

NATIONAL ABORIGINAL COMMUNITY
CONTROLLED HEALTH ORGANISATION

ANNUAL REPORT

2019 - 2020



NACCHO



ARTIST RECOGNITION:

Artists Tahnee Edwards (Yorta Yorta) and Toby Dodd. Ngarrindjeri/Narungga/Kaurna Dreamtime Public Relations, 2013

<http://dreamtimepr.com/artwork/>

STORY: The waves in the pattern mimic those in the ochre pits. The colours represent Aboriginal and Torres Strait Islander peoples. The meeting places represent our affiliates and the larger meeting place is the National Aboriginal Community Controlled Health Organisation (NACCHO).

DESIGN AND LAYOUT: Dreamtime Creative.

The report may contain images of Aboriginal and Torres Strait Islander people that have passed away.

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NACCHO acknowledges the financial support of the Australian Government Department of Health.

Acknowledgment of Country

NACCHO acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners of the lands where we live, where we work, and across Australia.

NACCHO recognises and pays respect to Elders past, present and emerging across Australia and thanks them for their continuing care and custodianship of land, sea, culture and community.



NACCHO

25 November 2020

The Hon Dr Gary Johns
Commissioner
Australian Charities and Not-for-profits Commission
Parliament House
Canberra ACT 2600

Dear Commissioner Johns

I am pleased to present the National Aboriginal Community Controlled Health Organisation (NACCHO) 2019–2020 Annual Report to the Australian Charities and Not-for-profits Commission (ACNC).

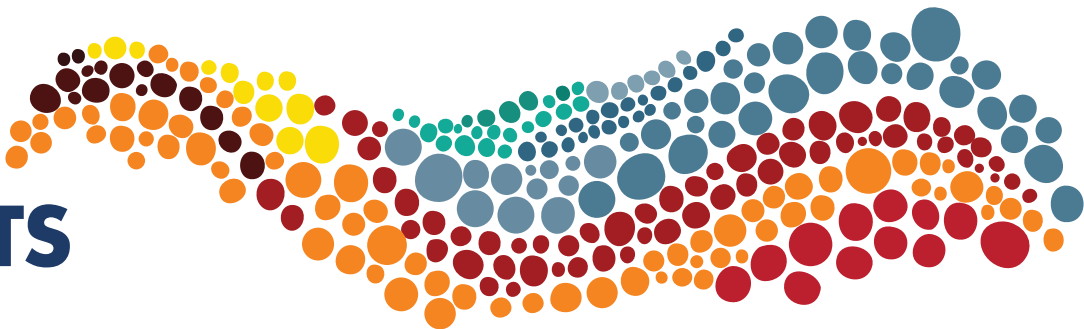
NACCHO's Annual Report is an accurate account of the organisation's activities and financial performance in accordance with the requirements under the *Charities Act 2013*. Included in the 2019–2020 Annual Report are NACCHO's audited financial statements for the period 1 July 2019 to 30 June 2020.

Yours sincerely

Donnella Mills
Chair

Patricia Turner, AM
CEO

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THE ORGANISATION



NACCHO

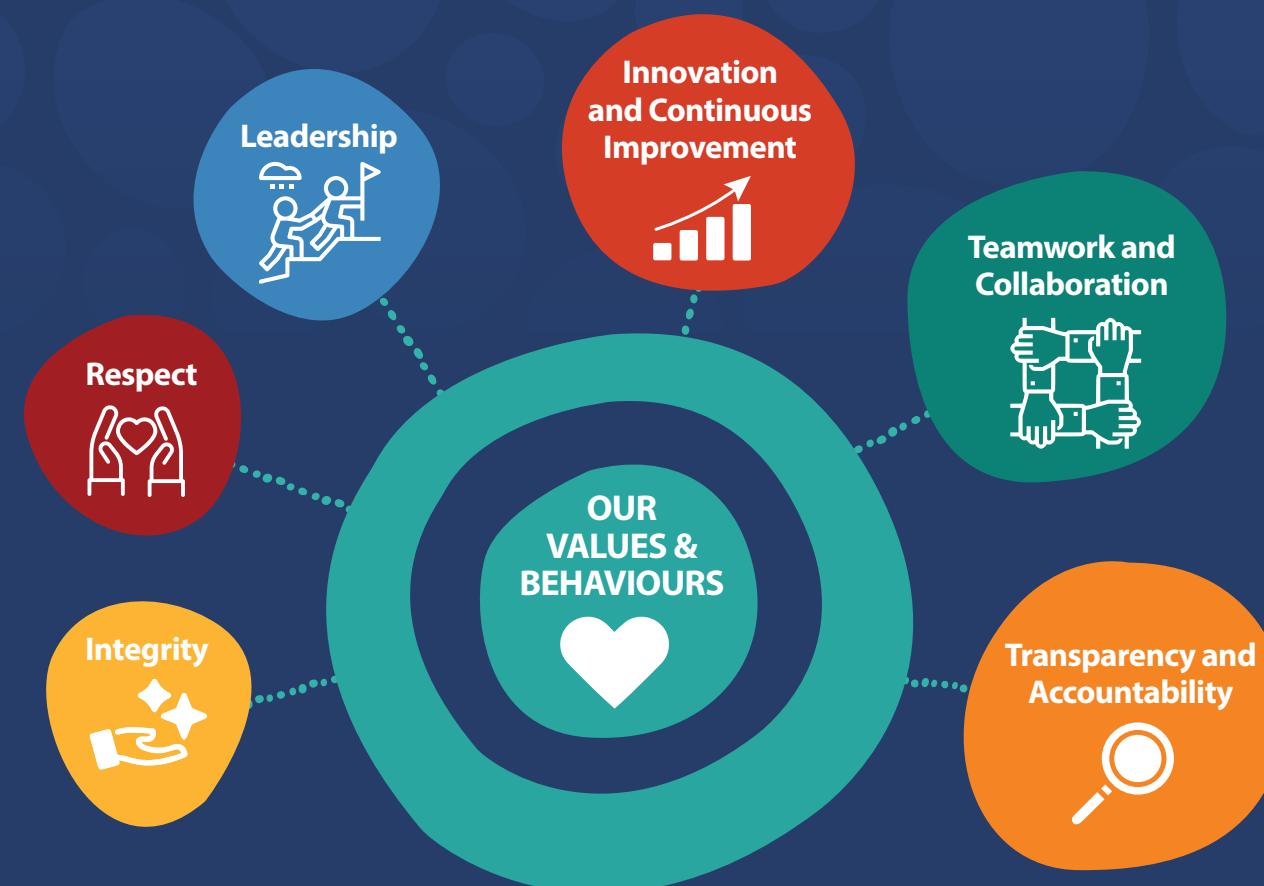


Aboriginal and Torres Strait Islander people enjoy quality of life through whole-of-community self-determination and individual spiritual, cultural, physical, social and emotional wellbeing.

Aboriginal health in Aboriginal hands.

NACCHO's CORE VALUES AND BEHAVIOURS:

Our values and behaviours drive how we interact with each other, and how we work together to achieve results. They aren't descriptors of the work we do or the strategies we employ to accomplish our vision, they are the unseen drivers of our behaviour.





NACCHO Chair Donnella Mills at the National Members' Conference 2019

CHAIRPERSON'S REPORT

What a remarkable twelve months we have experienced in the 2019–2020 financial year. We saw communities struggle through drought, the most serious bushfire crisis this country has witnessed and then, a once-in-a-century global pandemic.

I would like to congratulate our 143 members, the eight affiliates, my 14 fellow Board members and the NACCHO Secretariat who organised such an effective pre-emptive response to COVID-19. Their efforts played a large part in keeping our communities safe.

We have narrowly avoided a disaster that should not be taken for granted. Any number of cases amongst our people is of great concern, no matter how small. Given the higher rates of comorbidity that we face, the impact of this pandemic is far greater for us than for other Australians. Overcrowded housing and limited access to services also mean that the impact in many of our communities will be far worse than elsewhere. It is also critical that we protect our Elders, who are so vulnerable in this crisis, as so much knowledge and capacity rests with them.

I urge you all to continue to work together to keep our Elders and our communities safe. So much is at stake! Look at what has happened to the Navajo and other First Nations peoples in other parts of the world.

In a way, the COVID-19 crisis is a very familiar scenario for us and we, more than other Australians, are equipped to respond. Within 14 months of the European arrival in 1788, smallpox had wiped out over half of Sydney's Aboriginal population. In 1820, when influenza first reached Australian shores, about one third of the Aboriginal people died in the eastern states, most of them without even seeing a European person. In the 1860s, with much shorter sea-voyages from Europe, a second wave of diseases hit our shores (e.g. measles and whooping cough). So, when they say that COVID-19 is 'unprecedented', we may have a different view.



Pictured L to R: Minister for Health Greg Hunt, Senator Sam McMahon and NACCHO Chair Donnella Mills at the National Members' Conference 2019

While COVID-19 overshadowed much of what we did in the last quarter of the financial year, it also showed the rest of Australia what we can do. Our sector should be proud! Indeed, the pandemic is not yet defeated, but at least recent gains have positioned us well, and we can afford a little time to reflect on what we have achieved.

In 2019 NACCHO held a highly successful Youth Conference and the annual National Members' Conference in Darwin in November 2019. The conferences were attended by over 500 people (including 55 youth delegates) and there were stalls from many of our partners in the sector. While the pandemic is thwarting our arrangements for a conference in 2020, we will do our best to get our members back together again as soon as we can.

Part of my responsibilities as Chair include participating in events celebrating milestones or launching key papers with a range of important partners in our sector. In 2019, for example, I attended the Darwin launch of the 2019 AMA Report Card on Indigenous Health. The AMA has been a strong ally of NACCHO and our sector in recent years. We have an important Memoranda of Understanding with a number of other partners as well.

NACCHO has invested considerable time and effort in strengthening its governance and accountability. This was not just NACCHO's formal accreditation process as an organisation or the development of governance documents such as our Code of Conduct and Board Charter, but it is also a matter of constitutional reform. The broader process will ensure that we are well-positioned in the modern operating environment. The reform process continues, and I thank the CEO and her team for persevering with it and I look forward to it being resolved when we can hold an extraordinary general meeting. A stronger NACCHO will help protect the hard-won gains that our sector has achieved and safeguard the Aboriginal community-controlled health model into the future.



Announcement of a \$90m boost for Indigenous Health

Even though the constitution is unfinished business, this has not held us back. We continue to grow, and our reputation continues to strengthen. I have already mentioned the significance of our collective achievements in combatting the pandemic, but NACCHO has also taken a critical leading role in the work of the Coalition of Peaks – now 50-strong – which engaged with governments to get the Closing the Gap process back on track. Another example of NACCHO's advocacy and influence is its pre-budget submission (lodged in December 2019; updated and re-lodged in August 2020, post-COVID). This route is one of the key means by which we can influence the Commonwealth's agenda. In the past three years our pre-budget submissions have included strong proposals that have been well received by the ministers and our partners and have informed important policy development work in the sector. NACCHO was also instrumental in the Commonwealth increasing Aboriginal Community Controlled Health Organisation (ACCHO) funding, albeit within the existing Indigenous Australians' Health Programme appropriation in 2019, which has served to keep the sector buoyant until a new needs-based funding model is resolved. NACCHO and the sector appreciate the goodwill of the Commonwealth and the efforts of the Department of Health (DoH) in this respect. Our sector has been disrupted for too long by unresolved funding questions and the three-year commitment to the funding for the sector, including indexation, was welcome. Minister Hunt's announcement of an additional \$120m over three years (including indexation) is a major achievement. Next year, the important work of the secretariat in identifying the true cost of core services will be the next critical step.



(Left) Janiece Addo Team Leader Administration, (Right) Gail Sevallos Administration Officer Medical of Wuchopperen Health Service with Donnella Mills at the Law Yarn Launch. The Law Yarn helps health and wellbeing workers to identify their client's legal needs in a culturally-safe, facilitated conversation.

In my report for this year, I would like to make a mention of the members with special anniversaries and acknowledge the oversight in last year's report in not observing the 40th anniversary of Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd (QLD).

2019–20 has been a remarkable year for anniversaries:

- 40th - Walhallow Aboriginal Corporation (NSW), Wathaurong Aboriginal Cooperative (VIC), Wuchopperen Health Services (QLD)
- 30th - Anyinginyi Health Aboriginal Corporation (NT), Pintupi Homelands Health Service Aboriginal Corporation (NT) and Mamu Health Service Limited (QLD), Mallee District Aboriginal Services Limited (VIC)
- 25th – Goolburri Aboriginal Health Advancement Company Limited and Kalwun Development Corporation Limited (QLD).

Two affiliates also had significant anniversaries, 30th for the Queensland Aboriginal and Islander Health Council (QAIHC) and 25th anniversary for the Aboriginal Medical Service Alliance Northern Territory (AMSANT). Of course, there is a major anniversary coming in 2021 with it being 50 years since the establishment of the very first Aboriginal Medical Service in Redfern in 1971.

Our community-controlled model was established as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal and Torres Strait Islander populations. The mainstream was not working. So it was, that forty-nine years ago, Aboriginal people took control and designed and delivered their own model of health care. Other services based on this model quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level.

This has grown into what NACCHO is today. All this predated Medibank in 1975. We have a proud record of self-determination in our sector.

The primary health care approach developed by Redfern and other early ACCHOs was innovative. It mirrored international aspirations at the time for accessible, effective and comprehensive health care with a focus on prevention and social justice. It even foreshadowed the WHO Alma-Ata Declaration on Primary Health Care in 1978. Each of our members are part of their legacy, bringing their own histories and their own achievements to continue the story.

NACCHO now represents 143 ACCHOs across the country. Collectively, we provide health care to about half the Aboriginal and Torres Strait Islander population in over 550 clinics, Australia-wide. Each year, we provide 3.1 million episodes of care for almost 410,000 people. Collectively, we employ nearly 7,000 staff (54 per cent of whom are Aboriginal and Torres Strait Islander), which makes us the second largest employer of Aboriginal and Torres Strait Islander people in the country (behind Coles).

