Report 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 - Melbourne
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	Investing in ACCH Makes Economic Sense Report 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 Telehealth Investing in ACCH Makes Economic Sense Report 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

Reporting on Strategic Priorities (cont.)

NACCHO Strategic Plan 2011-2014

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, Summit
1.9	Strengthen the culture of pride in our work across the ACCH Sector, including through an NACCHO Awards Program	Not Achieved	

Reporting on Strategic Priorities (cont.)

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)	• Over the course of Wave 1 and Wave 2, 40 community controlled sites were engaged as project partner sites and more than 60 Aboriginal and Torres Strait Islander research officers trained. Project data, publications and presentations clearly identify the contributions of the community controlled sector to smoking cessation efforts.
Smoke Free	• The Smoke Free Program aims to improve health outcomes of Aboriginal and Torres Strait Islander people in Australia. The project has been focusing on promoting the benefits of having Smoke free workplace policy and going smoke free through social marketing campaigns and continuing to build strong partnerships with other organisations. • Development and implementation of strategies to assist health service board members and staff to quit, achieved through the development of the NACCHO Intensive Smoke Free Leadership workshops. • Pledge to QUIT campaign to promote World No Tobacco Day received: • 142 pledges • 83 smokers pledge to quit • 50 supporters • 9 pledges community members • Social Media blitz: a national drive/social media blitz to promote the importance of going tobacco free. • Attracted 521 new likes; 1,821 (up by 48.8%) people engaged; • Total people reached was 42,558 • Many of the NACCHO member services have now implemented Smoke Free workplace policies.

Reporting on Strategic Priorities (cont.)

NACCHO Secretariat Performance 2012/13

QUMAX	• 76 ACCHS continue to participate in the QUMAX Program over the 2013-2014 and 2014-2015 financial years enabling a patient reach of 218,549 patients. • The QUMAX Program aims to improve health outcomes of Aboriginal and Torres Strait Islander people that attend participating Aboriginal Community Controlled Health Services in rural and Urban Australia by trialing interventions that aim to improve quality use of, and compliance, of medicines and support improved access to medicines under the PBS by addressing cultural, transport and other barriers to access. • Under the QUMAX Program in 2014, Armajun Aboriginal Health Services in Inverell NSW utilised the Quality Use of Medicine Education and Cultural Awareness support areas to engage 30 clients in a Community Information Day focused on quality use of medicines, Home Medicine Reviews and managing chronic disease. A local Community Pharmacist attended with their staff and met with clients guided in culturally safe engagement by the ACCHS. Armajun, via the QUMAX Program provided incentives to clients to attend providing transport and fruit vouchers. • A significant outcome is the collaboration between the Community Pharmacy and Armajun working together to support Armajun's clients to ensure safe medicines compliance and a welcoming pharmacy atmosphere. Armajun plan to extend the opportunity to other local pharmacists under their current QUMAX work plan working across their community to broaden awareness for all their Aboriginal and Torres Strait Islander patients. This promotion demonstrates the strength of the QUMAX Program to support best practice in culturally appropriate as well as comprehensive primary health care and reporting. • Many other services are planning similar activities to grow their clients' awareness of the quality use of medicines and continue to provide aids to support quality use of medicine.
Ear & Hearing	• Ear and Hearing Health Skill Set training programs completed July 2013-June 2014, 31 participants. • 43 Participants attending a professional development workshop in Sydney in July 2013. • National Symposium 'Healthy Ears – Sound Futures' held in October 2013.

Reporting on Strategic Priorities (cont.)

NACCHO Secretariat Performance 2012/13

REACCH	• 4 ACCHS's participating • 4 State Affiliates participating • 16 training sessions conducted • 2 site visits conducted
Telehealth	• Ear and Hearing Health Skill Set training programs completed July 2013-June 2014, 31 participants. • 43 Participants attending a professional development workshop in Sydney in July 2013. • National Symposium 'Healthy Ears – Sound Futures' held in October 2013.
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
Establishing Quality Health Systems – Continuation (EQHS-C)	• 4 National Aboriginal Accreditation Officers Network (NAAON) workshops • 4 NAAON teleconferences • 4 NAAON sub committees • 4 Programs of work developed and in delivery • 12 NAAON sub committee meetings/teleconferences • 4 ACCHs involved in NAAON sub committees • 11 Affiliate visits • 7 ACCHs site visits • Co-facilitation of WA Jurisdictional Workshop, presentations at QLD Jurisdictional Workshop, attendance at NSW, Vic, Tas, SA Jurisdictional Workshops • 2 Indigenous Health Service Accreditation Implementation Group meetings co-facilitated with IRHD • Liaison with key stakeholders including Accreditation Alliance Australia New Zealand, AGPAL, Alatell, Communio, IHRD, Lowitja Institute, Menzies, QIP and RACGP. • Progression of CQI and Clinical Governance policy positions • 17 conference/summit/member meeting presentations/posters by NAAON members • Continued development of capacity and capability of individuals, organisations and the sector for achieving and maintaining accreditation

Reporting on Strategic Priorities (cont.)

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	7	15	60%
AHCWA	Clinical	0	2	18	90%
	Organisational	7	15	8	27%
QAIHC	Clinical	0	1	19	95%
	Organisational	0	7	26	79%
AHCSA	Clinical	0	0	10	100%
	Organisational	2	6	7	47%
AH&MRC of NSW	Clinical	2	2	34	90%
	Organisational	3	23	21	91%
AMSANT	Clinical	1	1	21	91%
	Organisational	11	14	9	26%
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

Reporting on Strategic Priorities (cont.)

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.

Reporting on Strategic Priorities (cont.)

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	REACCH Initiative Kirby Institute TATTS Initiative – Menzies Institute DOHA Sentinal 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 Investing in ACCH Makes Economic Sense Report 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

Reporting on Strategic Priorities (cont.)

NACCHO Secretariat Performance 2012/13

Area 3: Promote research that will build evidence-informed best practice in Aboriginal Health policy and service delivery – Operational 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	
Talking About the Smokes (TATS)	The next steps will focus on knowledge translation across the sector. The final project reports have been drafted by the lead researchers; a number of papers for publication have been submitted (e.g. to peer reviewed journals such as the MJA) or are under review by team members and partner agencies; and abstracts/presentations submitted to national and international fora.
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 ACCHS 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
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Strawberry hills, NSW 2012
P: 02 9212 4777 **F:** 02 9212 7211
E: ahmrc@ahmrc.org.au www.ahmrc.org.au

VACCHO
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Postal: PO Box 1328,
Collingwood Vic 3066
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AHCWA
Address: 450 Beaufort Street
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Stirling street,
Perth WA 6000
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AMSANT
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TAC
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TAS 7001
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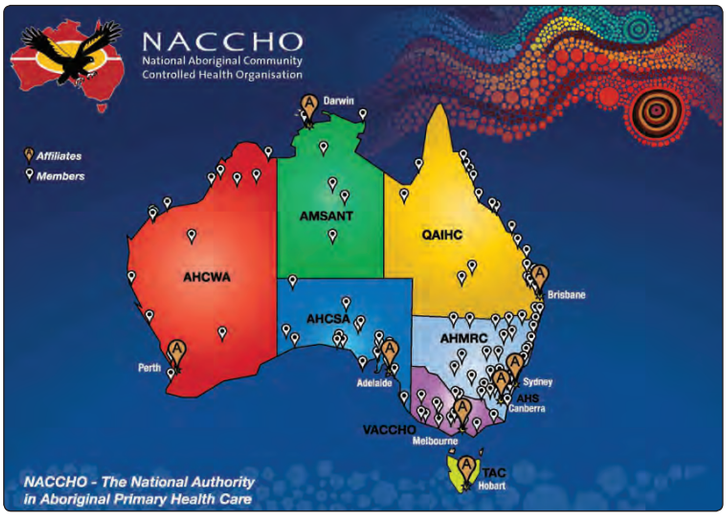


New South Wales Affiliate

Aboriginal Health and Medical Research Council (AH&MRC)

The imperative for the AHMRC this year has been to continue to deliver high quality programs and services that meet the needs of and have real benefits for our Member Aboriginal Community Controlled Health Services and the Aboriginal communities they serve, in a time of great uncertainty and change.

Like many other organisations the AH&MRC has operated in an environment where the future of funding has hung in the balance, particularly prior to the announcement of the Commonwealth Government Budget in May 2014. At the State level, the implementation of the new purchaser-provider model of funding has presented challenges and changes to the way we do business.

In each instance, the unsettled funding environment has had a considerable impact on the work of the AH&MRC and the ACCHS sector more generally. How we deal with these and other challenges that confront our sector, and how the AH&MRC can best work to support our Members has been the main focus of discussions with our Members. Based on recommendations from two Meeting Ground Members Workshops that were held this year and other consultations, AH&MRC has developed the Sector Sustainability Strategy and the Members Service Charter, as part of a program specifically designed to meet the needs of Member ACCHS.

The AH&MRC has been working closely with our Members, the NACCHO and other Affiliates, to advocate for the preservation of the ACCHS sector championing the economic value as well as its inherent ability to understand and be responsive to local needs through a comprehensive approach to primary health care. As a peak health organisation the value of our role in 'making a difference' is evident in the success of programs that help to build the strength and capability of ACCHS at the local level of service delivery. The AH&MRC is best placed to respond to requests from its members for assistance or advice, and provide immediate support directly or indirectly as appropriate.

The AHMRC continues to represent the NSW ACCHS sector, working with our member ACCHS, governments and NGOs to provide advice and input to inform State and national policy development on a broad range of issues. While it is hard to convey the full extent of our programs and expand on their value here, I note that organisational activities and achievements during 2013-2014 undertaken by the AH&MRC include the following highlights:

- Meeting Ground 2013 Members workshops
- Recognition and Development Workshop on accreditation
- Information Communication Technology (ICT) Benchmarking Tool Organisational Health Check and Members Portal for business development
- STI and BBV Manual for clinicians and Aboriginal Health Workers 2nd Edition
- HIV Free Generation project
- Bringing Them Home Forum hosted by SEWB Workforce Support
- SEWB Workforce Supervision Diary & DVD and training
- Local awareness-raising cancer workshops

New South Wales Affiliate (cont.)

Aboriginal Health and Medical Research Council (AH&MRC)

- 3rd biennial Chronic Disease Conference
- A-TRAC [Aboriginal Tobacco Resistance and Control] Symposium
- Aboriginal Health College licensed for the Diploma of Nursing
- Aboriginal Health College honoured 146 graduates from 2012-2013 Certificate III, IV, Diploma and Advanced Diploma qualifications, as well as 55 students with related Statements of Attainment

These are just some of the activities and achievements and you are invited to view the AHMRC Annual Report 2013-2014 in its entirety at www.ahmrc.org.au

I would like to acknowledge the invaluable contribution the AHMRC staff has made towards these achievements. I would also like to thank the AHMRC Board for their strong commitment throughout the year. Finally, I look forward to working closely with our members, partners and funding bodies to continue to build on our successes in 2014-2015.

Victoria Affiliate

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

The year has seen much activity in Victoria's Aboriginal Health sector as we focus on improving our services and securing our sustainability in a changing world. VACCHO and our members have been actively engaged in developing and delivering services to members of Victoria's Aboriginal communities. We have been engaged with government and other partners, buoyed by the support of our members and partners while being challenged by the burden of reform, lack of consultation on key issues and absent commitment to infrastructure.

VACCHO works to position itself for sustainability and to support the sustainability of its members. Like all affiliates VACCHO advocates for recognition of the existence and the unique history and circumstance of a Victorian Aboriginal community. While the situation of Aboriginal communities in each state and territory is unique there is a great deal we can learn from one another and do together.

Changes at the federal level have challenged VACCHO and our members with their capacity to have real impact on the services to Aboriginal people. These have included a reduction in funds for programs, the proposal of a $7 co-payment for medicare services, demands for ACCHOs to be registered with the Office for the Registration of Indigenous Corporations in order to receive funds under the Indigenous Advancement Strategy and changes to the program arrangements from the Commonwealth.

The partnership arrangements have been stretched with decisions made without consultation with VACCHO and our members having significant implications for our members and services for Aboriginal people.

No one has a greater desire for Aboriginal children to attend and do well at school than Aboriginal families. In order for this to occur the children have to be healthy and well. They need to be prepared for school physically, and psychologically from the earliest days. Their early childhood development is greatly assisted by programs run through VACCHO members. The schools also have an obligation to be welcoming and culturally safe for Aboriginal families. These issues are often not raised in the public discussion around truancy and school attendance.

Aboriginal adults seek long term meaningful employment. They want rewarding and secure careers. This requires physical health and it requires non-discriminatory workplaces which recognise and even celebrate their Aboriginal employees offering equal opportunities for skill development and career advancement. Many Aboriginal people get their first employment through Aboriginal community organisations which play a great role as employers in their own right and as centres of community and gateways to ongoing careers.

The Victorian Auditor general's report on Aboriginal people's access to mainstream services showed the poor quality of Victoria's data and the poor use of that data in partnership with the Aboriginal community in addressing service gaps and coordination. VACCHO also contributes to the development of data collection and the use of data to inform our member's activity, advocacy and priorities.

As we go into a state election in November VACCHO is advocating for its strategic priorities and enhanced commitment at the state level. VACCHO continues to support Aboriginal cultural qualities in its work and its members as core to its way of working. Health promotion campaigns and VACCHO 'Yarnin Health' Radio broadcast and podcast reinforce Aboriginal worldviews and language in speaking directly to community and fostering intra community dialogue. Positive imagery and art make VACCHOs excellent collection of artworks and publications accessible and identifiable as Aboriginal community communications.

VACCHO has a commitment to support and develop a quality workforce for its staff and its members.

Victoria Affiliate (cont.)

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

VACCHO's human resources support project will build HR capacity in our members with projects at five sites. VACCHO is a major trainer of Aboriginal health workers and delivers other qualifications through its own registered training facility. VACCHO has been building its cultural safety training capacity for mainstream workers and building members capacity to deliver this program locally.

VACCHO also supports networks of workers in particular disciplines. These networks in workforces such as SEWB, D&A, Koori Maternity workers, hospital and mental health liaison officers and Aboriginal Health workers build peer support, provide strategic advice and provide professional development and program development opportunities.

VACCHO supports the development and delivery of quality services with support for the collection and use of data, support for the use of data to improve services and health outcomes for Aboriginal community members. VACCHO also supports our members and their boards with support for accreditation compliance and with strategic governance issues and community priorities though these strategic sustainability aspects have been undermined by changes to funding. VACCHO has also been working with our member at the Victorian pilot site for the National Disability Insurance scheme to optimise the development of this scheme as effective for Aboriginal clients.

VACCHO maintains a wide range of ***Quality partnerships and networks*** these range from the structure of the Framework agreement overseen by the Victorian Advisory Council on Koori Health which includes commonwealth and state government representatives, the Victorian Expert Advisory Committee on Aboriginal Health, which advises the secretary of the Victorian Department of Health on strategic issues and the Coalition for Aboriginal Health Equality in which VACCHO and civil society organisation partners advocate for the fulfilment of the commitments in the Statement of Intent on Aboriginal Health Equality.

VACCHO continues to advocate for ***Quality infrastructure*** to ensure the success and sustainability of our members. This has seen VACCHO recently review and update its IT infrastructure. This will support its activities and our capacity to support our members. VACCHO continues to advocate for sustainability of the built infrastructure of our members to be addressed in a coordinated and systematic manner. Funds for Aboriginal community infrastructure have been decommissioned in recent years and require a redevelopment and recommitment and coordination through all levels of government.

VACCHO looks to our national body to lead and coordinate the engagement and advocacy at the commonwealth level. There is much to be done in putting the case for Aboriginal community control as an essential part of the health system and vital to the government's own commitments to achieving Aboriginal health equality. Cuts to program funding in recent times have been concerning. Changes to the systems, policies and priorities in the absence of community consultation are of great concern.

While VACCHO has been active in a number of national issues, provided advocacy and input to Senate committees we feel this voice could be strengthened, supported and shared by greater national leadership. The priority issues and strategies should be coordinated by the NACCHO membership and the important role of the state and territory affiliates supported and optimised.

There is a risk that the partnership commitments of the bipartisan 'Statement of Intent' are being weakened by government not speaking with the Aboriginal community. NACCHO has a key role in the building communication pathways with government, opposition and cross benches. NACCHO is the representative of the largest national network of locally elected and appointed community controlled boards and organisations. It has a leadership and coordination role in the national policy space which is more important than ever.

South Australian Affiliate

Aboriginal Health Council of South Australia (AHCSA)

AHCSA has 19 Member Services and the December AGM for 2013 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 partnership has been formed 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** continues to work very well with one more year left in the 2010 – 2015 Agreement remaining.
- AHCSA has implemented new business systems in the organisation such as Netsuite and Alfresco which will improve and complement finance, reporting, budgets, programs and records management across the whole organisation.
- The **GP Workforce Team** to enhance the uptake of Aboriginal Health Checks in Aboriginal Community Controlled Health Services is a State funded program that has successfully recruited and supported 4 additional general practitioners to work in understaffed rural Aboriginal Community Controlled Health Services in SA throughout 2014 (at no cost to the ACCHS). The program employs a GP supervisor to provide a combination of on-site and remote supervision to GP Registrars. A strong partnership has been established with the regional GP training providers supporting enhanced opportunities to work within and be exposed to Aboriginal health. This involves cultural awareness workshops, and a collaborative approach to promoting and supporting Aboriginal Health placements. Registrar experiences working in the Aboriginal Community Controlled sector have been very positive and put them in a good position for their future medical careers. An additional benefit in having increased GP workforce has been a dramatic increase in the numbers of Aboriginal Health checks and GP management plans that have been performed. The program also employs a Communicare support worker who supports GPs and ACCHS to make best use of the patient information system they all rely on for clinical work and public health programs.
- The **COAG Workforce Liaison Officer (CWLO)** is funded by the Indigenous and Rural Health Division, Department of Health to support AHCSA members in accessing incentives and implementing the Chronic Disease fund. The CWLO continues to work with Aboriginal Community Controlled Health Organisations on the use of Medicare Benefits Schedule items and incentives under the fund and visits member services with the Medicare Field Officer, Department of Human Services to provide ongoing support and education. The program continues to support the Closing The Gap (CTG) workforce network for both Aboriginal Community Controlled Health Organisations and Medicare Local CTG teams. 3 meetings are held each year for Indigenous Health Project Officers, Aboriginal and Torres Strait Islander Outreach Workers and Care Coordinators across the state to provide support, opportunities to share information and network. The CWLO continues to promote key components of the Chronic Disease Fund to Medicare Locals and AHCSA members and showcase best practice models across the sector.
- 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. The AHCSA RTO also achieved accreditation with ASQA for the next five years and had over 200 students graduate in April.