Finally, I would like to acknowledge my colleagues on the NACCHO Board for their significant work, and our CEO Pat Turner for her leadership of NACCHO and as the Lead Convenor of the Coalition of Peaks. A big thank you also to the NACCHO Secretariat and our affiliates and members for their tireless work in a very difficult year.

We should be proud of what we have achieved, and it is a privilege, personally, to serve as the NACCHO Chair, representing you.

Donnella Mills

NACCHO Chairperson

CHIEF EXECUTIVE OFFICER'S REPORT



Pat Turner AM, CEO of NACCHO and Lead Convenor of the Coalition of Peaks

Out of the smoke of the unexpected disasters that we have faced in this last financial year, our sector has emerged stronger than ever. Our 143 members across the country rose to every challenge they faced and demonstrated how effectively and flexibly we can act, no matter what the circumstances may be. *Our model of Aboriginal community-control that our Elders developed 50 years ago has shone brightly in 2020. Thanks to our collective effort, our ACCHOs are now recognised as examples of best practice in achieving health outcomes.*

Our sector's response to the pandemic was rapid and a resounding success. Aboriginal and Torres Strait Islander people represent less than one per cent of COVID-19 cases when we have 3.3 per cent of the Australian population. Thankfully, there have been no deaths of our people recorded amongst the several hundred fatalities arising from this terrible illness.

Our team, consisting of Deputy CEO, Dr Dawn Casey, NACCHO Medical Advisor, Dr Jason Agostino and other experts quickly engaged with government agencies and other partners to bed down a clear response to protect our vulnerable communities. As early as mid-January 2020 NACCHO was sharing important public health messages and culturally specific COVID-19 posts on the NACCHO blog and across all social media platforms to our total following of 61,000 people. We launched a dedicated webpage for the pandemic in mid-March that has attracted hundreds of thousands of views and we published daily COVID-19 news alerts at the height of the crisis.

In the early stages of the pandemic, NACCHO worked with the Department of Infrastructure, Transport, Regional Development and Communications to address emerging connectivity issues and map telecommunication services available across Australia



Minister for Indigenous Australians Ken Wyatt AM and Pat Turner AM discuss Closing the Gap in a Joint Council meeting, Canberra



to ensure our members had adequate coverage and bandwidth to deliver services and respond to emergencies. We also engaged with NBN Co to address connectivity issues that a number of our WA members were experiencing. This work has led to further discussions with NBN Co about possible partnership opportunities to help ensure all our members and communities have access to the right connectivity.

NACCHO also secured about \$15m in critical additional funding to help combat the pandemic through the sector. Additionally, we received generous philanthropic donations from a range of organisations that helped us distribute much needed gowns, face shields, surgical masks, P2/N95/K95 standard masks, hand sanitisers, and hair and shoe covers to our members. There has been a strong acknowledgment in mainstream media of this story of success.

For the bushfires, our ACCHOs provided front-line support for distressed people in their communities as soon as the crisis was upon them. The Commonwealth later sought our assistance to manage a grants program for mental health support for bushfire-affected Aboriginal and Torres Strait Islander people via ACCHOs. Grant activities were tailored to suit local community needs and, in addition to increasing counselling support, ACCHOs identified a range of activities, including hosting family and healing days, yarning circles, classes and community projects. The NSW, ACT and VIC affiliates also received funding for the work they were doing in coordinating the bushfire response.

Besides these extra challenges, the last financial year also saw the culmination of the work of the Coalition of Peaks, in which NACCHO took a prominent and leading role. The Coalition consists of 50 Aboriginal community-controlled organisations and won a seat at the table alongside Australian governments in developing a new 'National Agreement on Closing the Gap'. It was signed by all parties on 27 July 2020.

I refer readers to the separate section in this Annual Report on the work of the Coalition, but I do want to acknowledge it specifically, here, as I believe that the Agreement has the potential to deliver profound change. It may not include everything we want, but it provides our people with a solid starting point and a practical and immediate means of engaging with governments.



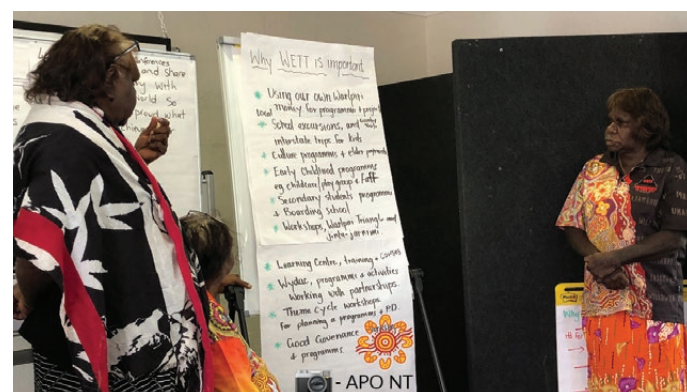
Representatives of the Coalition of Peaks L to R: Donnella Mills, Antoinette Braybrook, Pat Turner, John Paterson, Muriel Bamblett, Cheryl Axleby

This was not the case in 2008. The old Closing the Gap process was just about governments. We had no ownership of it. The Coalition of Peaks came together because we were fed up with the way governments were approaching Closing the Gap. This is the first time an agreement has been developed and negotiated between all three tiers of government and Aboriginal and Torres Strait Islander representatives. It commits all governments to change fundamentally the way they work with our communities. I want to see NACCHO use its four priority reforms as a blueprint for future business and a means of anchoring our own work and planning.

The negotiations with governments were hard fought, but the Agreement was informed by the voices of the more than 4,000 Aboriginal and Torres Strait Islander people. I thank our many members, who participated in the Darwin consultations and elsewhere, which guided us in our discussions.

The last financial year also saw the final stages in the negotiation of the multi-billion-dollar Seventh Community Pharmacy Agreement (7CPA) between the Commonwealth, the Pharmacy Guild of Australia and the Pharmaceutical Society of Australia. Deputy CEO, Dr Dawn Casey, Director Medicines Policy and Programs, Mike Stephens and the Medicines Team led this important work for NACCHO, which will ensure that all Aboriginal and Torres Strait Islander people have access to PBS listed medicines. The resulting agreement (signed 1 July 2020) aims to support access to medicines and related services through community pharmacies across Australia. There have been several Aboriginal and Torres Strait Islander specific programs funded under successive Community Pharmacy Agreements, these include QUMAX, S100 Pharmacy Support Allowance and Aboriginal and Torres Strait Islander Workforce Programs (Pharmacy Assistant Traineeships and Pharmacy Student Scholarships). Many other 7CPA programs are accessed by Aboriginal and Torres Strait Islander people, including the Home Medicines Review and Meds Checks programs.

The Medicines Team was also busy with other critical projects, such as the IMerSe Study (Indigenous Medicines Review Service), a two-year project investigating whether a new type of structured clinical patient medication review is effective and feasible for Aboriginal and Torres Strait Islander patients, ACCHOs and community pharmacies. There was also the Integrating Pharmacists within Aboriginal Community Controlled Health Services to Improve Chronic Disease Management (known as the 'IPAC Project').



Aboriginal and Torres Strait Islander people want formal partnership arrangements with governments at the regional and local level to share decision making on policies and programs that impact on them



Raychelle and her mother Noeletta McKenzie with Pat Turner at the National Members' Conference 2019. Raychelle was diagnosed with RHD aged 8. Half her life she's been living with RHD, getting monthly injections to keep her heart strong.

While all this was happening in 2019–2020, we also attended to our regular business and core activities.

NACCHO has been co-leading the Enhanced Syphilis Response delivered through ACCHOs in the outbreak regions of Northern QLD, Central QLD, the NT, Kimberley, Pilbara, Goldfields regions of WA, Eyre, Western and the Far North regions of SA and Adelaide. NACCHO secured additional funding to support ACCHOs in outbreak regions with high rates and to strengthen ACCHOs' sexual health network, particularly during COVID-19. NACCHO continues to advocate for increased STIs/BBVs screening to become embedded in clinical service delivery with corresponding funding.

Other critical work – often in partnership with key stakeholders – has also been achieved by NACCHO in 2019–2020. For example, we contributed to the END RHD coalition and supported key priorities in digital health and the My Health Record Expansion Program. NACCHO has also been working with Vision 2020 Australia to implement nationally consistent arrangements on the provision of subsidised spectacles and other optical appliances for Aboriginal and Torres Strait Islander peoples. We have also partnered with them in the development of the implementation plan for 'Strong Eyes, strong communities', a five-year plan for Aboriginal and Torres Strait Islander eye health and vision.

The Commonwealth allocated \$30m over four years (2018–2022) for annual hearing assessments and follow-up treatments for Aboriginal and Torres Strait Islander children (up to school age). NACCHO has been involved from the early stages to ensure capacity building for ACCHOs, CQI practices are embedded and existing services are strengthened. And NACCHO is also part of the 'Million Minds Research' generating Aboriginal and Torres Strait Islander patient-centred, clinically, and culturally capable models of mental health care. The project brings together Aboriginal and Torres Strait Islander researchers and organisations from around the country to research new approaches to mental health service delivery that foster and promote cultural values and strengthen and empower service users.

NACCHO is also a member of the Vision 2030 Roadmap Advisory Committee to the National Mental Health Commission. We provide expert advice, offering insights to inform content and activities and guide the achievement of Roadmap objectives, which include a community-led mental health system, reform activity, inpatient services and embedding a human rights framework.

Another significant achievement over the last financial year was NACCHO's ongoing partnership with the Department of Social Services on the second phase of the NDIS Capacity Building Project. Negotiations were delayed due to the COVID-19 response but recommenced in April. This work led to the later agreement to expand the Remote Community Connectors Program nationally. It is a significant achievement that was partly informed by the work of WA ACCHOs.

While all this work was going on, NACCHO's Policy Team managed to produce 17 policy submissions/papers, often in close collaboration with our members and the eight affiliates. In recent years, NACCHO has not only rebuilt its policy capacity, but it has become a stronger advocate for the sector and is widely considered to be an influential national health organisation.

We have also continued with the long process of developing a new constitution to strengthen and equip us for the modern environment. COVID-19 meant that we had to cancel our extraordinary general meeting, but it should not be too long before the travel restrictions and health orders are relaxed enough for us to meet and work collectively through the residual issues.

As you can see, 2019–2020 has certainly been an unusual year. While some of the longer-term work has been delayed slightly due to the pandemic, the NACCHO Secretariat managed to keep delivering across all areas and I thank our hard-working staff for their efforts. I am proud of what we have achieved in advocating for our sector and contributing to the health and wellbeing outcomes of Aboriginal and Torres Strait Islander peoples across our nation. I want to thank my Deputy, Dawn Casey, who has been the driving force in so much of this work. NACCHO is also fortunate in having a talented Board, led indefatigably by its Chair, Donnella Mills.

I would also like to thank the Indigenous Health Division of the Department of Health for their support and collaboration with the NACCHO team since the outset of this pandemic.

We are positioned well for what lies in 2021 and beyond. There will continue to be some very difficult challenges for our sector. The pandemic is still a serious danger, and we must not pause until there is an effective vaccine. There is certainly no room for complacency, as Victoria's second wave has shown us. But, together, we have demonstrated to the rest of Australia what we can do, and I have no doubt that we will continue to exceed expectations. Going forward, the drain on the country's resources in fighting the pandemic will be hard felt and we must be prepared to respond in a tight fiscal environment as efficiently and as innovatively as we can. I have every confidence that we will succeed and continue to grow as we work for our people into 2020–2021.

Pat Turner

NACCHO CEO

ABOUT NACCHO

NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Organisations (ACCHOs) across Australia.

Our primary health care network represents a national footprint of more than 550 sites. ACCHOs provide 3.1 million episodes of care per year for almost 410,000 people across Australia, including about one million episodes of care in remote regions.



143

Aboriginal Community Controlled Health Organisations (ACCHOs)



550+

Sites providing primary health care to Aboriginal and Torres Strait Islander people



3.1 Million

Episodes of care each year for about 410,000 people

ACCHOs are not-for-profit organisations controlled by local Aboriginal and Torres Strait Islander communities. They specialise in providing comprehensive primary health care consistent with clients' needs, including home visits; chronic disease, medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; providing help with income support; and more.