South Australian Affiliate (cont.)

Aboriginal Health Council of South Australia (AHCSA)

- 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.

- The AHCSA Member response to the EQHS/EQHS-C measure has shown some outstanding results over the last 5 years and South Australia is one of the jurisdictions in the nation that can boast 100% RACGP accreditation achievement amongst its membership. The AHCSA Membership has achieved the Commonwealth target of having 80% of the membership engaged in whole of organisation accreditation.

- At the time of writings five of the AHCSA Members had achieved whole of organisation accreditation and a further two Members were very close to completing their accreditation cycle. This includes AHCSA as an organisation itself. AHCSA, through its Member Support functions will continue to support Members with accreditation planning and maintenance processes.

- 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**
  AHCSA continues to be a key partner of the ABCD National Research Partnership which works across States and Territories in Australia to improve the quality of primary health care available to Aboriginal and Torres Strait Islander peoples.

  The project builds on the success of the Audit and Best Practice for Chronic Disease and Extension projects (ABCD/E), originating in 2002 in the Northern Territory. ABCD participatory action research projects led to the establishment in 2009 of a service support organisation, One21Seventy. Developed specifically to support high quality comprehensive PHC for Aboriginal people, like other CQI approaches, One21seventy aims to facilitate ongoing improvement by using objective information to analyse and improve systems and service delivery. One of the purposes of the Partnership and One21seventy is to enable Aboriginal health professionals and their advocates to play leading roles in CQI and to maximise its benefits for the health of their communities.

  The Partnership project in SA supports a research officer to work closely with AHCSA in a dual role as researcher and CQI coordinator for participating member services to support access to the One21seventy program. Eight services participated in our research project that investigated the barriers and enablers to CQI in order to identify strategies to strengthen its effectiveness in the South Australian setting. Conducting research around local CQI implementation activities proved a successful method and kept CQI 'on the agenda' for many services and supported staff engagement with CQI activities.

  Our findings are consistent with modern CQI research including the collaborative regional approach enabled Partnership members in SA to provide critical organisational commitment to support CQI implementation across all levels of participating centres. Participants described the barriers and enablers to CQI in SA centred upon access to strong leadership and management support for CQI at all levels of the health system including from peak bodies such as AHCSA and dedicated time for CQI activities at the health service and access to support such as CQI coordinator is essential.

South Australian Affiliate (cont.)

Aboriginal Health Council of South Australia (AHCSA)

In the final year of the Partnership, the ACHSA team have been reflecting on this experience and project to develop a regional level CQI framework exploring how best to support its member services with future quality programs and have also developed a specific data project which can support members to use CQI processes and tools.

- The Aboriginal Health Research Ethics Committee (AHREC) The Aboriginal Health Research Ethics Committee (AHREC) main purpose 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.

  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.

- The AHCSA **PHMO**, 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, providing public health advice and support, working with ACCHSs to improve comprehensive primary health care, developing sustainable disease control programs integrated with primary health care (especially sexual health, blood-borne viruses, alcohol issues, ear health, trachoma and eye health); and supporting data management and continuous quality improvement through improved health information systems, e-health initiatives and systems for data collection and analysis.

- **Tackling Smoking & Healthy lifestyle Program**
  The AHCSA Tackling Smoking and Healthy Lifestyle team recently developed the Puyu Blaster Campaign, based on a male and female superhero that blasts away cigarettes. The campaign has twelve local ambassadors from communities on the Yorke Peninsula and Eyre Peninsula of SA. An interactive poster has also been developed with messages in local Wirrungu language stating "leave smokes alone or it will ruin your lungs". A team member wears a Puyu Blaster superhero costume at community events, schools & kindergartens to promote tackling smoking messages. Puyu Blaster masks have also been developed for children to wear to imitate their superhero in blasting quit smoking messages to the community.

  AHCSA along with project partners Tauondi Aboriginal College and DASSA developed the '20 Healthy Feeds – A Community Cookbook by Our Mob, For Our Mob'. This book has recipes collected from community members from all across South Australia. Each recipe was chosen because they support the Australian Guide to Healthy Eating and Australian Dietary Guidelines. The team have been promoting the cookbook by "our kitchen rules" cook offs between school and community groups. Teams cook recipes from the cookbook and are judged on criteria including fun, cleanliness of cooking area, presentation and taste of food.

South Australian Affiliate (cont.)

Aboriginal Health Council of South Australia (AHCSA)

The team in partnership with Port Power Community Limited football club has also delivered a number of education sessions in primary and secondary schools to raise awareness of health impacts of smoking and the benefits of eating healthy and being active.

- The **Maternal Health Tackling Smoking program:** AHCSA's Maternal Health Tackling Smoking (MHTS) program is unique to SA and is a state-wide program funded by DASSA as part of the COAG initiative. Funding for this program has been confirmed until June 2016, however the KPIs and future direction of the program have altered, with a focus now on face to face delivery of education on the risks of smoking to pregnant women and their communities with the opportunity to follow up with individual women to offer support to make quit attempts and record data on quit attempts and successful quit attempts.

  Initial feedback on individual follow up from pregnant women indicates that they feel more supported and confident to make quit attempts having been educated on the risks of smoking through group sessions in a relaxed atmosphere and appreciate the follow up support to make quit attempts or stay quit.

  The program supports maternal health services, with the objective of reducing the rate of tobacco smoking among pregnant Aboriginal women to increase the proportion of healthy birth-weight Aboriginal babies. Currently 52.8% of Aboriginal women in South Australia are reported to smoke during their pregnancy, and the Maternal Health Tackling Smoking program aims to decrease this figure at an annual rate of 2.1% by June 2016.

  The Maternal Health Tackling Smoking program's primary target audience is pregnant Aboriginal women; however it also promotes quit smoking messages to the whole of the South Australian Aboriginal community. It's associated Stickin' It up the Smokes (SIUTS) social marketing campaign uses local ambassadors to promote the campaign and continues to motivate positive messages for pregnant women and their families to make quit attempts and maintain smoke free homes and cars.

  New resources recently developed to assist with delivering messages to community not to smoke during pregnancy or around pregnant women include SIUTS stickers for cars and homes promoting smoke free zones, SIUTS air fresheners for smoke free cars, and 100 reprint of SIUTS DVDs to disseminate to community with addition of Ellie Lovegroves (Factor contestant) SIUTS rap song.

  Recently MHTS project officer liaised with AHCSA sexual health team & Tackling Smoking Healthy Lifestyle team to facilitate a Women's health promotion day in Yalata where the women were pampered by having their hair and nails done in exchange for opportunistic education around risks of smoking with focus on pregnancy and support to make quit attempts. A healthy lunch was provided, and women who participated in this event were screened for sexual transmitted diseases. The success of this event has motivated AHCSA staff to plan for similar combined women's health days in regional and remote communities in SA.

South Australian Affiliate (cont.)

Aboriginal Health Council of South Australia (AHCSA)

- **Patient Information Management Systems Coordinator:**

  The Patient Information Management Systems (PIMS) Coordinator role at the AHCSA has been engaged with member services in the provision of:

  - Suggestions and assistance re policy/procedures development to support health service systems made following each on site visit to ACCHSs.
  - Identification of how Communicare can best support clinical processes/procedures.
  - Investigation of how Communicare can best be used to support organisational reporting requirements and provision of support to fulfil these obligations as it relates to patient data thus reducing some of the burden associated with these tasks.
  - Completion/implementation and presentation of the Pangula Mannamurna Communicare Project at the NAACHO Health Summit. This project is now in various stages of completion/ implementation at other member services.
  - Chronic disease management/documentation training provision.
  - Support to staff of various programs within the AHCSA.
  - Analysis and identification of Drug and Alcohol Services reporting requirements to advise and assist implementation of standardised data entry and retrieval.
  - Medicare.
  - Development of the PIMS to support documentation and management of hepatitis in a collaboration with The Australasian Society for HIV Medicine (ASHM).
  - Delivery of Communicare orientation/training to staff of the AHCSA, member services and mainstream agencies.
  - Commencement of training provision to SA Cert III and IV Aboriginal Health Worker students.

- **AHCSA TRACHOMA ELIMINATION PROGRAM**

  AHCSA has signed a further three contract from 1 July 2014 to 30 June 2017 with CHSA to eliminate Trachoma.

  The AHCSA Trachoma Program in consultation with the Aboriginal Communities of Yalata, Oak Valley, Coober Pedy and Oodnadatta will screen children aged 0–14 years for trachoma infection, follow up and treatment of child, family and community and promote the clean faces messages as part of a holistic personal hygiene program in accordance with the "Guidelines for the Public Health Management of Trachoma in Australia".