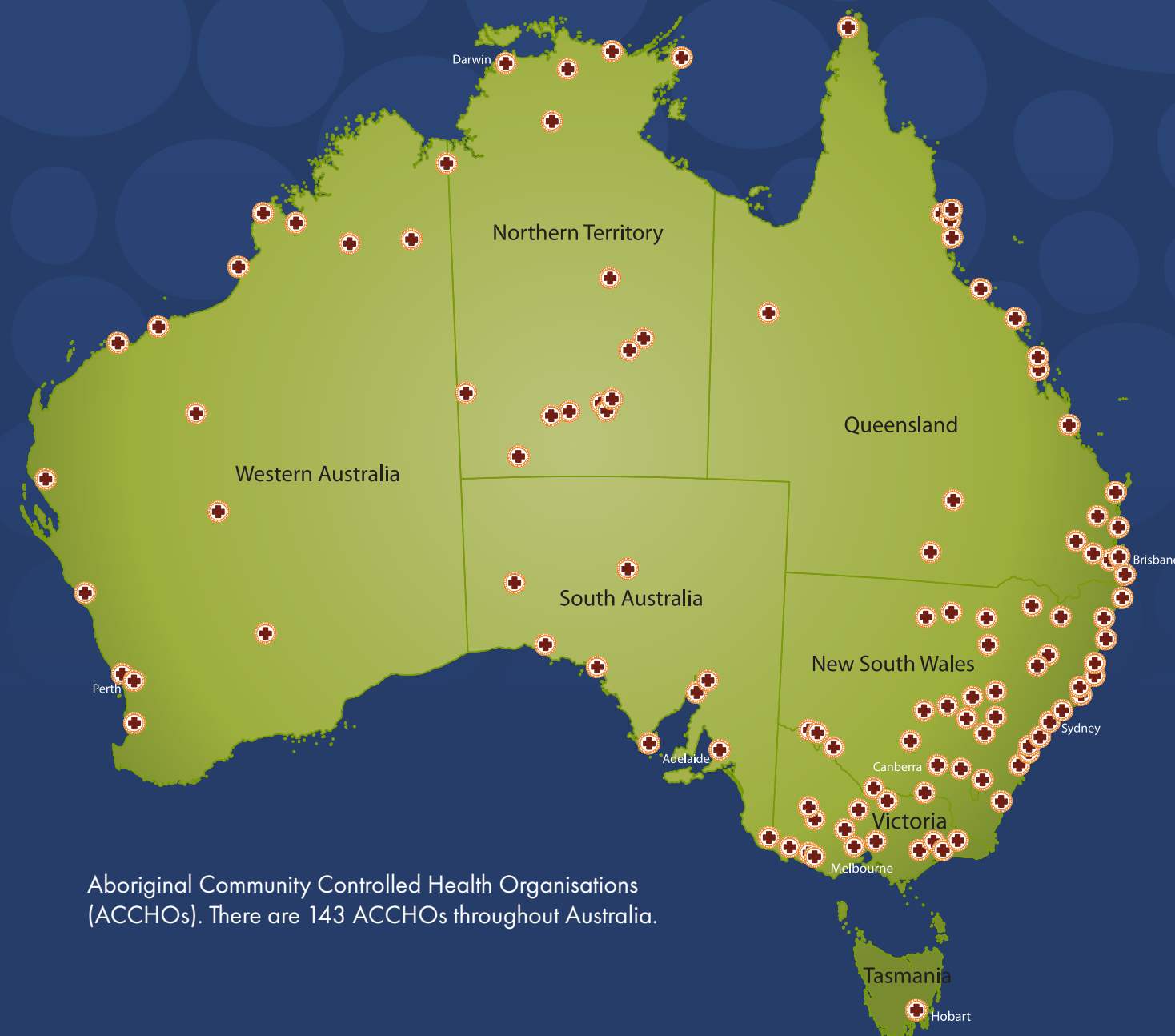
The ACCHO model is proven and value for money. The model was developed almost 50 years ago when the very first Aboriginal medical service was established at Redfern in 1971. ACCHOs are 23% better at attracting and retaining Aboriginal clients than mainstream providers. Our cost benefit per dollar spent is \$1.19. In remote areas, cost benefit can be fourfold. The lifetime health impact of interventions delivered by ACCHOs is 50 per cent greater than with mainstream health services. ACCHOs are community organisations with all revenue re-invested into our clinics.

During the early days of the recent pandemic, NACCHO led the sector's response and engagement with governments to ensure that the impact was minimised amongst Australia's First Nations,

in which levels of comorbidity and socio-economic factors (e.g. overcrowding and poverty) meant that much higher death rates were expected. This risk remains, but the existence of a national network of community-controlled health services has been critical to the success thus far. If the pandemic has shown anything in our sector, it is that ACCHOs are flexible and effective frontline services. Now, more than ever, the network needs to be developed and supported.

About NACCHO State and Territory Affiliates

In 2016 the then NACCHO Board commenced a journey of reform to reflect the changing landscape in Aboriginal and Torres Strait Islander health. A strategic plan was developed and reviewed in 2018 of the relationship between NACCHO and the state and territory affiliates was commissioned. The latter was important for ACCHOs who were also members of their state and territory affiliates.



Aboriginal Community Controlled Health Organisations (ACCHOs). There are 143 ACCHOs throughout Australia.



Characteristics of the Indigenous primary health care service delivery model²

Two factors were to impact on these consultations. The Board decided it was timely and appropriate to seek advice from the members on the above-mentioned question and to review the NACCHO Constitution with the view to updating it to reflect contemporary governance practices. The other significant issue was the announcement by the Minister in December 2016 that he was proposing to introduce a single funding arrangement to fund NACCHO and the eight affiliates.

The national Network Funding Agreement (NFA) was negotiated over six months and commenced on 1 July 2017, it resulted in a major change to NACCHO's role, organisational structure, and a budget increase from some \$4m to \$20m.

The NFA streamlines the provision of health service support funding through NACCHO to the affiliates for the sector. The new arrangement allows for better, more targeted investment in efforts to Close the Gap in health outcomes. This collaborative network promotes the sharing of expertise, learning and a cohesive national approach to health policy and programs for Aboriginal and Torres Strait Islander people.

About the ACCHO Sector

The first ACCHOs were established in the early 1970s in response to Aboriginal and Torres Strait Islander people finding that mainstream services could not provide adequate and culturally appropriate healthcare services. Many of NACCHO's members have almost 50 years of experience in the delivery of comprehensive multidisciplinary primary health care.

ACCHOs form a network, but each is autonomous and independent of one another and the government. Services are delivered through fixed, outreach and mobile clinics operating in urban, rural and remote settings across Australia. They range from large multi-functional services employing several medical professionals and health workers who provide a wide range of comprehensive primary health care services with a preventative, health-education focus, to smaller rural and remote healthcare facilities. The services are often with a preventative, health-education focus, to smaller, rural and remote healthcare facilities.

¹ Aboriginal and Torres Strait Islander: is the term used in all documentation when referring to the original inhabitants of all the lands now known as Australia. Aboriginal is used when referring to the original inhabitants of mainland Australia.

² Modified from 'Characteristics of Indigenous primary health care service delivery models: a systematic scoping review.' NHMRC CREATE, S. Harfield, C. Davy, A. McArthur, Z. Munn, A. Brown and N. Brown, 2018.



STRATEGIC DIRECTION

NACCHO is guided by a Board of Directors, with the Chair and Deputy elected by its members to embody community control. The NACCHO Board has been pivotal in improving health outcomes for Aboriginal and Torres Strait Islander people. It has achieved this by working with its members and affiliates to agree upon and address a national agenda for Aboriginal and Torres Strait Islander health and wellbeing.



STRATEGY 1	STRATEGY 2	STRATEGY 3	STRATEGY 4
NACCHO will maintain and strengthen its position as the national peak body for Aboriginal and Torres Strait Islander health and wellbeing in Australia.	NACCHO will enhance and demonstrate the value it offers to members by exhibiting strong leadership.	NACCHO will continue to strengthen its governance structure and skills base processes to assist similar improvements in state and territory peaks and ACCHOs.	NACCHO will develop a research and continuous quality improvement (CQI) framework.
Key performance indicators			
<ul style="list-style-type: none"> ✓ Achievement of a National Framework Agreement with the Commonwealth government ✓ NACCHO represented on key national advisory groups and committees ✓ NACCHO is recognised as the leader on Aboriginal and Torres Strait Islander health and wellbeing in government policy frameworks and key documents. 	<ul style="list-style-type: none"> ✓ Establishment of a functional Medical Advisory Group and a Policy Officer's Forum ✓ Undertake an annual Board performance review. 	<ul style="list-style-type: none"> ✓ Establishment of a NACCHO Board State and Territory Peaks CEOs' Committee. 	<ul style="list-style-type: none"> ✓ Increased capacity of state and territory peaks to support members ✓ Engagement of NACCHO in national initiatives like My Health Record.



NACCHO Board and Executive Team. Pictured L-R: Pat Turner, Lesley Nelson, Willhelmine Lieberwith, LaVerne Bellear, Scott Monaghan, Donnell Mills, Donna Ah Chee, Gail Wason, Karen Heap, Chris Bin Kali, Dawn Casey

GOVERNANCE

NACCHO and affiliate CEOs and other team members meet throughout the year to share knowledge and expertise. These meetings include a collaborative summit with representatives from the Commonwealth.

NACCHO has coordinated many national projects involving affiliates, demonstrating a long-standing history of collaboration to achieve shared goals that result in benefits at a jurisdictional and national level.

The Board meets regularly throughout the year. Over the 2019–2020 financial year, NACCHO continued its consultations with affiliates and members regarding a revised draft of a new constitution, with pro bono legal advice generously provided by prominent law firm Gilbert & Tobin. The Board has also made decisions regarding the strategic policy directions of the organisation, including signing off NACCHO's pre-budget submission and other policy position papers. It has maintained and strengthened connections between the affiliates, and members and convened the annual National Youth Conference, the National Members' Conference, Annual General Meeting and Extraordinary General Meeting in Darwin in late 2019.

NACCHO has three sub-committees reporting to its Board.

1. The Audit and Assurance sub-committee
2. Finance sub-committee
3. Remuneration sub-committee

These committees all have independent chairs and meet on a regular basis throughout the year to meet the objectives set out in their respective Charters. The NACCHO Chair, CEO and the Secretariat extend thanks to outgoing Board members for their dedication, time, insights, passion and hard work.

NACCHO and affiliate staff provide advice and support to the community elected boards of ACCHOs in relation to good governance practices, accreditation, and financial capabilities. This support is provided in partnership and in response to direct requests from the sector.

The Network Implementation Plan is a deliverable of the NFA, which ensures the alignment of NACCHO and the affiliates' approach to delivering the Outcomes Report. It is developed by NACCHO in consultation with the affiliates and specifies the actions they will take each year to work towards the Outcomes.

NACCHO is responsible for consolidating and delivering reports on the activities of the Sector Support Network to the Department of Health (DoH) twice per year.

**The Outcomes Report presented on pages 86–91 of this Annual Report*



Aunty Matilda delivers a Welcome to Country at the NACCHO head office in Canberra before a board meeting

NACCHO continues to advocate to close the life expectancy gap



The life expectancy gap between Aboriginal and Torres Strait Islander people and other Australians remains unacceptably high, despite 11 years of the government's **Closing the Gap** strategy.



MALES
LIFE EXPECTANCY GAP =
8.6 years

71.6 YEARS

Aboriginal and
Torres Strait Islander

80.2 YEARS

General Population



FEMALES
LIFE EXPECTANCY GAP =
7.8 years

75.6 YEARS

Aboriginal and
Torres Strait Islander

83.4 YEARS

General Population

Source: Australian Institute of Health and Welfare (AIHW) 2019



OUR CEO AND BOARD

NACCHO's Board consists of one delegate each from the ACT, TAS and, two delegates from each of the remaining six jurisdictions. They are nominated by their respective affiliates and endorsed by members at the AGM. There is also a Chair and Deputy Chair, who are directly elected by the 143 NACCHO members, every three years.

Pat Turner, AM

CEO and Lead Convenor of the Coalition of Peaks

Pat is the daughter of an Arrernte man and a Gurdanji woman and was raised in Alice Springs. As CEO of NACCHO, she is at the forefront of community efforts in Closing the Gap in health outcomes for Aboriginal and Torres Strait Islander people. Pat has over 40 years of experience in senior leadership positions in government, business and academia, including being the only Aboriginal person and longest-serving CEO of the Aboriginal and Torres Strait Islander Commission (ATSIC).



LaVerne Belleair

CEO Aboriginal Medical Service Cooperative Limited, Redfern

LaVerne is from the Bundjalung Nation (North Coast NSW). She is currently the Aboriginal Medical Service Cooperative Limited, Redfern Chief of Staff. LaVerne was the former Director of Aboriginal Health, Northern Sydney Local Health District, where her role was to develop various Aboriginal health models of care and develop and implement strategic health plans for the local community.



Leeroy Bilney

Chairperson, Yadu Health Aboriginal Corporation (formerly known as Ceduna Kooniba Aboriginal Health Service)

Current CKAHSAC Chairperson Leeroy Bilney is a proud Barngala, Kokatha, Marlinyu Ghoorlie, Mirning and Wirangu man. He was born in Port Lincoln and has lived most of his life in Ceduna SA, in an Aboriginal community 'Tia Tuckia'.



Chris Bin Kali

CEO Broome Regional Aboriginal Medical Service (BRAMS)

Christopher (Chips) Bin Kali was born in Derby WA and is a Gija/Bardi man from the Kimberley region. Chris started in the health field as Director/Chairperson of Kimberley Aboriginal Medical Services (KAMS) and BRAMS before being appointed as the CEO of BRAMS. Chris is currently on the boards of BRAMS (local), KAMS (regional) and AHCWA (state). Previously Chris worked in the education, alcohol rehabilitation and Community Development Employment Program (CDEP) industries.



Raylene Foster

COO Tasmanian Aboriginal Centre (TAC)

Raylene represents Tasmania/Lutruwita on the NACCHO Board. She has a deep and historical understanding of the Aboriginal and Torres Strait Islander health sector, at national and local levels. For the past 25 years, Raylene has worked for TAC in various leadership roles building the capacity of the organisation, staff and community to provide health services for Aboriginal and Torres Strait Islander people.



Donnella Mills

NACCHO Chair

Donnella Mills is a proud Torres Strait Islander woman with ancestral and family links to Masig and Nagir. She is a Director of Wuchopperen Health Service, Chair of NACCHO and member of the James Cook University Council. Donnella is a Cairns-based lawyer with LawRight and is also the project lawyer for the Wuchopperen Health Justice Partnership.



Olga Havnen

CEO Danila Dilba Health Service (DDHS)

Olga is of Western Arrernte descent and grew up in Tennant Creek. She has been the CEO of DDHS since 2013. Olga has held a range of senior public sector and non-government roles in her long career in Aboriginal affairs including NT Coordinator-General for the Remote Services, Head of Indigenous Strategy with the Australian Red Cross, Deputy Director of the Northern Land Council and Principal Policy Advisor with the Office of Indigenous Policy in the NT Department of the Chief Minister.



Donna Ah Chee

CEO Central Australian Aboriginal Congress Aboriginal Corporation (CAAC)

Donna is the CEO of the Central Australian Aboriginal Congress Aboriginal Corporation, in Alice Springs. She is a Bundjalung woman from the far north coast of NSW and has lived in Alice Springs for over 25 years. Donna has been actively involved in Aboriginal and Torres Strait Islander affairs for many years, especially in the area of adult education and health.