  The AHCSA Trachoma Program will support Aboriginal Community Controlled Health Organisations to screen adults for trichiasis and referral of adults with this condition to medical services, including an oversight role in organising for support of patient to attend appointment medical and medical specialist appointments.

South Australian Affiliate (cont.)

Aboriginal Health Council of South Australia (AHCSA)

The target population is Aboriginal Children aged 1-14 years and adults aged 40 and over with the population data to be used to be the most current census data available and/or Communicare database and/or school enrolment data.

The AHCSA Trachoma Program will provide training for all health professionals in the detection and treatment of trachoma and trichiasis and to consult with the Aboriginal Health services regarding the most appropriate ways to screen and treat trachoma and trichiasis as well as:

- Provide support to other sites providing Trachoma services if requested and feasible.
- Participate in the SA State Trachoma Reference Group and the Trachoma Operational Working Group meetings.
- Provide support to member Aboriginal Community Controlled Health Organisations (ACCHO's) regarding data capture on the Communicare health information system.

- The **Aboriginal Social Marketing** From 2013-2014 the Aboriginal Social Marketing role focussed on the creation and distribution of resources for a healthy lifestyle social marketing campaign known as Keep It Corka.

  This year continued with the 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 and included the launch of the Keep It Corka Cookbook which has been distributed to many services and communities across South Australia.

- The **Hills Mallee Southern Project Officer** assists with the planning and development of a new Aboriginal community controlled health service in the Hills Mallee Southern Region in Murray Bridge. This financial year has seen the appointment of an Interim Board; a constitution developed, endorsed and lodged and is officially known as the Moorundi Aboriginal Community Controlled Health Service.

  The Commonwealth has been presented with the MACCHS Funding and Program Submission which includes

  - The MACCHS Draft Business plan and service delivery plan
  - Details and qualifications of Interim Board members
  - Three year activity plan
  - Budget for 2014/2015 for Commonwealth Funds
  - Budget for initial service establishment cost
  - Risk assessment and risk management plan
  - ICT Set up and ongoing costing's
  - Review and Evaluation plan

South Australian Affiliate (cont.)

Aboriginal Health Council of South Australia (AHCSA)

The State Department of Health, County Health SA LHN has been presented with the MACCHS service delivery scoping plan which identifies:

- All current Aboriginal Health Positions within the region that are in scope
- Total number of FTS and position locations
- Analysis of State and Commonwealth funding details

- **Rising Spirits: A Community Resilience Project of the Aboriginal Health Council of South Australia**

  The Rising Spirits project is AHCSA's response to Tauto Sansbury's article "The 13th Day" which highlighted the unacceptably high rate of premature death and suicide in SA Aboriginal communities.

  The project aims to document what programs AHCSA member services and others already offer and what is still needed for addressing grief and loss within South Australian Aboriginal communities. It aims to gauge community capacity to address grief and loss and work with services to help increase this capacity by facilitating the development of action plans. Finally, it aims to develop community resources to raise awareness to promote community engagement with grief and loss programs.

  The partners in the project are: AHCSA as the lead organisation, beyondblue as the funder, the South Australian Health and Medical Research Institute, the University of South Australia, and any of the ten Aboriginal Community Controlled Health Services and the seven Aboriginal Health Advisory Committees who are interested in participating.

  The project has been consulting with individuals, communities and services about programs and services and whether they are meeting people's needs regarding grief and loss. The primary methods for collecting project data will include yarning circles and/or individual interviews whereby participants will be invited to discuss the strengths, weaknesses and gaps in existing programs and referral pathways. The project is designed to be responsive to the needs of local communities and will be continually shaped by their input.

  The anticipated benefits from the project for partner services include:

  - Identifying 'best practice' programs and services to address grief and loss issues in the community;
  - Working with communities and health services to develop action plans to address grief and loss issues in the community;
  - Working with communities to develop local community awareness activities to engage community members in programs and services;
  - Facilitating the sharing of 'good news stories' among member services and beyond,
  - Producing a resources kit with examples of 'best practice' from Aboriginal communities, and
  - Using the findings from the project to influence government funded programs and policy

West Australian Affiliate

Aboriginal Health Council of West Australia (AHCWA)

The last twelve months has seen extensive growth and changes for the Aboriginal Health Council of Western Australia (AHCWA), including the Chairperson role. The first six months saw Chairperson Vicki O'Donnell wrap up her five years with AHCWA, handing over the reigns to Marelda Tucker.

During those months, AHCWA continued to implement the strategic plan developed in 2013, and are progressing well to achieve both its sector-driven, internal priorities and externally driven priorities. These continue with focus on maternal and child health, oral health and dentistry, data sharing policies, risk management, leadership and youth and capacity growth.

To achieve these priorities, AHCWA has maintained focus on the three key performance goals – Advancing Aboriginal Health, Doing Business Better and Influencing Policy Decisions.

Confirming our permanent home at our new office in Highgate in July was a crucial step in enabling AHCWA to continue to deliver services and its future growth and development as Peak Body.

AHCWA has continued to expand programs and increase AHCWA's capacity and support to member organisations in achieving good governance in their day-to-day operations and service delivery outcomes.

While AHCWA has faced some challenges and funding uncertainty, we are very happy with our progress over the last twelve months, and I look forward to continuing our efforts to influence the planning, policies and resource allocation to strengthen health services for Aboriginal people.

Vicki O'Donnell is commended for her passion, drive and leadership in her role as Chairperson for the last five years.

Northern Territory Affiliate

Aboriginal Medical Services Alliance Northern Territory (AMSANT)

Despite confirmation of steady gains in Aboriginal health in the Northern Territory, the past year has arguably been one of the most difficult in AMSANT's twenty years of existence. We have shared with other affiliates the challenge of negotiating wholesale reform of the political and policy landscape of Aboriginal health at the national level.

The incoming Abbott Government's reform of health funding, including funding of Aboriginal community controlled health services and affiliate bodies, has required considered and concerted response. This has included consultations with the Department of Health (DOH) on reviewing the DOH Standard Funding Agreement (SFA) and developing a set of interim key performance indicators against which to report to government under our funding agreements.

While the prospect of a reduced reporting burden is always welcome, the complexity of the changes meant delays in confirming our funding and funding for our member services for the 2014/15 financial year, triggering the need for risk planning in relation to the continuity of staff and programs. Funding has only been provided for the next financial year, with a review process to be completed during 2014 and a new funding model introduced for 2015/16.

AMSANT has, along with other affiliates and NACCHO, also been forced to respond to other proposed policy changes and budget savings measures, including to strongly oppose the proposal for a $7 GP copayment.

Regionalisation remains a very high priority for the membership of AMSANT. However progress towards regionalisation has slowed despite our best efforts. Following the 2013 federal election, the incoming government chose to "pause" activity on regionalisation until the 2015-16 financial year. Using existing resources our staff have continued to provide support in-kind to a number of local initiatives. The 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, have also continued to meet. AMSANT will continue to press both the Commonwealth and NT governments to commit resources and re-engage with the regionalisation process.

AMSANT's Public Health team has continued to provide high quality support to the sector. The team provides secretariat and policy support to the Public Health Advisory Group (PHAG) which advises the CEO and board on key public health and clinical issues. The PHMOs support a senior clinician's network for ACCHSs, the AMSANT Member Operational Reference for Public Health (AMORPH) and also coordinate the Public Health Network (PHN), as well as providing clinical input into a range of committees, including the CPHAGS.

This year AMSANT welcomed a public health registrar who undertook one year of training at AMSANT, and also hosted a GP registrar jointly with Danila Dilba Health Service. The AMSANT/NT General Practice Education (NTGPE) Project Liaison Officer is responsible for developing a model for future ASMANT/NTGPE engagement and in planning for and supporting the expansion of Indigenous Health Training for General Practice Registrars (GPRs), whilst fostering closer relationships with AMSANT and its member services.

The PHMOs continue to have a key role in advising on the use of data in Aboriginal PHC. Dr Liz Moore continues to chair the Clinical Reference Group for the NT AHKPIs and the team provided input into the first nKPI report which showed that the NT performed well compared to other jurisdictions.

Northern Territory Affiliate (cont.)

Aboriginal Medical Services Alliance Northern Territory (AMSANT)

In 2013 a new position was created and funded through the Medical Outreach Indigenous Chronic Disease Program (MOICD)—the Specialist Outreach Liaison Officer (SOLO) —with priorities around Chronic Disease, Obstetrics and Gynaecology, Paediatrics, Eyes and Mental Health. The team also continues to have a part-time position providing support and Clinical Supervision to those working in AOD and SEWB roles throughout our services and, together with the PHMO, providing representation on the Remote AOD Workforce Working Group.

The AMSANT CQI team has continued achieve impressive results in expanding CQI in the NT. This year has seen the introduction of Regional CQI Collaborative Workshops held in East Arnhem, Katherine and the Barkly. The regional CQI Collaboratives have focused on the area of childhood anaemia. The CQI team has also continued its focus of recent years on delivering CQI training for Aboriginal staff. AMSANT has delivered seven CQI workshops over the past year for over 120 Aboriginal staff.

AMSANT member services continue to be leaders in the use of eHealth systems in primary health care delivery. Our support staff have assisted in training on the use of the Communicare clinical software, including both NT and National KPI reporting as well as use of data for service planning purposes. We have continued to coordinate sector enhancements to the Communicare software.

The issue of internet connectivity has a big influence on the use of teleHealth systems. We have seen some exciting developments in this area with a trial of a connection service to the NT Government teleHealth system.

Our work on the migration of the "my eHealth Record" to the Personally Controlled Electronic Health Record (PCEHR) – or National eHealth Record has continued. We remained a key partner in the consortium 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).

Workforce issues continue to be a challenge, particularly in relation to Aboriginal & Torres Strait Islander Health Practitioners (ATSIHP). Two workshops were held during the year, with the latter also seeing the launch of the ATSIHP Cultural Statement, recognising the central role of ATSIHPs in Aboriginal Primary Health Care in the NT. Despite this and some other positive developments during the year, the announcement of the defunding of the WIPO position is disappointing and is expected to have a significant impact on workforce policy and initiatives, particularly at a national level.

Meanwhile, AMSANT's Indigenous Leadership Program is now in its 8th year, with the program continuing to build on its strengths and offer a program that provides opportunities to develop and nurture emerging leaders in Aboriginal health. In October 2013, AMSANT held its annual Leadership workshop at Mount Bundy with almost 30 participants registering.

The past year has also seen considerable success for AMSANT in working collaboratively on social determinants of health issues with fellow members of the Aboriginal Peak Organisations NT (APO NT) alliance. APO NT has a small secretariat and a separately funded Aboriginal Governance and Management Program (AGMP), which are auspiced by AMSANT.

APO NT's initiative to work together with mainstream NGOs on developing principles to guide the actions of NGOs working in the Aboriginal service delivery and development space has continued to gain traction and support. The final NGO Partnership Principles have so far been endorsed by

Northern Territory Affiliate (cont.)

Aboriginal Medical Services Alliance Northern Territory (AMSANT)

18 mainstream NGOs, and a launch of the principles was held in Darwin in October 2014. A Forum bringing together Aboriginal organisations and mainstream NGOs to discuss operationalising the Principles has been held—the first of an ongoing program of similar forums.

APO NT followed up its successful Darwin Grog Summit with a Central Australian Grog Summit in Alice Springs in July 2013, and has also prepared a number of submissions during the year responding to various Commonwealth and NT reviews and inquiries.

Of note is the Commonwealth's decision, following the Horvarth Review, to wind up Medicare Locals and replace them with new organisations to be called Primary Health Networks (PHNs), to be in place by 1 July 2015. The NTML, in which AMSANT is uniquely a one third shareholder, already closely aligns in structure and function with the proposed PHN model. AMSANT and the other NTML shareholders have agreed to work together to develop a bid for the new NTPHN.

AMSANT has also continued to work effectively within the structure of the NT Aboriginal Health Forum (NTAHF) and we have been encouraged by the new Commonwealth Government's commitment to the Forum and the renewed energy it has brought to the Forum's work.

AMSANT members and our Board have continued the governance reform process aimed at strengthening AMSANT's ability as an organisation to achieve our objectives. A Governance Workshop was held in September 2013, and proposed constitutional amendments were considered by the Board and AMSANT's members at the General Meeting in Alice Springs in November 2013. A draft rule book has been prepared and the new constitution will be voted on at our next Annual General Meeting. At this time AMSANT will also reincorporate under the Commonwealth Corporations (Aboriginal and Torres Strait Islander) Act 1996 (CATSI Act).

The governance reforms will be followed in the coming year with the development of a new strategic plan that will be aligned with the National Aboriginal and Torres Strait Islander Health Plan. This will provide AMSANT with a strong platform and direction for its work over the coming years.

Tasmanian Affiliate

Tasmanian Aboriginal Centre (TAC)

The NACCHO Affiliate for Tasmania, the Tasmanian Aboriginal Centre Inc. (TAC), celebrated its 40th anniversary in November 2013. The organisation grew out of Aboriginal community concerns about prejudice, discrimination and lack of access to services in the early 1970s. We were first funded to provide Aboriginal legal services in 1973 and gradually built up programs for other services, including welfare and health services in the late 1970s. The TAC was an early member of NAIHO, the forerunner of NACCHO. The organisation remains dedicated to advocating for Aboriginal peoples' rights and providing services throughout the state where needed, including in the areas of health, legal aid, cultural maintenance, children and family services, education and training, and land management. We are committed to protecting Aboriginal heritage; maintaining and strengthening Aboriginal culture and traditions, including caring for country; and ensuring that strengthening Aboriginal culture underpins our program activity.

Tasmania replaced its representation on the NACCHO Board this year when our previous Director decided to undertake university studies. We welcome Dave Warrener to the Board position. Dave is employed as a social worker and counsellor with Relationships Australia and continues to serve as the state President of the Tasmanian Aboriginal Centre.

We had a continuation of the expanded schemes made possible by the increased funding under the 'Close The Gap' in Aboriginal health status.

The Care Coordinators, employed under the Care Coordination and Supplementary Services Program (CCSS), worked closely with AHS general practitioners, nutritionists, counsellors, physiotherapists, diabetes educators, and external allied health providers and specialists. The improved coordination of patient care has shown real health benefits.

The Indigenous Health Project O fficer continued to work in conjunction with the AHS to provide information and explanation of the Indigenous Chronic Disease Package (ICDP) to new clinical staff and existing clinical staff throughout the state. In addition to the AHS, the IHPO also offered support to OATSIH funded organisation within Tasmania. ICDP resources are developed as required and information is disseminated to member organisations, the AHS, mainstream general practices, other health professionals and the Tasmanian Medicare Local (TML).

Aboriginal Outreach Workers operated from within Aboriginal services and from mainstream services, especially Medicare Locals. In Tasmania, that has resulted in some coordination hiccups given the presence of 3 Medicare Locals in this small state. When network meetings are held, the AOWs are given utmost encouragement and support to attend.

As the Affiliate body, we recognise the high importance of General Practice Registrars in providing a comprehensive clinical service. With the shortage of GPs in Tasmania, the Registrar program is particularly important and useful and we have dedicated a lot of resources to improving our methods of attracting Registrars. The assistance of General Practice Training Tasmania in assisting with funding and medical supervision is gratefully acknowledged.

Considerable progress has been made in developing our ability to increase the uptake of General Practice Registrars undertaking placements. Clinic rooms have been renovated to increase capacity, equipment purchased, and appropriate supervision structures developed. The cross cultural training of GP Registrars has been improved with three projects developed to assist; 'Aboriginal Health Service Resource Guide', 'Handbook on Culture, Etiquette and Protocols' and a 'GP Registrar Cultural Curriculum'.

Tasmanian Affiliate (cont.)

Tasmanian Aboriginal Centre (TAC)

Our capacity to increase clinical placements of other health professions has also been improved and streamlined with the development of a Clinical Supervision Framework.

We were also fortunate to have the services of a Public Health Medical Officer who, amongst other duties, is able to provide supervision for a Public Health Registrar, a position shared with the state Department of Health and the Menzies Research Institute.

The importance of cultural education has been recognised with our Registered Training Organisation arm moving to incorporate on scope a Cultural Competence Framework, essentially based on HLTHIR404D - Work effectively with Aboriginal and/or Torres Strait Islander people - which can be delivered to all students studying community services VET courses.

The Workforce Support Unit continued to support the Social and Emotional Wellbeing workforce, including offering training based on identified needs of the workforce as well as running state-wide forums in order to support individuals networking opportunities and personal development.

The Indigenous Chronic Disease Program offers a number of programs which we are funded to deliver. CCSS is a useful source of funding to assist patients with defined chronic diseases but the administration is extremely burdensome and time-consuming.

The Practice Incentive Payment Indigenous Health Incentive (PIP IHI) and the PBS Co-payment are critical in removing many barriers to good medical care. Nevertheless, there remain many medical practices who do not avail themselves of the support opportunities available and hence many Aborigines, particularly in remote areas, are deprived of the pharmaceutical benefits scheme incentives under the Closing the Gap program.

Currently there are 162 general practices in Tasmania of which 48 are not PIP registered. The Aboriginal and Torres Strait Island patients who attend these practices do not have access to the PBS Co-payment. There is every likelihood that some, if not all, will experience setbacks in the prevention or ongoing management of their chronic disease as they may not have the wherewithal to adhere to their course of treatment. The number of practices registered for the Indigenous Health Incentive component of the Practice Incentive Program is not known but only 54 practices in Tasmania were paid the patient registration payment in the first quarter of 2014.

Despite a slow start and some apparent early misdirection of funding, the Medical Outreach Indigenous Chronic Disease Program (MOICDP) has proven invaluable in supplementing the specialist services available to Aboriginal patients in Tasmania. Most notable was the continued success of the cardiopulmonary program, the results of which have recently been published internationally (Maureen Davey, Wendy Moore and Julia Walters, **Tasmanian Aborigines step up to health: evaluation of a cardiopulmonary rehabilitation and secondary prevention program**, published in BMC Health Services Research: http://www.biomedcentral.com/1472-6963/14/349

The MOICDP has been extended to include a paediatrician, general physician, physiotherapist, mental health nurse and diabetes educator. The cardiopulmonary rehabilitation program is now offered in all major regional centres with the support of MOICDP funding.