Michael Graham

Chairperson the Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Michael is a Dja Wurrung and Waywurru man, who has been part of various Aboriginal and Torres Strait Islander organisations since the age of 16. He was raised by a politically proud family who prompted him to empower and make positive changes for his community. Michael is the CEO of The Victorian Aboriginal Health Service and was recently appointed Chairperson of the VACCHO Board.



Karen Heap

CEO of Ballarat and District Aboriginal Cooperative (BADAC)

Karen, a Yorta woman, has been the CEO of BADAC for 11 years and brings a vast amount of knowledge and skill-sets procured from extensive experience within the Aboriginal Service Sector.



Wilhelmine Lieberwirth

Board Member Nunyara Aboriginal Health Service Inc. (NAHS)

Wilhelmine is a Kokatha and Antakirinja woman and has worked in human services roles. Most recently, she worked as an Aboriginal Cultural Consultant with the SA Child and Family Health Service and has been instrumental in the Safely Sleeping Aboriginal Babies in SA project. Wilhelmine and her family have lived in Whyalla for generations and have been active participants advocating on local health matters, including support for the local ACCHO, NAHS.



Lesley Nelson

CEO South West Aboriginal Medical Service (SWAMS)

Lesley is a proud Noongar woman from the Balladong and Whadjuk clans and the CEO of SWAMS. She has used her unique postgraduate qualifications in business and epidemiology to champion the expansion of accessible primary healthcare services for Aboriginal and Torres Strait Islander peoples living in WA's South West region. Lesley's drive to influence, collaborate and engage across the sector has directly contributed to improved health outcomes for Aboriginal and Torres Strait Islander people living in the region.



Julie Tongs, OAM

CEO Winnunga Nimmityjah Aboriginal Health and Community Services (WNAHCS)

Julie is a Wiradjuri woman who has occupied the position of WNAHCS CEO for almost 22 years and a NACCHO Board member for 21 years. Julie is renowned for her advocacy for better health and social and emotional wellbeing outcomes for the ACT and surrounding regions. She has developed a holistic health service directed by community needs and focused on Closing the Gap in health outcomes.



Gail Wason

CEO Mulungu Primary Health Care Service (MPHCS)

Gail is the CEO of MPHCS in Mareeba and the Chairperson of the Queensland Aboriginal and Islander Health Council (QAIHC). She has over 25 years' experience in Aboriginal affairs and health and an unwavering commitment to improving the health and wellbeing of her community. Gail strives to ensure the community has access to the full range of high quality, culturally appropriate primary healthcare services that empower clients to participate in the management of their own health completely.



Gary White

CEO Goolburri Regional Housing Company and Chairperson Goondir Health Service

Gary is the founding Chairperson of Goondir Health Service, a position he has held for 23 years. He is also the CEO of Goolburri Regional Housing Company and has held this position for 18 years. Gary is also on the board of the QAIHC.



Phil Naden

CEO Dubbo and Coonamble Aboriginal Health Service

Phillip Naden is a proud descendant of the Gamilaroi people from North Western NSW near Coonabarabran and the Wiradjuri people from Peak Hill/Condobolin. Phil is well qualified, having been the CEO of the largest ATSILS in Australia, and the CEO of Bourke AMS, Bila Muuji Regional Consortia, and now the CEO of Dubbo and Coonamble Aboriginal Health Service. Phil has qualifications in business, management, justice, and policing. Phil is also the Chairperson of the Aboriginal Health and Medical Research Council.





Coalition of Peaks members meet with the Prime Minister of Australia the Hon Scott Morrison MP and Cabinet Ministers January 2020

POLITICAL LEADERSHIP



Coalition of Peaks and negotiating the new National Agreement on Closing the Gap

The partnership between the Coalition of Aboriginal and Torres Strait Islander Peak Bodies (Coalition of Peaks) and Australian governments on Closing the Gap continued to strengthen throughout the year. The Joint Council on Closing the Gap, consisting of Ministerial representatives from each government and the President of the Australian Local Government Association and 12 representatives of the Coalition of Peaks, met in August 2019. Pat Turner, NACCHO CEO and Lead Convenor of the Coalition of Peaks, co-chaired the meeting with the Commonwealth Minister for Indigenous Australians, the Hon Ken Wyatt MP.

The Joint Council considered a review of the National Indigenous Reform Agreement (NIRA) completed by the Joint Council's Partnership Working Group and agreed to develop a new National Agreement on Closing the Gap to replace the Council of Australian Government's (COAGs) National Indigenous Reform Agreement agreed in 2008 to continue NIRA's successful elements, strengthen others and address foundational areas that were previously excluded from consideration.

The Joint Council endorsed in principle three new reform priorities for collective action to be built into the new National Agreement and accelerate improvements in life outcomes of Aboriginal and Torres Strait Islander peoples:

1. Developing and strengthening structures to ensure the full involvement of Aboriginal and Torres Strait Islander peoples in shared decision making at the national, state and local or regional level and embedding their ownership, responsibility and expertise to close the gap.
2. Building the formal Aboriginal and Torres Strait Islander community-controlled services sector to deliver Closing the Gap services and programs in agreed priority areas.
3. Ensuring all mainstream government agencies and institutions undertake systemic and structural transformation to contribute to Closing the Gap.

The Joint Council agreed that the proposed reform priorities would form the basis of a public engagement process, led by the Coalition of Peaks, in partnership with governments, would focus on building understanding and support for the reform priorities from Aboriginal and Torres Strait Islander representatives of organisations and communities across Australia; as well as talk through what is needed to make sure the reform priorities deliver real change to peoples' lives.

The engagements took place between September and November 2019, when the Coalition of Peaks, in partnership with governments, held more than 70 face-to-face engagements across the country. There was also an online survey which received over 1,700 responses. More than 4,000 Aboriginal and Torres Strait Islander people had their say on what should be included in the new National Agreement on Closing the Gap. An initial snapshot of the outcomes of the engagements was made public on 16 January 2020 and sent to as many participants as possible.

On 23 January 2020, the Prime Minister hosted a meeting with members of the Coalition of Peaks and Commonwealth Cabinet Ministers at Parliament House. The meeting was co-chaired between the Prime Minister and Ms Turner and was also attended by the NACCHO Chair, Ms Donnella Mills. The Prime Minister heard feedback from the engagements where the three priority reforms were overwhelmingly supported. Based on the feedback from the engagements, the Prime Minister agreed that the new National Agreement on Closing the Gap be built around the priority reforms. He also agreed to support a fourth priority reform to be included in the National Agreement:

4. To ensure Aboriginal and Torres Strait Islander people have access to, and the capability to use, locally relevant data and information to monitor the implementation of the Priority Reforms, the Closing the Gap targets, and drive their development.

To help Aboriginal and Torres Strait Islander people and organisations stay informed and take ownership of the National Agreement on Closing the Gap, the Coalition of Peaks launched a dedicated website and social media in late May 2020.

The Coalition of Peaks released a full report on the outcomes of the engagements on 24 June 2020 and governments and the Coalition of Peaks jointly reviewed the report to ensure that what Aboriginal and Torres Strait Islander people said, was taken account of in the drafting of the National Agreement.

Under Priority Reform Two – building the community-controlled sector – four sectors have been identified for priority strengthening: housing; early childhood care and development; health and disability.

As part of the negotiations on the National Agreement, governments agreed to establish a national funding pool to support the initial implementation of Priority Reform Two.

Developments since 30 June 2020

The new National Agreement on Closing the Gap has been signed by all parties and came into effect on 27 July 2020 and was announced in a joint press conference between Pat Turner and Prime Minister Morrison on 30 July 2020. The new National Agreement is a pledge from governments to fundamentally change the way they work with Aboriginal and Torres Strait Islander people and is built around the four priority reforms. It extends the partnership and commitment to shared decision making between governments and the Coalition of Peaks to all Aboriginal and Torres Strait Islander organisations and communities on policies and programs that have a significant impact on them.

To date, government commitments to the national funding pool to support the strengthening of the community-controlled sector include: Commonwealth (\$46.5 million), Victoria (\$3.3 million), Queensland (\$9.3 million), Australian Capital Territory (\$0.8 million), South Australia (\$3.3 million), Tasmania (\$1.2 million), New South Wales (\$7.4 million) and Northern Territory (\$2 million).

Voice Co-Design Senior Advisory Group

Pat Turner, NACCHO CEO was appointed by the Commonwealth Minister for Indigenous Australians to the Indigenous Voice Co-Design Senior Advisory Group. The Senior Advisory Group is to advise the Minister on options for models of a 'Voice' that will ensure that Aboriginal and Torres Strait Islander peoples are heard at all levels of government - local, state, and federal. The group is made up of majority of Aboriginal and Torres Strait Islander peoples. It includes leaders and experts from across the country who will draw on their skills and experience to guide the co-design Voice process.



Pat Turner at the Ipswich community engagement 2019



NACCHO EVENTS

NACCHO Ochre Day

The seventh annual NACCHO Ochre Day Men's Health Conference was hosted by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) over 29–30 August 2019 in Melbourne.

The conference celebrates Aboriginal and Torres Strait Islander male health and wellbeing. It upholds traditional values of respect for the law, Elders, culture and traditions, responsibility as leaders and men, holders of lore, providers, warriors, and protectors of families.

NACCHO's commitment is to support Aboriginal and Torres Strait Islander males to live longer, healthier lives and reduce the rate of preventable hospitalisations, which is almost three times higher than for other Australian men.



John Paterson, CEO of
Aboriginal Medical
Services Alliance Northern
Territory (AMSANT)

John Paterson, CEO of Aboriginal Medical Services Alliance Northern Territory (AMSANT) in his inspiring opening address at the conference said, "NACCHO Ochre Day is an important event that reflects on the social and emotional issues our men face and are less likely to seek help for themselves. It is a great platform to hear stories of hope and empowerment and to learn what is working in our communities – of strategies that are successful for our men to take better care of their health and wellbeing.

"The 2019 conference saw great participation from all 200 delegates who embraced the three focus areas of Aboriginal and Torres Strait Islander men being in control, innovative and influential. Problems were met with solutions, with many delegates taking home new skills and knowledge to face the challenges in improving the health of men in their communities."

The program had an eminent line-up of speakers who covered diverse topics, such as behavioural change with representatives from Dardi Munwuro, and a session from Associate Professor Ray Lovett on using data to tell stories about health. Lomas Amini and Ernie Dingo spoke about their successful men's health remote community program – Camping on Country, where culture is an integral part of health. While Delroy Bergsma and Robert Binismar of Youth Focus shared their success stories in using art and music to help young people in rural areas deal with mental health.

Delegates also saw sessions on depression screening tools with Maree Hackett, an impressive presentation on reversing diabetes by Ray Kelly, family violence prevention by members of Bendigo & District Aboriginal Co-Operative (BDAC), and some eye-opening sessions on a number of programs presented by Trever Wingard and Grant (Snowy) Day, Derek Donohue and Kirsten Hunter.



Former NRL star Preston Campbell moved delegates, speaking about what it means to be a leader and an Elder



Lomas Amini and Ernie Dingo spoke about their successful men's health remote community program – Camping on Country, where culture is an integral part of health

Former NRL star and community leader Preston Campbell moved delegates, speaking about what it means to be a leader and an Elder. Preston shared how his NRL career taught him the value of self-reflection and honesty in articulating a vision for his community. He drove home the message that 'Leaders aren't the ones proclaiming to be leaders. Leaders put their hand up and take accountability'.



Every year, during the Ochre Day Conference, NACCHO hosts a memorial dinner in honour of Jaydon Adams, a young leader whose contribution to youth participation in Aboriginal and Torres Strait Islander health lives on. The winner of the 2019 Jaydon Adams Memorial Award was Nathan Taylor from Dandenong and District Aborigines Co-operative Ltd. Nathan was recognised for his exemplary work as an Aboriginal and Torres Strait Islander youth worker.



NACCHO Ochre Day 2019, Melbourne

NACCHO 2019 Members' Conference and AGM and Youth Conference

The 2019 NACCHO Members' Conference focused on the theme - *Because of them we must! Improving health outcomes for 0-to-29-year-olds.*

This theme was chosen because we know that investing in the health and wellbeing of our babies, children and young people can help prevent ill health, disease, and disability. Strong investment in this age group will help them to thrive, help them build strong and healthy families and communities, and help to influence their future health outcomes and life expectancy measures positively.

The NACCHO National Members' Conference and AGM events were held in Darwin from 5-8 November 2018. Over 500 NACCHO delegates, including health service workers, educators, suppliers and more, gathered at the Darwin Convention Centre for the National Members' Conference to discuss the latest developments in Aboriginal Community Controlled health. The delegates heard from over 50 speakers who acknowledged the history of NACCHO, the present issues in the member service health settings and considered future workforce requirements.

Attendees of the conference warmly welcomed a generous \$90m boost for Aboriginal and Torres Strait Islander health

Condoman and Lubelicious with NACCHO Deputy CEO Dawn Casey and the NACCHO team at the National Members' Conference 2019



Trent Adams from Goolburri Aboriginal Health Advancement Corporation

over three years under the Indigenous Australians' Health Programme (IAHP) to further support the delivery of culturally appropriate, comprehensive primary health care. Minister for Health Greg Hunt welcomed the partnership and said the implementation of the funding model would deliver real benefits on several fronts while NACCHO Acting Chair Donnella Mills welcomed the announcement.

"The new funding arrangement will allow our community-controlled health services to have certainty on their funding for the next three years," said Ms Mills.

"In particular, we are pleased that an additional \$90m over three years will be provided to the sector and will support services. Of course, more funding is still needed and we will continue to work with the government in this regard."

A Memorandum of Understanding (MoU) was signed between NACCHO and the RACGP on 6 November 2019 at NACCHO's Annual Members' Conference.