The Care Coordination and Supplementary Services Program (CCSS) has been an invaluable adjunct to our chronic disease program, providing assistance to Aboriginal and Torres Strait Islander patients who have heart, lung or renal disease, cancer, or diabetes. Tasmanian Medicare Locals were the funds providers for the CCSS and the rigid interpretation of eligible services together with delayed payments

Tasmanian Affiliate (cont.)

Tasmanian Aboriginal Centre (TAC)

presented considerable challenges this year. Fragmentation of funds providers is inconsistent with a seamless funds administration system and has continued to present many challenges.

The complexity of the reporting system under the CCSS program has resulted in wasted effort and unnecessary duplication. The Care Coordinators are required to enter data into the online database MMEx, to provide statistical data to the Tasmanian Medicare Local (TML) and the Australian Medicare Local Alliance (AMLA). The Care Coordinators also have to enter the information into a different software program for individual client records. An example:

> *A patient needs assistance from a Community Nurse twice daily for the month of January. This information is entered once into the AHS clinical software but there needs to be 62 separate entries into MMEx. During this time, there is a strong probability that the Care Coordinator may be called away to assist in clinic or one of their CCSS clients with a resulting increased probability of error.*

Each service provided by the Care Coordinator, whether it be a phone call, email, patient enquiry, or consultation with a clinician, general practitioner, specialist, or allied health provider has to be entered into MMEx separately. A more time-consuming system can scarcely be imagined.

Accreditation support continued this year, particularly in Hobart where the first and largest of the clinics is situated. AGPAL accreditation has been maintained for all clinics whilst most organisations are continuing to progress towards Quality Improvement Council accreditation for their health related services. Services were invited to attend accreditation workshops held by TAC and VACCHO.

We were disappointed this year that land return legislation was stalled by the Upper House of the Tasmanian Parliament and the Aboriginal heritage protection legislation introduced to Parliament did little to improve on the archaic 1976 legislation. We will now work with the new Liberal state government to attempt to gain an improved heritage protection system.

A highlight of the year was the repatriation of more of our ancestors from overseas institutions. Community delegates travelled to the USA and Europe to bring our people home.

Another highlight was the success of our Registered Training Organisation in graduating the first ever intake to the Diploma of Conservation and Land Management (specialising in Indigenous Land Management). The RTO provides training and development for staff and community members using internal and external providers as well as on-the-job training. Expanding our scope from health courses to allied courses in cultural and land issues again exemplified our holistic approach to Aboriginal health.

Queensland Affiliate

Queensland Aboriginal and Islander Health Council (QAIHC)

The 2013-2014 year saw many changes, and throughout the year, QAIHC has continued to adapt to the renewed prominence given to partnerships, regionalisation, performance, value for money, and accountability. These themes will continue into the 2014/2015 year and well beyond.

QAIHC has continued to strengthen its assistance to Member Services and Regional Organisations, and to respond to their needs and aspirations. The Aboriginal and Islander Community Controlled Health Sector has 40 years' experience meeting the challenges of changing policy environments to deliver comprehensive primary health care services to communities in need. Our progress in 2013/2014 augurs well for the future.

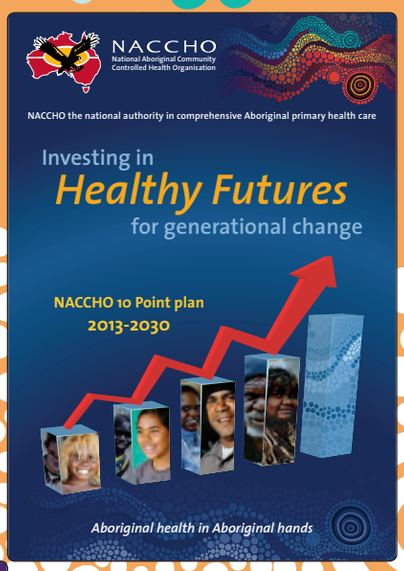
QAIHC has partnered with our Member Services in the quality improvement field under the Establishing Quality Health Standards – Continuation Measure (EQHS-C) to continue accreditation support for eligible Aboriginal and Islander Community Controlled Health Services (AICCHS). Organisational accreditation involves focussing on the business objectives of an organisation and the implementation of efficient work practices. Member Services develop systems that assist and support staff, thereby improving the quality of the services provided to individuals, families and communities. Heading into the final year of the EQHS-C initiative, Queensland is recognised as a leader in this field. Of the 33 Services currently engaged in the development of a Quality Management System, six Services are aiming for first time certification against ISO 9001:2008.

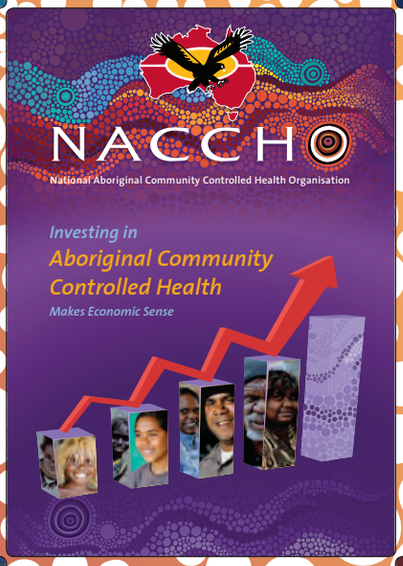
Also with an eye to improving our future services, the Board has been working on a new Strategic Plan to take us into 2017. The environment in which we now operate is substantially different from that which we faced at the time of compiling the previous Plan. Governments have changed, Commonwealth and State funding arrangements have changed, and program management has changed. Board Directors and Member Services have given generously of their time in the preparation of the Plan.

Throughout the year, a major development for staff was the move by QAIHC to Russell Street and its co-location with CheckUP, formerly General Practice Queensland, with the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP), and with the IDEAS Project. This move and co-location will foster a greater awareness of the strategic importance of working together on common issues.

Recently, the second National Indigenous Health Summit was held in Cairns. This event was of major importance to the AICCHS sector and one which QAIHC was proud to co-host with the Queensland Department of Health. The Summit was attended by numerous Health Ministers and proved a stimulating forum on directions in Aboriginal and Torres Strait Islander health.

Also of major significance is our partnership with the Queen Elizabeth II Diamond Jubilee Trust which has seen the introduction of a mobile digital retinopathy and treatment service for the Aboriginal and Torres Strait Islander clients of our participating Member Services. The Indigenous Diabetes Eyes and Screening (IDEAS) Van travels extensively throughout Queensland, and through the installation of equipment and training, it continues to help build the capacity of the Member Services to deliver enhanced diabetes care.





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. Julie Tongs, CEO 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.

Australian Capital Territory Affiliate (cont.)

Winnunga Nimmityjah Aboriginal Health Service (WNAHS)

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, 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 it's obligations under this project.

Financial Report for the Year Ended 30 June 2014

NACCHO Financial Statements

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

ABN 89 078 949 710

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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 (ceased November 2013)

Ian Woods (ceased December 2013)

Bernie Singleton (ceased November 2013)

Elizabeth Adams

John Singer

Vicki Holmes

Wendy Moore (ceased December 2013)

Joanne Badke (ceased January 2014)

Jason King

Arthur Davies (ceased April 2014)

Vicki O'Donnell (ceased December 2013)

Sean Heffernan (ceased December 2013)

Donna Ah Chee (started February 2014)

Janice Burns (started February 2014)

Marcus Clarke (started February 2014)

Marelda Tucker (started February 2014)

Marion Scrymgour (started February 2014)

Selena Lyons (started February 2014)

Neil Fong (started April 2014)

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.

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	3
Julie Tongs	4	3
Christine Corby	4	0
Valda Keed (Ceased November 2013)	2	2
Ian Woods (Ceased December 2013)	2	1
Bernie Singleton (Ceased November 2013)	2	1
Elizabeth Adams	4	1
John Singer	4	3
Vicki Holmes	4	3
Wendy Moore (Ceased December 2013)	2	2
Joanne Badke (Ceased January 2014)	2	1
Jason King	4	3
Arthur Davies (Ceased April 2014)	3	3
Vicki O'Donnell (Ceased December 2013)	2	2
Sean Hefferman (Ceased December 2013)	2	0
Donna Ah Chee (Started February 2014)	2	2
Janice Burns (Started February 2014)	2	2
Marcus Clarke (Started February 2014)	2	2
Marelda Tucker (Started February 2014)	2	2
Marion Scrymgour (Started February 2014)	2	1
Selena Lyons (Started February 2014)	2	2
Neil Fong (Started April 2014)	1	1

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 2014, 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: 10 September 2014

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 2014 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: 10 September 2014

NACCHO Financial Statements

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

STATEMENT OF PROFIT OR LOSS AND COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2014

	Notes	2014 $	2013 $
Revenue from ordinary activities	2	7,912,104	10,284,059
Employee benefits expense		(3,003,514)	(3,424,953)
Depreciation and amortisation expenses	2	(39,589)	(29,989)
Other expenses from ordinary activities	2	(5,217,408)	(6,121,724)
Profit from ordinary activities		**(348,407)**	**707,393**
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		**(348,407)**	**707,393**