NACCHO and the RAGCP will continue to advocate that the Australian healthcare system is appropriately structured and resourced to enable all health professionals to provide clinically and culturally appropriate continuity of care for Aboriginal and Torres Strait Islander communities.

Jarlyn Spinks and Katy Crawford of the Kimberley Aboriginal Medical Service (KAMS) team promoting the campaign 'Her Rules Her Game'



L to R: Oliver Tye, NACCHO Policy Officer. Brooke Blurton social media influencer and youth advocate, Brendan Dunn of the Coalition of Peaks Secretariat in Canberra



Marlee Silva Co-Founder of #tiddas4tiddas, an Aboriginal and Torres Strait Islander women's empowerment social media initiative



Minister for Health Greg Hunt announcing the \$90m boost for Aboriginal and Torres Strait Islander health over three years

On the third and final day of the conference, over 200 delegates gathered for the EGM to adopt a new Constitution and the AGM. While the special resolution to adopt a new Constitution received 72% in favour, just short of the required 75% required, members expressed their commitment to the reform process and passed a resolution to hold an EGM within three months to consider and adopt the proposed constitution.

Previously Acting Chairperson, Donnella Mills was approved by the Board and members to take on the role of NACCHO Chairperson.

NACCHO Youth Conference 2019

NACCHO also held its Youth Conference in Darwin a day before the NACCHO Members' Conference. The central focus of the NACCHO Youth Conference **Healthy youth, healthy future** was on building resilience. For thousands of years, Aboriginal and Torres Strait Islander Ancestors have shown great great resolve, thriving on this vast continent. Young Aboriginal and Torres Strait Islander people, who make up 54% of our population, now look to the example set by generations past and present to navigate ever-changing and complex social and health issues.



Aboriginal and Torres Strait Islander children performing at the National Members' Conference 2019

Jhi Clarke from AHCWA, Youth Conference delegate

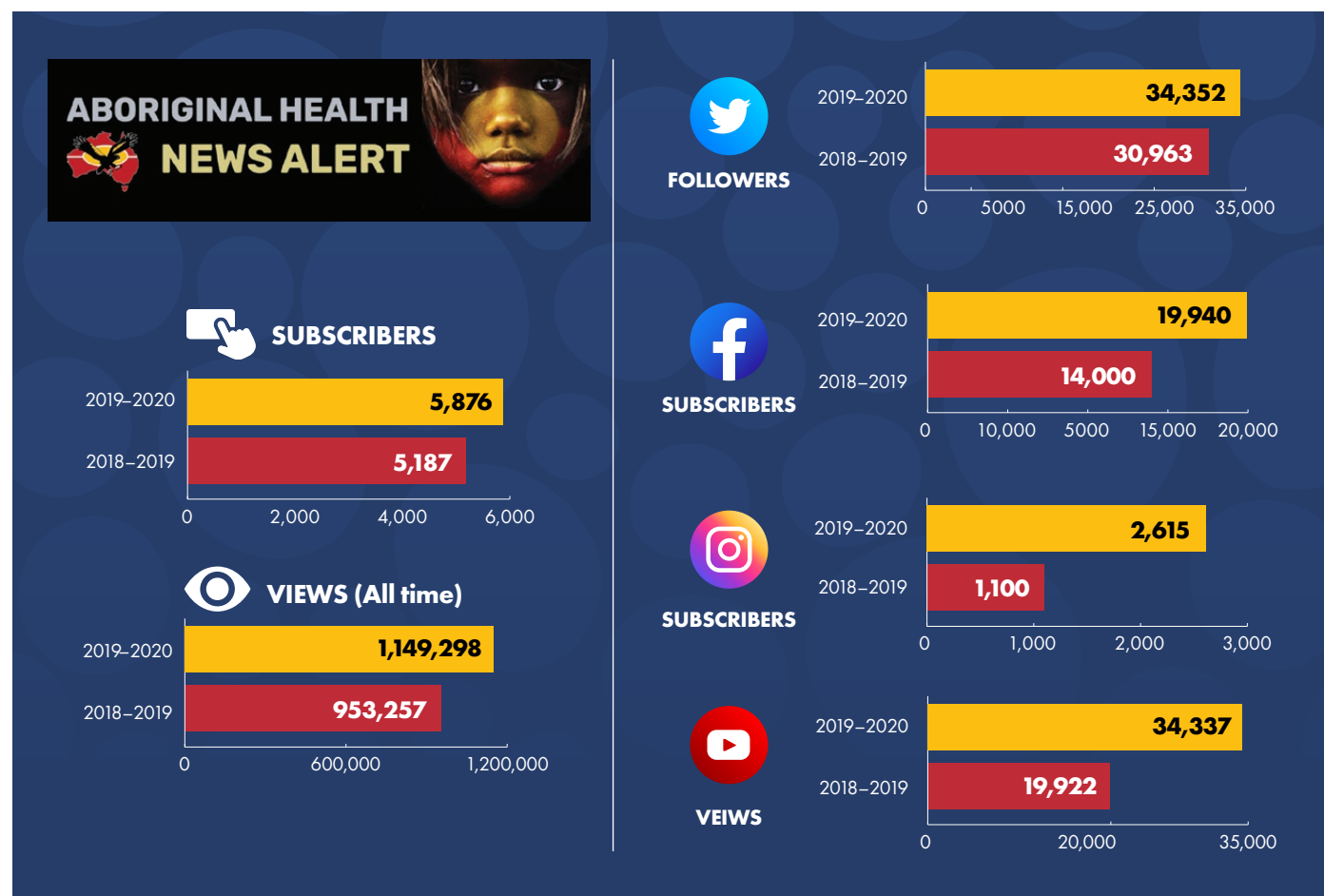
Healthy youth, healthy future provides opportunities to explore and discuss issues of importance to youth, families and communities, and to take further steps toward becoming tomorrow's leaders. This whole-day event was attended by 47 Aboriginal and Torres Strait Islander youth, from each state and territory. It included presentations from Brooke Blurton, Tiddas 4 Tiddas founder Marlee Silva, NACCHO's Policy Officer Oliver Tye, the first Yolngu Doctor, Dr Mangatjay McGregor and Brendan Dunn from the Coalition of Peaks. The Youth Conference was MC'd by Black Comedy actor, Aaron McGrath.



NACCHO Chair Donnella Mills and RACGP Vice President Ayman Shenouda signing the MoU between NACCHO and RACGP



NACCHO MEDIA AND COMMUNICATIONS ACTIVITIES



In 2019–2020, NACCHO’s strategic media and communications activities continued to support NACCHO’s goals and ensured Aboriginal and Torres Strait Islander health issues were elevated in the national arena. These goals were achieved by:

- disseminating media releases, media statements and member alerts and coverage of key events
- facilitating and organising national media interviews and placement across TV news platforms
- publishing a daily online Aboriginal Health News Alert – NACCHO Communique
- organising the annual NACCHO Members’ Conference and AGM, NACCHO Youth Conference, NACCHO Ochre Day Conference

- drafting newspaper editorials and op-ed articles
- extensive social media engagement across platforms: Facebook, Twitter, Instagram, YouTube channel - NACCHO TV
- commemoration of Aboriginal and Torres Strait Islander key dates: National Close the Gap Day, National Sorry Day, NAIDOC Week, Men’s Health Week, and occasions around crucial political announcements of the Coalition of Peaks
- promoting the work carried out by the Aboriginal and Torres Strait Islander health sector through the development and publishing of the Annual Report.

Social Media and Blog

NACCHO continued to regularly communicate with members, media, stakeholders, and community across social media platforms to deliver a steady stream of up-to-date information on national, regional and remote health issues of Aboriginal and Torres Strait Islander communities.

NACCHO’s communication emphasis is on sharing positive stories and information from all of NACCHO’s member services and the Aboriginal and Torres Strait Islander health sector.



Daily Aboriginal Health News Alert (www.nacchocommunique.com):

NACCHO continues to be a major online publisher of Aboriginal and Torres Strait Islander health news in Australia. Over 2,650 informative news alerts were posted last financial year with subscription growing by 650 new subscribers. The communiques were shared with 60,000+ social media followers, in which a vast majority of posts covered advice and updates on bushfire disaster relief for our mob, and COVID-19 updates.



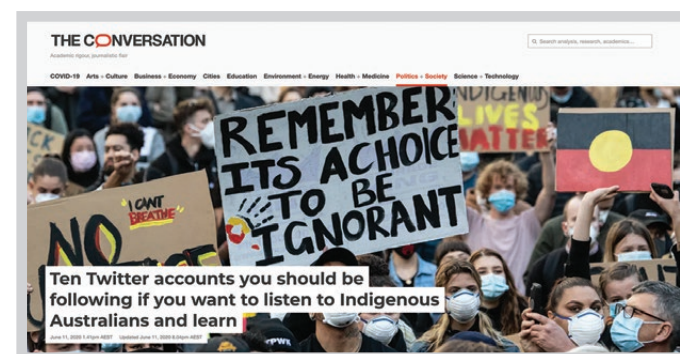
FACEBOOK

Facebook continues to be a popular channel for our member communications with NACCHO seeing more and more interactions on its platform. NACCHO saw a new following of almost 6,000 more likes and follows, leaving our Facebook page to hit 20,000 total following at the end of June beginning July.



TWITTER

NACCHO has continued with a prestigious Blue Tick from Twitter for our health sector contributions and engagement. Followers grew by an additional 3,389 raising our exposure on Twitter’s platform. With over 2,825 twitter posts for the last financial year, NACCHO continues to be a leader in the dissemination of Aboriginal health news and was rated amongst the top ten Twitter accounts to follow if you want to listen to Indigenous Australians and learn.



INSTAGRAM

In 2017, NACCHO launched an Instagram account, reaching more Aboriginal and Torres Strait Islander people through Instagram. To date, NACCHO has made over 1,000 posts, reaching out to the younger generations through this platform.



YOUTUBE

NACCHO TV has proven to be a great asset in housing NACCHO’s conference videos, podcasts, radio interviews and much more.

NACCHO social media communications COVID-19 response

NACCHO launched a dedicated COVID-19 website page in mid-March that had 114,718 pageviews till June 2020, housing several COVID-19 resources for health workers, researchers, members, and communities. Pat Turner made several media appearances praising the sector for their work in safeguarding Aboriginal and Torres Strait Islander communities.

Till June 2020, NACCHO published over 100 daily Aboriginal health news alerts around COVID-19, we also published over 100 daily Aboriginal Health and COVID-19 News Alerts.

By far, the most successful platform was the NACCHO Facebook page shared over 500 NACCHO, affiliate, member and stakeholder posts that had approximately 155,000 engagements till June 2020.

NACCHO social media bushfire crisis support for members

During the end of 2019, NACCHO social media had supported AH&MRC, VACCHO, Winnunga ACT and ACCHO members and communities in the impacted fire zones with news, crisis information sharing, fundraising and wide range of support.

NACCHO social media supported ACCHO members who organised donations - assisted \$1.2m Go Fund Me, VACCHO GEGAC and Illawarra.

Facebook had over 90 posts that attracted over 60,000 engagements (Shares Likes Comments)

One post alone about the all-female Aboriginal fire crew in East Gippsland attracted over 14,000 likes.



In April, the NACCHO Facebook engagement success was acknowledged by the Facebook Australia and New Zealand team who have allocated a \$5,000 support donation of Facebook ad credits to help promote #OurJobProtectOurMob #KeepOurMobSafe campaign - promoting the World Health Organisation messages to stop the spread of COVID-19 in our communities.

NACCHO continued working with its members, affiliates, and partners to bring Aboriginal and Torres Strait Islander communities the most up-to-date recommendations and messaging to protect themselves and others from the disease.

Traditional media statistics

MEDIA RELEASES

20



TOTAL MEDIA HITS

2,510

(including COVID-19, Black Lives Matter) online and broadcast



TOTAL REACH

1,250,290,164



ADVERTISING VALUE EQUIVALENT

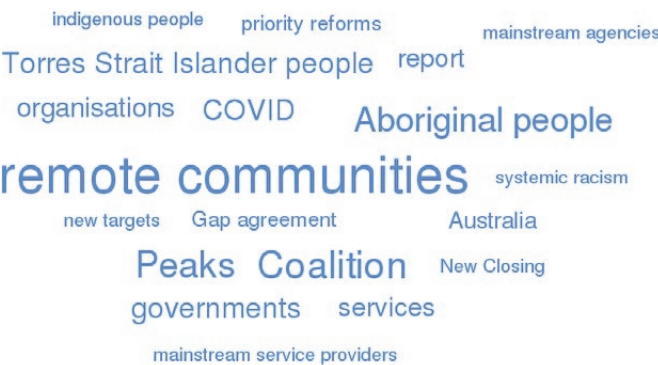
\$13,332,897



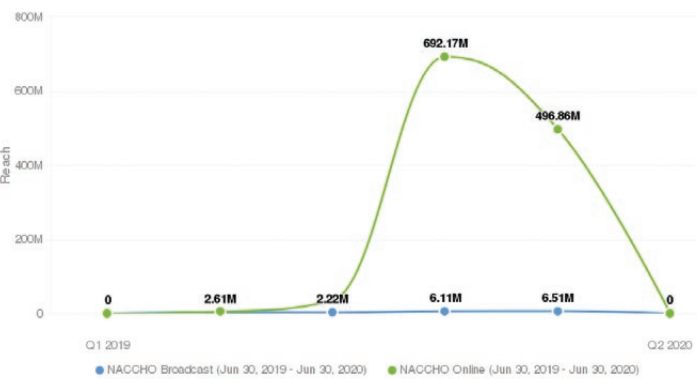
NACCHO broadcast across a variety of media including, national and regional radio stations, television, online and print outlets. Key interviews and media appearances include ABC Radio National Breakfast, ABC News Breakfast (television), NITV, The Drum, Sky News, The Guardian Australia, The Australian and Sydney Morning Herald; capturing and spreading messages from Pat Turner, Dr Dawn Casey, Donnell Mills, Dr Jason Agostino (NACCHO Medical Advisor) other ACCHO members and experts.