NACCHO Financial Statements

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2014

	Notes	2014 $	2013 $
CURRENT ASSETS			
Cash and cash equivalents	3	2,628,131	5,161,772
Receivables	4	235,454	1,399,223
Other	5	102,066	167,460
TOTAL CURRENT ASSETS		**2,965,651**	**6,728,455**
NON-CURRENT ASSETS			
Property, plant and equipment	6	249,846	87,838
TOTAL NON-CURRENT ASSETS		**249,846**	**87,838**
TOTAL ASSETS		**3,215,497**	**6,816,293**
CURRENT LIABILITIES			
Payables	7	1,113,838	1,259,872
Financial Liabilities	8	-	11,357
Provisions	9	212,257	149,256
Other	10	914,957	4,063,496
TOTAL CURRENT LIABILITIES		**2,241,052**	**5,483,981**
NON-CURRENT LIABILITIES			
Provisions	9	9,725	19,185
TOTAL NON-CURRENT LIABILITIES		**9,725**	**19,185**
TOTAL LIABILITIES		**2,250,777**	**5,503,166**
NET ASSETS		**964,720**	**1,313,127**
EQUITY			
Retained profits		964,720	1,313,127
TOTAL EQUITY		**964,720**	**1,313,127**

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

STATEMENT OF CHANGE IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2014

	Retained Earnings $	Total Equity $
Balance at 1 July 2012	605,734	605,734
Net Surplus/(Loss) for the year	707,393	707,393
Balance at 30 June 2013	**1,313,127**	**1,313,127**
Balance at 1 July 2013	1,313,127	1,313,127
Net Surplus/(Loss) for the year	(348,407)	(348,407)
Balance at 30 June 2014	**964,720**	**964,720**

NACCHO Financial Statements

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2014

	Notes	2014 $	2013 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		825,156	127,697
Operating grant receipts		4,880,936	9,271,970
Payments to suppliers and employees		(8,139,602)	(10,164,416)
Interest received		101,466	196,588
Net cash provided by/(used in) operating activities	14(b)	**(2,332,044)**	**(568,161)**
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		-	10,909
Payment for property, plant and equipment		(201,597)	(50,686)
Net cash used in investing activities		**(201,597)**	**(39,777)**
Net increase/(decrease) in cash held		(2,533,641)	(607,938)
Cash at beginning of financial year		5,161,772	5,769,710
Cash at end of financial year	14 (a)	**2,628,131**	**5,161,772**

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

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
Software Development	25%	Straight Line

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

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.

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

NOTE 2: PROFIT FROM ORDINARY ACTIVITIES

Profit (losses) from ordinary activities has been determined after:	2014 $	2013 $
(a) Expenses		
- Consultancy fees	1,304,384	3,431,399
- Meetings, workshops & seminar costs	806,736	216,581
- Rent & other occupancy costs	364,127	394,614
- Telephone	61,830	66,443
- Travel expenses	1,264,736	1,241,316
- other expenses	1,415,595	771,371
	5,217,408	**6,121,724**
Depreciation of non-current assets		
- Plant and equipment	**39,589**	**29,989**
(b) Revenue		
Grant funding	7,060,496	9,971,383
Other Income	750,142	116,088
Interest Income	101,466	196,588
	7,912,104	**10,284,059**
(c) Auditors Remuneration		
- Audit Services	17,000	17,682
	17,000	**17,682**

NOTE 3: CASH & CASH EQUIVALENTS

Cash on hand	2,268	2,171
Cash at bank	2,533,459	2,965,724
Term Deposits	92,404	2,193,877
	2,628,131	**5,161,772**

NOTE 4: TRADE & OTHER RECEIVABLES

CURRENT		
Trade & other debtors	235,454	1,399,223
Provision for Doubtful Debts	-	-
	235,454	**1,399,223**

(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.

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

NOTE 4: TRADE & OTHER RECEIVABLES

2014	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	**$235,454**	154,179	12,520	3,520	65,235	-
2013						
Trade and Other receivables	**$1,399,223**	1,071,993	176	42,515	284,539	-

NOTE 5: OTHER ASSETS

CURRENT		
Prepayments	75,150	166,740
Other current assets	26,916	720
Total Other Assets	**102,066**	**167,460**

NOTE 6: PROPERTY, PLANT AND EQUIPMENT

PLANT AND EQUIPMENT		
(a) Plant and equipment		
At cost	133,193	37,318
Less accumulated depreciation	(21,333)	(14,185)
	111,860	**23,133**
(b) Motor vehicles		
At cost	36,181	36,181
Less accumulated depreciation	(12,631)	(4,491)
	23,550	**31,690**
(c) Office equipment		
At cost	62,828	7,488
Less accumulated depreciation	(6,479)	(3,284)
	56,349	**4,204**
(d) Computer equipment		
At cost	111,289	69,517
Less accumulated depreciation	(61,256)	(40,706)
	50,033	**28,811**
(e) Software development		
At cost	8,609	-
Less accumulated depreciation	(555)	-
	8,054	**28,811**
Total property, plant and equipment	**248,846**	**87,838**

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

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	Software Development	Total
	$	$	$	$	$	$
2014						
Balance at the beginning of the year	23,133	31,690	4,204	28,811	-	87,838
Additions	95,875	-	55,341	41,772	8,609	201,597
Disposals	-	-	-	-	-	-
Depreciation expense	(7,148)	(8,140)	(3,196)	(20,550)	(555)	(39,589)
Carrying amount at end of year	**111,860**	**23,550**	**56,349**	**28,811**	**8,054**	**249,846**

		2014 $	2013 $
NOTE 7: TRADE & OTHER PAYABLES			
CURRENT			
Trade creditors and accruals		642,713	664,190
Unspent grant funds payable		416,616	536,392
Sundry creditors (ATO)		54,509	59,290
		1,113,838	**1,259,872**
NOTE 8: FINANCIAL LIABILITIES			
CURRENT			
Corporate Credit Cards		-	**11,357**
NOTE 9: PROVISIONS			
CURRENT			
Annual Leave Provision		152,061	123,993
Sick Leave Provision		-	25,263
Time In Lieu Provision		60,196	-
Employee benefits	10(a)	**212,257**	**149,256**
NON-CURRENT			
Long Service Leave Provision		9,725	19,185
Employee benefits	10(a)	**9,725**	**19,185**
(a) Aggregate employee benefits liability		**221,982**	**168,441**
NOTE 10: OTHER LIABILITIES			
CURRENT			
Income in Advance		**914,957**	**4,063,496**

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

NOTE 11: RELATED PARTY TRANSACTIONS

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

Justin Mohamed
Christine Corby
John Singer
Joanne Badke (Ceased Jan 14)
Vicki O'Donnell (Ceased Dec 13)
Sean Hefferman (Ceased Dec 13)
Marcus Clarke (Started Feb 14)
Selena Lyons (Started Feb 14)
Matthew Cooke
Valda Keed (Ceased Nov 13)
Bernie Singleton (Ceased Nov 13)
Vicki Holmes
Jason King
Donna Ah Chee (Started Feb 14)
Marelda Tucker (Started Feb 14)
Neil Fong (Started Apr 14)
Julie Tongs
Ian Woods (Ceased Dec 13)
Elizabeth Adams
Wendy Moore (Ceased Dec 13)
Arthur Davies (Ceased Apr 14)
Janice Burns (Started Feb 14)
Marion Scrymgour (Started Feb 14)

	2014	2013
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	517,135	550,828
Long Term Employee Benefits	-	-
	517,135	**550,828**

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 $150,000.

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	2,268	2,171
Cash at bank	2,533,459	2,965,724
Term Deposits	92,404	2,193,877
	2,628,131	**5,161,772**
(b) Reconciliation of cash flow from operations		
Gain/(Loss) from ordinary activities	(348,407)	707,393
Non-cash flows in profit from ordinary activities :		
Depreciation	39,589	29,989
Net (gain) / loss on disposal of property, plant and equipment	-	1,515
Changes in assets and liabilities :		
(Increase)/decrease in receivables	1,163,769	(424,381)
(Increase)/decrease in other assets	65,394	(117,789)
Increase/(decrease) in grants received in advance	(3,268,315)	(799,815)
Increase/(decrease) in payables & credit card liabilities	(37,615)	127,449
Increase/(decrease) in provisions	53,541	(92,522)
Cash flows from operations	**(2,332,044)**	**(568,161)**

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

	2014 $	2013 $
NOTE 15: LEASING COMMITMENTS		
(a) Operating leases		
Operating leases commitments payable:		
- not later than 1 year	302,272	318,587
- later than 1 year, but not later than 5 years	684,661	42,540
Total operating lease liability	**986,933**	**361,127**

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	2,628,131	5,161,772
Trade and Other Receivables	235,454	1,399,223
Other	102,066	167,460
	2,965,651	**6,728,455**
Financial Liabilities		
Trade and other payables	1,113,838	1,259,872
Corporate Credit Cards	-	11,357
Income in advance	914,957	4,094,746
	2,028,795	**5,365,975**

(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.