NACCHO was and continues to be positioned at the forefront of the pandemic response to protect the health and wellbeing of Aboriginal and Torres Strait Islander communities.

Trending Themes

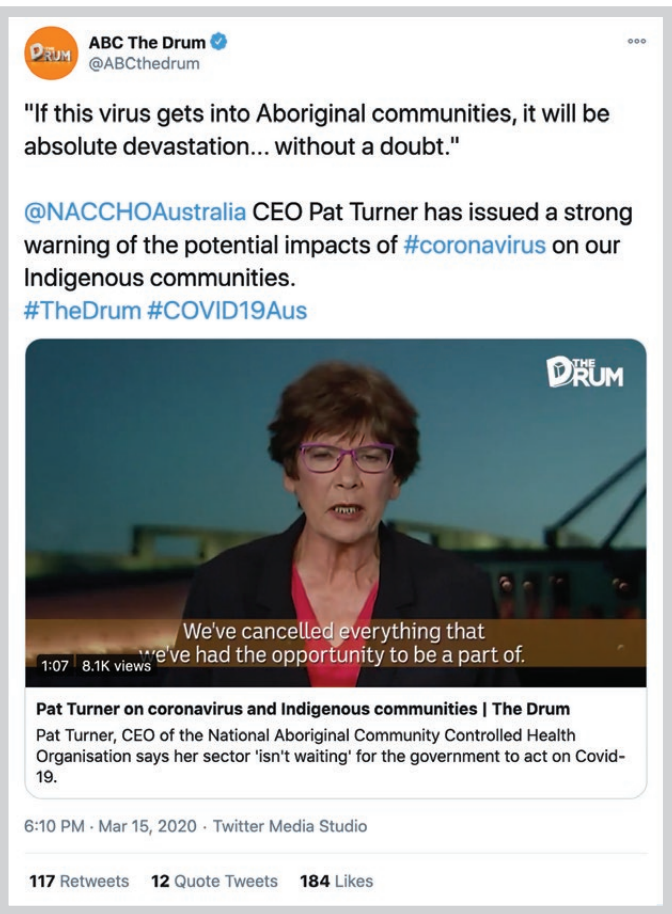


Potential Reach



NACCHO has played a leading role throughout this year: advocated for change in Aboriginal and Torres Strait Islander health and for an Aboriginal Community Controlled Health funding model, co-chaired the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 with the DoH and had a lead role in the 7th Community Pharmacy Agreement (7CPA) negotiations.

Here are the trending themes of stories across the year with some articles reaching nearly 690 million as seen in the graph.

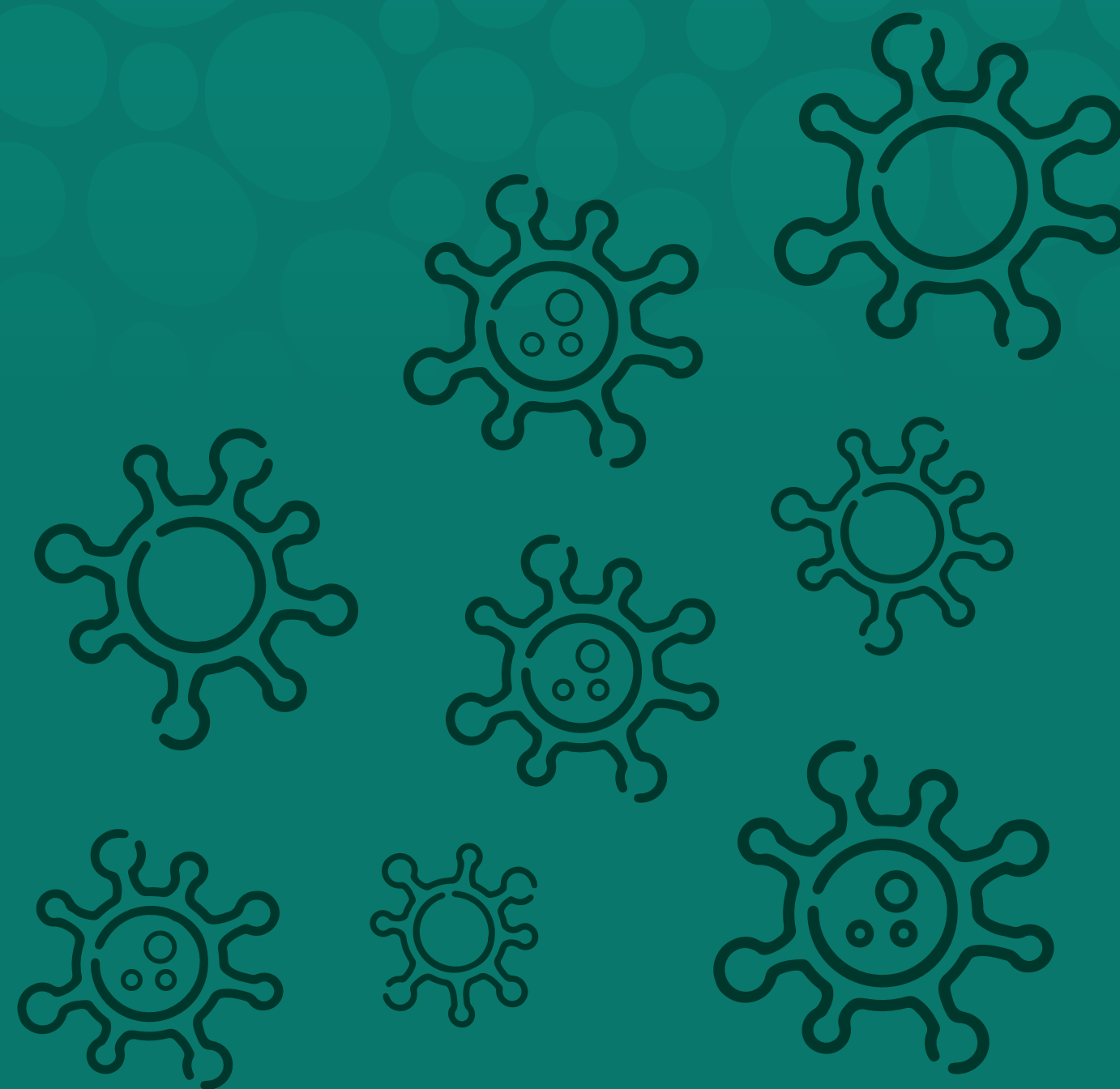


*"If this virus gets into
Aboriginal and Torres Strait
Islander communities, it will
be absolute devastation.
My sector has acted promptly,
but we need the resources,
the equipment and the
guidelines out on the
ground yesterday!"*

Pat Turner, NACCHO CEO
- ABC The Drum

2

COVID-19





STOPPING COVID-19 FROM ENTERING ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

In 2020 COVID-19 has highlighted the unique capacity of the ACCHO sector to respond rapidly to a national health crisis. The widespread concern that COVID-19 would have a devastating effect in Aboriginal and Torres Strait Islander communities instigated a community-led response that has been recognised internationally as fundamental to the outcomes achieved to date.

NACCHO's leadership in working in partnership with the Australian Government Department of Health has been critical in ensuring Aboriginal and Torres Strait Islander communities across Australia were supported to develop local plans to prevent the pandemic from entering their communities and to manage the response when it did.

Highlights of NACCHO and the ACCHO sector roles in the COVID-19 response up until 30 June 2020 are outlined in this section.

1. COVID-19 roadshow in Ramingining, NT practicing for a remote outbreak response. Image courtesy Miwatj Health Aboriginal Corporation, NT
2. Aboriginal Health Worker (AHW), Deakin Walker of Galambila Aboriginal Health Service, NSW
3. GP at Wellington Aboriginal Corporation Health Service, NSW using the N95 mask donated by NACCHO
4. COVID-19 safe and bowel cancer awareness: Jessica Ping (AHW) and Tyson Ferguson (AHP) Galambila Aboriginal Health Service, NSW



Dr Jason Agostino, Medical Advisor, NACCHO

COVID-19 challenges as outlined by NACCHO's Medical Advisor, Dr Jason Agostino

The COVID-19 pandemic has again shown the strength of the Aboriginal and Torres Strait Islander community and the importance of the models of care developed by the Aboriginal Community Controlled Health sector. Six months into the pandemic, it is incredible that there have been fewer than 61 Aboriginal and Torres Strait Islander people infected until the end of June and no deaths. The rate of infection is six times less than that amongst other Australians. The response of the sector has been hailed by health experts as among the best in the world. This is testimony to the fact of the importance of Aboriginal and Torres Strait Islander leadership in narrowing the health gap.

Things could have been much different. Everyone knows about the inequities in health and housing that make Aboriginal and Torres Strait Islander peoples at higher risk of severe COVID-19 illness and of rapid spread through crowded homes. The ACCHO sector recognised these threats early and did what they do best, engage with their communities and get health messages out. By the time social distancing began, the Aboriginal Community Controlled Sector and local community leaders were well advanced in their plans from the local to the national level. Communities were preparing to close their borders, and Aboriginal and Torres Strait Islander health experts were preparing measures to protect people in communities throughout Australia.

The ACCHO sector has continuously adapted and responded to the challenges that COVID-19 has created. In the early stages, this was changing screening procedures, rapidly taking up Telehealth, closing communities and giving more fluvax than ever before. Attention then turned to increase access to testing through GP Respiratory Clinics in the cities and point of care testing in remote communities. This extraordinary work has occurred whilst staff live with the stress posed by COVID-19 at home and work, including staff shortages.

The ongoing challenge remains how we continue to provide the high-quality, comprehensive primary health care that ACCHOs are renowned for. The difficulties posed by COVID-19 must be added to our hard work on areas such as improved antenatal and early childhood care, reducing the burden of infectious disease, screening and chronic disease management. Some signs show the sector has done well to keep up in critical areas such as childhood immunisations but in other areas such health checks and screening for STIs, there are early signs that the impacts of social distancing and the lockdowns have had on regular care as well as the additional mental illness that have emerged.

The ACCHO sector is prepared for these challenges. This pandemic has demonstrated the strength of health care that is community-led, covers public and primary health, and is concerned deeply with cultural, social, and emotional wellbeing. The future challenges will require thinking holistically about patients and the communities in which they live, and this is what the ACCHO sector has done for 50 years.

Working in partnership with the Australian Government and Jurisdictions

NACCHO advocated for early action by the Australian Government whilst the ACCHO sector and community members were on the front foot as soon as the pandemic was announced in China. The first meeting between NACCHO members and the Australian Government occurred on 5 March 2020 after the Prime Minister had activated the Australian Health Sector Emergency Response Plan. This meeting was co-chaired by NACCHO Deputy CEO, Dr Dawn Casey, and Australian Government Department of Health Acting First Assistant Secretary for the COVID-19 Primary Care Response, Dr Lucas De Toca.

Following this meeting, an Advisory Group was established to provide advice on Aboriginal and Torres Strait Islander health aspects related to COVID-19 based on the principles of shared decision-making and co-design. It is jointly chaired by the

Australian Government and NACCHO. Members include Public Health Medical Officers (PHMOs) across the ACCHO network, representatives of the Communicable Diseases Network Australia (CDNA), leaders from NACCHO, ACCHOs and affiliates, Aboriginal Health Services representatives, state and territory government public health/medical representatives, staff from the National Indigenous Australians Agency (NIAA), and the Australian Government Department of Health (DoH).

The Advisory Group initially met up three times to develop an Emergency Response Management Plan specifically for remote Aboriginal and Torres Strait Islander peoples and oversee its implementation. This included identifying and escalating emerging and pressing issues; and supporting two-way communication of information within the Aboriginal and Torres Strait Islander health sector and with relevant government committees and agencies.



The National Management Plan for Aboriginal and Torres Strait Islander Peoples

The Management Plan responds to the mobility of Aboriginal and Torres Strait Islander people, the high visitation rates in some Aboriginal and Torres Strait Islander communities, the need for 'response that addressed' continuity to health care, housing conditions, literacy levels, high rates of poverty and other social determinants. It continues to be reviewed and updated in response to new emerging issues and has been used to guide the development of clinical, public health, and communication actions.

The Advisory Group partnership is an exemplar of how the National Agreement on Closing the Gap outcomes can be delivered. NACCHO has appreciated the leadership style of Dr Lucas De Toca, which has been effective in enabling a genuine and authentic co-designed response. NACCHO would also like to acknowledge the incredible efforts of all the Advisory Group members who continue to work tirelessly on the response.



Implementation of bio-security instruments for remote communities

NACCHO, affiliates and ACCHOs all over Australia requested that travel protocols for visitors to remote communities be developed and the Australian Government responded quickly and positively to this request, ensuring that comprehensive measures were put in place.

To help support the immediate implementation of the biosecurity measures, the Australian Government allocated funding to provide for the infrastructure needs and travel expenses for people trying to get home.

Assisting with Food Security and Aged Care Programs

There was always a concern that during the pandemic there would be issues around food security, price increases and quality of food. Several affiliates partnered with local suppliers, charities, and large companies such as Woolworths to assist with food boxes and supplies to remote communities during this period.

The affiliates kept in close contact with the ACCHOs to ensure that their aged care programs were supported.

Development of safe COVID-19 practices in the management of clinics

Affiliates provided daily and weekly updates on changes to clinical care and provided a range of webinars/training modules to member services about safe COVID-19 practices.

Flu Vaccination Programs

At the beginning of March, NACCHO held a workshop to brief affiliate CEOs, PHMOs, ACCHO CEOs and medical directors on communicable diseases, including COVID-19 and Influenza 2020.

Affiliates and ACCHOs worked with state and territory health departments to ensure expeditious and equitable supply of influenza vaccinations including to very remote communities.

Policy submission on the Australian Government's response to the COVID-19 pandemic

NACCHO produced and submitted a submission to the Senate Select Committee on COVID-19 in May 2020. The submission highlighted the proactive measures the Aboriginal Community Controlled Health Sector has taken in responding to the COVID-19 pandemic since January 2020.