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

NOTE 16: FINANCIAL RISK MANAGEMENT (continued)

	Within 1 Year		1 to 5 Years		Over 5 Years		Total Cash Flow	
	2014	2013	2014	2013	2014	2013	2014	2013
	$	$	$	$	$	$	$	$
Financial liabilities due for payment								
Trade & other payables	**1,113,838**	1,259,872	-	-	-	-	**1,113,838**	1,259,872
Corporate credit cards	-	11,357					-	11,357
Income in advance	**914,957**	4,094,746	-	-	-	-	**914,957**	4,094,746
Total expected outflows	**2,028,795**	5,365,975	-	-	-	-	**2,028,795**	5,365,975
Financial assets — cash flows realisable								
Cash and cash equivalents	**2,628,131**	5,161,772	-	-	-	-	**2,628,131**	5,161,772
Trade & Other Receivables	**235,454**	1,399,223	-	-	-	-	**235,454**	1,399,223
Other	**102,066**	167,460	-	-	-	-	**102,066**	167,460
Total expected inflows	**2,965,651**	6,728,455					**2,965,651**	6,728,455
Net (outflow)/inflow on financial instruments	**936,856**	1,362,480	-	-	-	-	**936,856**	1,362,480

(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 2014.

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.

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

DIRECTORS' DECLARATION

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 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 2014 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: 10 September 2014

NACCHO Financial Statements

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

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 2014 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 2014 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: 10 September 2014

NACCHO Financial Statements

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

DISCLAIMER TO THE MEMBERS OF
NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

The additional financial data presented on page 20 is in accordance with the books and records of the company which have been subjected to the auditing procedures applied in our statutory audit of the company for the financial year ended 30 June 2014. 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: 10 September 2014

NACCHO Financial Statements

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

DETAILED PROFIT AND LOSS
FOR THE YEAR ENDED 30 JUNE 2014

	2014 $	2013 $
INCOME		
Interest	101,466	196,588
Grant funding & Subsidies	7,060,496	9,971,383
Other income	750,142	116,088
TOTAL INCOME	**7,912,104**	**10,284,059**
LESS EXPENSES		
Audit fees	17,000	17,682
Advertising & Promotions	469,128	101,948
Bad Debts	-	-
Bank charges	13,600	14,807
Cleaning	51,847	33,584
Computer expenses	173,745	181,266
Consultancy fees & Contract services	1,630,298	3,431,399
Depreciation	39,589	29,989
Donations	5,909	-
Electricity	11,333	10,363
Employees' amenities	10,059	9,759
Insurance	13,231	6,809
Interest paid	239	876
Legal costs	10,333	23,680
Loss on disposal of non-current assets	-	1,515
Meetings, workshops & seminar costs	842,947	238,348
Minor equipment	6,624	27,853
Motor vehicle expenses	11,403	6,050
Operating expenses	9,758	2,417
Postage	26,714	18,536
Printing and stationery	113,839	132,420
Recruitment costs	59,702	47,327
Rent	364,127	394,614
Repairs and maintenance	4,133	9,549
Salaries and on costs	2,775,431	3,177,277
Security costs	1,074	539
Staff uniforms	25,158	-
Subscriptions & memberships	11,698	28,231
Superannuation	228,083	247,676
Telephone	61,830	66,443
Training & professional development	6,943	74,393
Travelling expenses	1,264,736	1,241,316
TOTAL EXPENSES	**8,260,511**	**9,576,666**
OPERATING SURPLUS/(LOSS)	**(348,407)**	**707,393**

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
BBV	Blood borne virus
CCAHP	Collaborative Centre for Aboriginal Health Promotions
CCHS	Community Controlled Health ServicesCCSS 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
DoH	Department of Health

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
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
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
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:

Committee Name

ABS - ATSI Demographic Statistics Expert Advisory Group

ABS - Rountable on ATSI Statistics

ACNC - Australian Charities & Not-for-profits Commission Sector User Group

AMLA Australian Primary Care Collaboratives APCC Quality Improvement Programs Advisory Group

ASHM National HBV Reference Committee

ATSIHRTONN

ATSIHWWG

Aust Indigenous HealthInfoNet Advisory Board

Better Cardiac Care for Aboriginal and Torres Strait Islander People Forum

Cancer Australia

Community Services and Health Industry Skills Council (Training Package Advisory Group)

eMHPrac eMental Health in Practice Project

Health Training Advisory Group

General Practice Education and Training (GPET) Peak Body

Industry Skills Council Training Package Advisory Committee

NACCHO Tackling Smoking Advisory Committee (NTSAC)

National Aboriginal and Torres Strait Islander Women's Alliance

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

National Aged Care Alliance

National Health Leadership Forum

National Health Performance Authority - Child and Maternal Health Report Advisory Committee

National Health Performance Authority - Immunisation Report Advisory Committee

National Immunisation Committee

Appendix 2 (cont.)

Representation on Committees

NACCHO represents our sector on a wide range of bodies:

National Indigenous Drug and Alcohol Committee (NIDAC)

National Rural Health Alliance

NPS MedicineWise

OCHREStreams Advisory Group

Pharmaceutical Society of Australia

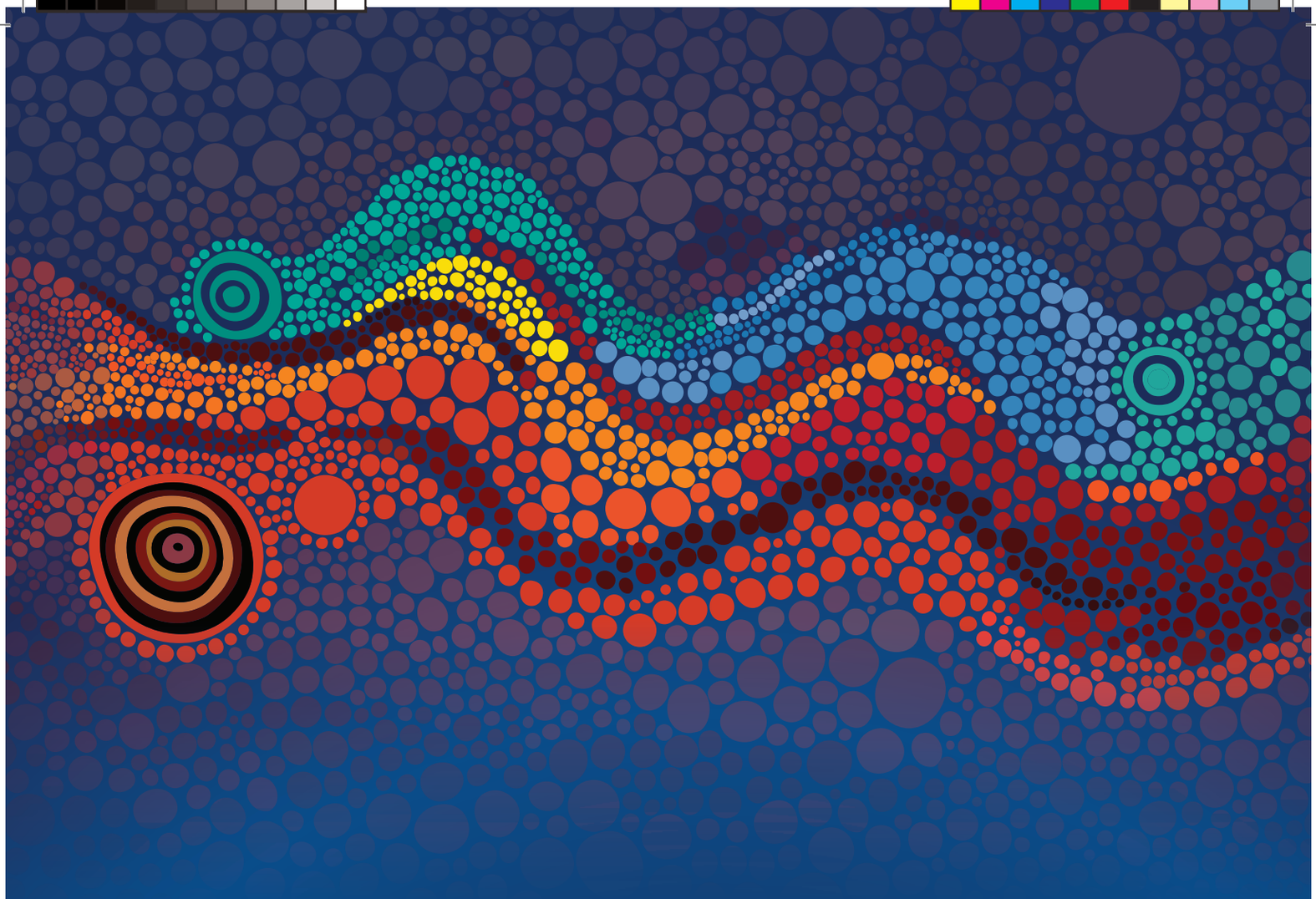
QUMAX Program Reference Group

QUMAX Reference Group

Remote Vocational Training Scheme Advisory Group

University of Melbourne - Indigenous Eye Health eHealth and Technology Roundtable

Vision 2020 Australia - Aboriginal and Torres Strait Islander Committee



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