While NACCHO recognised the Australian Government and the state and territory government responses have been highly collaborative and responsive, we also acknowledged that the COVID-19 virus exposed Aboriginal and Torres Strait Islander people to a high level of risk as had been the case in previous pandemics in Australia and internationally. The submission reinforced the need for the response to be holistic and comprehensive in addressing the social determinants of health to prevent and effectively manage the transmissibility of COVID-19 among Aboriginal and Torres Strait Islander peoples and communities.

GP Respiratory Clinics and COVID-19 Response Grants

The Australian Government, NACCHO, affiliates and ACCHOs have been provided with critical additional funding for the sector to augment their efforts and help address the crisis. This includes:

- \$0.9m for national, state and territory leadership and coordination (managed by NACCHO)
- \$6m for ACCHOs to contribute to local responses to the COVID-19 pandemic, including assisting with culturally safe access to respiratory clinics (managed by NACCHO)
- \$5m for remote services preparedness and response
- \$3.3m for point-of-care testing in rural and remote centres.

As part of their COVID-19 response, the Australian Government Department of Health rapidly established over 100 General Practitioner Respiratory Clinics (GPRCs) around Australia to provide free assessments for people with mild to moderate COVID-19 symptoms, including a fever, cough, shortness of breath, a sore throat and/or tiredness.

GPRCs were established in mainstream services and ACCHOs to provide a safe and specialised assessment and testing service for people with cold and flu symptoms while preserving hospitals for people with severe injuries and disease, and general practices for usual care and chronic disease management.

The 2019–2020 period saw the establishment of 13 ACCHO operated GPRCs with a number of other sites in contract or under consideration and set to open later in 2020.

To further support the sector, additional funding was provided to ACCHOs, who were not contracted to operate a GPRC, to contribute to local responses to the COVID-19 pandemic, including assisting with culturally safe access to the respiratory clinics. The funding is managed by NACCHO and the first tranche of grants were offered to urban and regional ACCHOs funded to deliver primary health care under the Indigenous Australians' Health Programme.



Yura Yungi Medical Service Aboriginal Corporation, WA

Grant activities could be tailored to suit local needs and reported activities included:

- Supporting client access to mainstream GPRC clinics in the local area, by providing transport and cultural support by Aboriginal Health Practitioners who accompany clients
- Modifying vehicles - including changing to plastic seat covers and fitting vehicles with sneeze guards
- Training staff to triage clients with COVID-19 symptoms
- Providing drive through testing opportunities at the service
- Creating culturally appropriate health promotion resources including signage, social media content, videos and regular local updates
- Delivering resources to client's homes including information leaflets, PPE and hand sanitiser
- Ensuring services are equipped with screening rooms, temperature and symptoms check points
- Providing client welfare checks in homes and support programs for Elders who are socially isolated
- Upgrading IT resources for improved Telehealth and video conferencing.



The Kununurra Remote Outreach Clinic (KROC) and the team at the Ord Valley Aboriginal Health Service (OVAHS) visited 25 remote communities around the Kununurra area to provide health services during COVID 19 pandemic

COVID-19 Donations

Distribution of Personal Protective Equipment (PPE)

NACCHO has also been able to help disburse generous donations of supplies and funds from several philanthropic donors.

2020 has been a year where the demands on member services have been greater than ever before. NACCHO has been working behind the scenes to secure donations to assist our members in being able to continue caring for our communities safely.

Separate to our regular donations program NACCHO undertook specific activity to procure and distribute donations to support member services across Australia. Our focus was to assist in the supply of PPE, hygiene products (such as hand sanitiser) and other resources that directly assisted in the delivery of essential health services to Aboriginal and Torres Strait Islander people.

We were able to attract \$330,000 in cash donations which was utilised to support our member services. NACCHO absorbed the costs to administer and manage the donations to ensure every dollar donated was directed to assisting member services.

The following organisations were among the generous contributors to our COVID-19 response this year:

- The Scully Foundation
- Dusseldorp Forum
- Cages Foundation
- Australian Communities Foundation
- Annamila Foundation

A message from Wellington Aboriginal Corporation Health Service –

“We received N95 masks from NACCHO, I would like to thank you for supplying these to us as our stock was low and suppliers are taking weeks sometimes months to deliver and are costly.”

This photo is of one of our doctors treating a patient with the supplied gear – the patient has said it’s good to see WACHS people protecting our community by providing masks for staff and patients....she told us to keep up the good work that she is proud of us.

Our GPs and staff that have patient contact, wear PPE. All staff in our clinics wear masks all day every day, changing as required, so thank you again for the masks, they are greatly appreciated.”



GP at Wellington Aboriginal Corporation Health Service, NSW using the N95 mask donated by NACCHO



Nurse Liz Fazakerley, Nurse Tam Le-Tran, Dr Peter Striegl from Winnunga Nimmityjah Aboriginal Health and Community Service, ACT using the N95 masks donated by NACCHO



9,930 L
Hand sanitiser



11,420
N95 Facemasks



1,450
Surgical masks



1,260
Hospital gowns



1,501
Face shields



4,527
Hair nets



4,527
Shoe covers



NACCHO COVID-19 promotional resources

Communication campaigns

The response to the COVID-19 pandemic by the Aboriginal Community Controlled Health sector has highlighted its extensive expertise, resilience, and the ability to work together. The sector responded immediately to the early indications of a pending pandemic. Messaging commenced in late January with the NACCHO CEO Pat Turner and affiliate CEOs sending the first communication on COVID-19 to members.

NACCHO and affiliates established their own COVID-19 communication networks, developed COVID-19 toolkits, worked with their members to identify PPE shortages and concerns around the complexities of border restrictions and the bio-security measures.

Since the outbreak of the COVID-19 pandemic, NACCHO has been sharing important public health messages and culturally appropriate COVID-19 posts in the NACCHO Aboriginal Health News blog and across all social media platforms (Facebook, Twitter and Instagram with combined following of 61,000 people).

The ACCHOs have displayed innovative approaches to getting health messages out to community. The messaging delivered by ACCHOs has been clear and has leveraged the deep knowledge and connection these organisations have with their communities. Communication campaigns have been conveyed in appropriate languages and a range of formats, from posters on noticeboards to social media and creative YouTube videos.

The COVID-19 pandemic has provided more evidence that the community-controlled sector knows how to deliver messages to Aboriginal and Torres Strait Islander people in the most effective and timely way to achieve positive outcomes. ACCHOs have delivered extensive communication campaigns in addition to their usual service delivery and using existing funding. The Aboriginal Community Controlled Health Sector has delivered scientifically valid, evidence-based and culturally translated COVID-19 prevention messages. ACCHOs also shared information between states and territories, demonstrating the connections built in the community-controlled sector are robust. Affiliate CEOs came together with NACCHO to ensure the consistency of messaging being disseminated and ACCHOs were able to deliver strong messages, guidelines, and protocols in a culturally appropriate way.

Case Study 1:

COVID-19 Communication campaign by the Aboriginal Health and Medical Research Council of NSW (AH&MRC)

AH&MRC provided resources tailored specifically for Aboriginal and Torres Strait Islander people by including Aboriginal vernacular and language, Aboriginal and Torres Strait Islander art and images of Aboriginal and Torres Strait Islander people. The material also reflected Aboriginal and Torres Strait Islander people's kinship structures by promoting self-isolation and good hygiene as a way of taking care of family and community.

Using their website, Facebook, Twitter, YouTube and Instagram, AH&MRC disseminated existing and new resources, and created the Aboriginal Community Controlled Health Service Pandemic Response Tool Kit. The AH&MRC website <https://www.ahmrc.org.au/coronavirus/> included resources for the ACCHOs, advice on management of existing and upcoming programs such as the seasonal influenza

vaccinations, and guidelines and information on telehealth services. Resources were comprehensive, sourced from official websites, and presented in a clear and easy to access way. AH&MRC also provided comprehensive and clear information for the general public accessing their website which included guidance on the cultural activities social distancing and border restrictions were having an impact on, such as Sorry business.

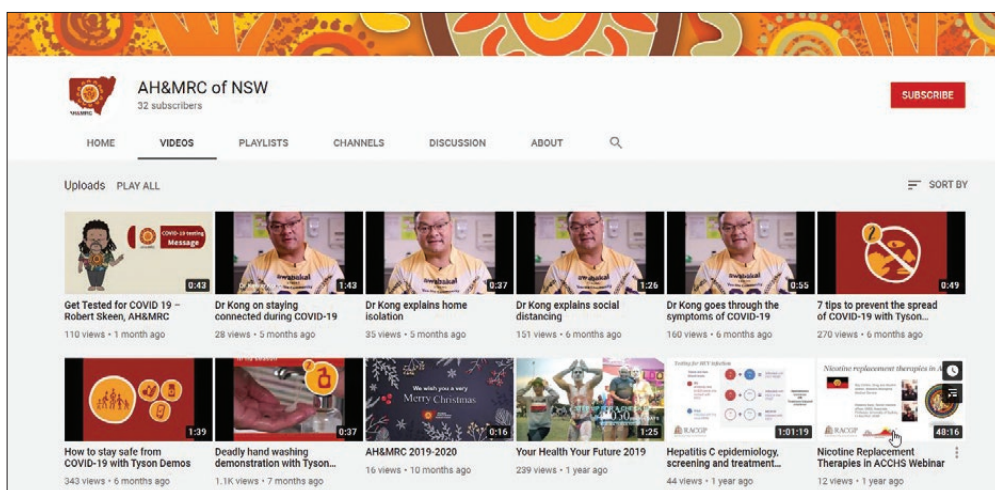
AH&MRC used their social media channels to share posts from their members and provide valuable advice to their patients with chronic conditions on how to manage during the pandemic. AH&MRC also ensured they provided updates on continuing programs. On their YouTube channel, AH&MRC promoted videos made by their health staff and community leaders, individuals known and respected in the community. This created a high level of trust and understanding in their audience and ensured important health messages were conveyed with appropriate cultural authority behind them.

NACCHO supported the communication campaigns delivered by affiliates and ACCHOs by sharing their posts

and broadening the reach of the messages. A large part of the success of the communication campaigns promulgated by NACCHO, affiliates and ACCHOs has been the trust that Aboriginal and Torres Strait Islander people place in these organisations, primarily because they deliver culturally appropriate service.

Posts shared by AH&MRC on coping with cancer during the COVID-19 pandemic

Below: The video feed on AH&MRC's YouTube channel



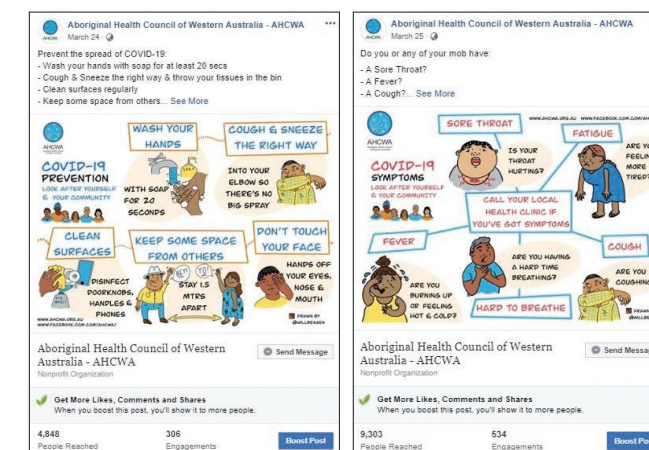
1 Summer Finlay, Mark Wenitong, Aboriginal Community Controlled Health Organisations are taking a leading role in COVID-19 health communication, Australian and New Zealand Journal of Public Health, 24 June 2020, <https://doi.org/10.1111/1753-6405.13010>

Case Study 2:

COVID-19 Communication campaign by the Aboriginal Health Council of Western Australia (AHCWA) and Kimberley Aboriginal Medical Services (KAMS)

AHCWA developed infographics promoting prevention measures such as hand washing and COVID-19 symptoms to help those in community identify possible infection. These images were shared on their social media channels, and with a wide range of ACCHOs and affiliates.

AHCWA also provided support to their members with weekly communiques and meetings with the AHCWA COVID-19 Members Support Team. This allowed ACCHOs throughout Western Australia to access resources and ensure messaging was up to date when passed along to their communities.



AHCWA infographics shared on their Facebook page

One of AHCWA's members, the Kimberley Aboriginal Medical Services (KAMS) has been particularly proactive in their communication campaigns. In addition to creating a COVID-19 Toolkit for clinic staff which was regularly updated as developments occurred, KAMS created a video series. The series included animated clips and interviews with clinical staff known and trusted by the community. The videos conveyed social distancing messages, frequently asked questions, and a range of public health announcements.

KAMS Video Series

COVID-19 Animation <https://vimeo.com/410453639> – explaining what COVID-19 is and how it spreads in unique language tailored to the Kimberley region. This video uses real world examples to demonstrate the risk of COVID-19, what measures can be taken to prevent its spread, and the reasons this may be difficult to do within the Aboriginal culture in the Kimberley.



Kimberley Kriol Coronavirus (COVID-19) Information

<https://vimeo.com/400861216> – a question and answer interview with Lorraine Anderson, KAMS Medical Director and a trusted medical professional, who is widely known and trusted throughout the Kimberley. The audio is translated into the local language, Kimberley Kriol.



COVID-19 Cough Etiquette and Hand Hygiene Messages <https://vimeo.com/398453945> – an animation with hygiene messages in English words with Kutatja language translation.



Case Study 3:

Apunipima Cape York Health Council

Extensive community consultation was conducted by the Apunipima Cape York Health Council to develop messaging that was always appropriate and timely. Apunipima Cape York Health Council conducted consultation either face to face in community, or via telephone, ensuring the messaging was targeted and met the needs of the community. The communication campaign developed reflected the Australian and State Government advice and tapped into different platforms to ensure messages were tailored to the audience in Cape York.

Apunipima Cape York Health Council used a range of social media platforms, including Facebook Groups and Twitter. Advertisements and announcements were televised at stores, community centres, Hitnet Health Hubs and NITV. Mobile text messages provided updates and general health awareness announcements which were Cape York specific and radio programs provided community notices and advertisements to spread the health messaging.

The communication campaign resulted in the opening of an 1800 line for afterhours calls to the Apunipima Social Emotional Wellbeing team to ensure community could call for support when needed. Dr Mark Wenitong, Apunipima's Public Health Advisor, was very visible in the community advocating the health messaging via a range of media and social media interviews, and providing clarity around the messaging and health measures which needed to be taken to protect the community from an outbreak. The interviews Dr Wenitong conducted included the following:

- [ABC RN interview](#) alongside NACCHO CEO, Pat Turner
- [ABC Life Matters](#) interview disseminated on Koori Radio, ABC Far North, Blackstar and BBM
- [Interview for the #InThisTogether](#) campaign for the National Mental Health Commission
- [Interview with John Paul Janke](#) for The Point, NITV
- [Interview with Dr Norman Swan](#) for 7:30 Program on ABC

Analytics for the social media platforms used by the Apunipima Cape York Health Council showed an overall increase in engagement across platforms as community members leveraged these platforms to obtain messaging from their health council.

FACEBOOK TOP PERFORMING POSTS

Post reach: **28,353**

Post impressions: **34,361**

Post engagement: **2,855**

Post reach: **22,437**

Post impressions: **23,513**

Post engagement: **373**

IMPRESSIONS: **10,936**

Engagements: **312**

Engagement rate: **2.8%**

IMPRESSIONS: **7,838**

Engagements: **294**

Engagement rate: **3.8%**

3

PARTNER PROGRAMS AND POLICIES

MEMORANDUMS OF UNDERSTANDING (MoUs)

NACCHO has several Memorandums of Understanding (MoUs)



Australian Healthcare & Hospitals Association (AHHA)

NACCHO's partnership with the AHHA harnesses the strength of both organisations to reverse the differences in the health of Aboriginal and Torres Strait Islander peoples to other Australians. This partnership explores new opportunities for collaboration on policies, research and public health campaigns to Close the Gap and address health issues in Aboriginal and Torres Strait Islander communities. In December 2015, NACCHO and AHHA Chairpersons signed an MoU to facilitate policy development, advocacy, communication, joint planning and collaboration between the two organisations regarding all aspects of Aboriginal and Torres Strait Islander health and continue to work in partnership.



Council of Presidents of Medical Colleges

The Council of Presidents of Medical Colleges is committed to working with NACCHO and the Australian Government to reduce the current gap in health outcomes and life expectancy between Aboriginal and Torres Strait Islander people and other Australians. NACCHO, the Federal Minister for Health and the 15 Medical Colleges signed a collaborative agreement in 2017 with the NACCHO Chair and continue to work with them.



END Rheumatic Heart Disease (RHD) Coalition

The END RHD coalition aims to eliminate rheumatic heart disease in Australia. A national Endgame Strategy and a national Endgame Report is to be presented in 2020–2021. The Aboriginal Medical Services Alliance Northern Territory (AMSANT), the Aboriginal Health Council of Western Australia (AHCWA), the Queensland Aboriginal and Islander Health Council (QAIHC), the Aboriginal Health Council of South Australia (AHCSA), the Aboriginal Health and Medical Research Council (AH&MRC), the Australian Medical Association (AMA), the Heart Foundation, the Menzies School of Health Research, the Telethon Kids Institute, and NACCHO are Coalition members.



James Cook University and Pharmaceutical Society of Australia

The collaboration between NACCHO, James Cook University and the Pharmaceutical Society of Australia aims to support the integration of pharmacists into ACCHOs through the Integrating Pharmacists within Aboriginal Community Controlled Health Services (IPAC) project based on Community Based Participatory Research that will improve Aboriginal and Torres Strait Islander people's access to medicines and related pharmacist services. This combined involvement from community members, organisational representatives and researchers will produce a framework to be implemented over the next few years.



Pharmacy Guild of Australia (the Guild)

In 2017 NACCHO and the Guild signed an MoU pledging to work together to improve Aboriginal and Torres Strait Islander health. It is an agreement to work with the respective members, share information of mutual interest, jointly develop public or media statements and policy.



The Pharmacy Guild of Australia

Royal Australian Air Force (RAAF)

The purpose of the original MoU with the RAAF was to deliver ongoing affordable and accessible healthcare to Aboriginal and Torres Strait Islander people, in particular dental care delivered by RAAF personnel working alongside Aboriginal Health Workers in ACCHOs. The MoU has been extended for another five years from 2020 to 2025 and during this period the partnership will be extended to include non-health services for our NACCHO members. In 2021, a program will be delivered depending on the COVID-19 situation.



Royal Australian College of General Practitioners (RACGP)

NACCHO and the RACGP work collaboratively to advocate for the Australian healthcare system to be well resourced to enable all health professionals to provide clinically and culturally appropriate continuity of care for Aboriginal and Torres Strait Islander communities. Together they will develop the standards, guidelines, funding models and resources to equip general practitioners, all health professionals and ACCHOs to maximise health outcomes for the community. NACCHO and the RACGP will develop initiatives that attract and retain a skilled workforce for the Aboriginal Community Controlled Health sector.



Vision 2020 Australia

NACCHO's partnership with Vision 2020 Australia was to support the National Spectacle Subsidy Scheme (NSSS) project and the implementation of the Strong eyes, strong communities - a five year plan for Aboriginal and Torres Strait Islander eye health and vision, 2019–2024. The partnership included NACCHO participating in a steering group, participating in consultations with jurisdictions, and providing advice to Vision 2020 Australia on relevant issues for Aboriginal and Torres Strait Islander people in the provision of subsidised spectacles.



OUR PARTNERS AND PROGRAMS

NACCHO partners with organisations that have an interest in, and commitment to developing and maintaining culturally appropriate healthcare services for Aboriginal and Torres Strait Islander people.

The Department of Health



Australian Government
Department of Health

The Australian Government Department of Health (DoH) is the major funding contributor to NACCHO. In 1997, the Commonwealth Government funded NACCHO to establish a Secretariat in Canberra, which greatly increased the capacity for Aboriginal and Torres Strait Islander people in ACCHOs to participate in national health policy development.

Core Services and Outcomes Framework

A National Core Services and Outcomes Framework should reflect the wealth of expertise in the sector, inspire change and ready the sector for the next 50 years.

In June 2019, the DoH contracted NACCHO to produce a Core Services and Outcomes Framework that will enable organisations delivering primary health care to Aboriginal and Torres Strait Islander people assess their community needs and organisational capability against identified core primary health care functions and outcomes. Governance arrangements were established with a Steering Committee and an Expert Advisory Group to advise and guide the project. These governance arrangements have brought together Aboriginal and Torres Strait Islander people from around the country, from urban, regional and very remote Australia. Consultation with ACCHOs on the first draft of the report will commence in November 2020.

The project will also define outcomes from the delivery of these services and then develop a needs-based funding model.



Derbarl Yerrigan Health Service Aboriginal Corporation, Perth WA

Sexual health programs

An outbreak of infectious syphilis began in Queensland in January 2011, which extended to the NT in 2013, the Kimberley in WA in 2014, Eyre, and the Western and Far North regions of SA in 2016, the Pilbara in WA in 2018, and Adelaide, SA, the Goldfields region of WA and Central Queensland in 2019. Since the commencement of the outbreak, there have been 3,616 syphilis cases and 20 congenital syphilis cases predominantly affecting young people aged 15 to 29 years.

In response, NACCHO partnered with the DoH and Flinders University's International Centre for Point of Care Testing (PoCT) to coordinate the delivery of the \$21.2m **Enhanced Syphilis Response (ESR) Program** (2017–2018 to 2020–2021). The program supports ACCHOs to provide locally appropriate and culturally safe services in affected outbreak regions. Program funding has been used to employ additional staff; provide training to undertake syphilis PoCT; support the development and delivery of culturally appropriate community education, engagement and health promotion resources; and purchase testing equipment and supplies.

NACCHO was funded to support the distribution and supply of tests for PoCT. In addition, it has supported the enrolment of ten ACCHOs into the program, assisted the ACCHOs to design locally relevant and responsive plans of action and established a community of practice which enables sharing of knowledge and good practice across the ESR practitioner network. NACCHO also



Sexual Health Team at Wuchopperen Health Service with some sexual health promotional resources



Wuchopperen Health Service outreach van

successfully advocated for the utilisation of the syphilis PoCT 'test and treat' model which reduces the time to initiate treatment and contact tracing, minimises individuals lost to follow-up and provides access to testing for those uncomfortable with having or unable to have a blood test performed.

Since the commencement of ESR there have been 37,018 people tested for syphilis, including serology, PoCT or both. It is important to note that during COVID-19 it has been reported that Sexually Transmitted Infections (STIs) and Blood Borne Viruses (BBVs) testing across the country declined. NACCHO is now focusing on supporting ACCHOs to return to a business as usual service delivery model to minimise the congenital syphilis risk.

In February 2020, NACCHO was successful in securing \$785,714 (2019–2020 to 2020–2021) under the **Strengthening the National Response to Blood Borne Viruses (BBVs) and Sexually Transmitted Infections (STIs)** grant to increase ACCHO network capacity to prevent and increase awareness of other STIs and BBVs.



Port Lincoln SA Syphilis Point of Care Test (PoCT) provided by the Australian Government

A component of this funding will be used to evaluate NACCHO's ESR contribution. The evaluation will identify opportunities for strengthening NACCHO's leadership role in facilitating greater collaboration and cooperation among the ACCHO network and the BBV and STI peak organisations to respond to and prevent BBV and STI outbreaks in Aboriginal and Torres Strait Islander communities. Commencement of this project has been delayed due to COVID-19 response priorities. It is expected the ESR evaluation will commence in late 2020.

NACCHO has continued to advocate for: increased workforce funding to support STI and BBV prevention, testing and treatments; additional MBS item numbers to support ACCHOs embedding routine STI and BBV testing in annual health checks; and retention of GeneXpert machines that were rolled out to support COVID-19 PoCT as they can also be used for STI testing.

The project will also define outcomes from the delivery of these services and then develop a needs-based funding model.

Royal Australian College of General Practitioners

NACCHO and the Royal Australian College of General Practitioners (RACGP) work collaboratively to advocate for the Australian healthcare system to be well resourced to enable all health professionals to provide clinically and culturally appropriate continuity of care for Aboriginal and Torres Strait Islander communities. In May 2020, the RACGP received funding for an 18-month project to work in partnership with NACCHO to develop standards, guidelines, funding models and resources to equip general practitioners, health professionals and Aboriginal Community Controlled Health Services to improve health outcomes. NACCHO and RACGP will develop initiatives that attract and retain a skilled workforce for the Aboriginal Community Controlled Health sector.

2019–2020 Bushfire Response

The impact, longevity, and devastation of the 2019–2020 bushfires was unprecedented. Despite the extreme circumstances, the ACCHOs in affected communities came together to provide support to individuals and families. The ACCHOs not only addressed immediate medical needs but worked collaboratively across and beyond their local regions to ensure assistance was targeted as effectively as possible both during and after the bushfires.

The affiliates also responded by coordinating donated supplies and working with the affected ACCHOs to determine the rapidly changing needs and priorities of communities. NACCHO maintained close contact with affiliates, who kept NACCHO informed on what support was required and how to best support exhausted frontline staff.

NACCHO's CEO attended a roundtable convened by the Prime Minister in January and participated in a range of meetings and forums, including weekly teleconference briefings with the DoH, the Recovery Co-ordination Forum and the Peak Bodies Forum set up by the National Bushfire Recovery Agency.

In March, the DoH sought the assistance of NACCHO to manage a grants program to fund nominated ACCHOs for mental health support. In response to significant concerns raised about the mental health needs of Aboriginal and Torres Strait Islander people in bushfire affected communities, funding was provided to 14 ACCHOs to contribute towards providing culturally safe, targeted and appropriate mental health and counselling support to individuals, families and communities. NACCHO also negotiated funding for the VIC and NSW affiliates who were providing considerable additional support to the affected ACCHOs in their jurisdictions.

Grant activities were able to be tailored to suit local community needs and in addition to providing mental health services and counselling, planned activities included yarning circles, healing days, family camps, community gardens, art therapy, men's and women's groups and a 'culture as medicine' program which aimed to reduce the stigma associated with mental health and improve emotional wellbeing. The range of activities demonstrate the varied needs of each community impacted by the bushfires and aim to strengthen connectedness to culture and community.

While the COVID-19 pandemic limited the ability of ACCHOs to undertake some of their planned activities, the circumstances led to a range of innovative approaches which ensured communities were supported. It is expected other activities will commence when government and state or territory restrictions allow.



Policy Projects

COVID-19 Response

NACCHO is a member of the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 and is working closely with the DoH and affiliate CEOs. NACCHO is providing advice on preparedness activities, response efforts and the workforce, infrastructure, and resource needs of Aboriginal and Torres Strait Islander communities during the pandemic.

NDIS Capacity Building Project



NACCHO worked with the Department of Social Services (DSS) on the second phase of the National Disability Insurance Scheme (NDIS) Capacity Building Project, including advocating for the

funding of recommendations listed in the final NDIS Capacity Building Report to overcome barriers for Aboriginal and Torres Strait Islander people entering and using the NDIS.

National Community Connectors Program

The National Disability Insurance Agency (NDIA) has funded NACCHO to implement the National Community Connector Program (NCCP) to support Aboriginal and Torres Strait Islander people in urban and regional areas with a disability navigate the NDIS. In response to the lower than expected numbers of Aboriginal and Torres Strait Islander participants in the NDIS to date, funding was provided to NACCHO to manage the

rollout of community connector staff in Aboriginal Community Controlled Health Organisations (ACCHOs) to provide links to Partners in the Community, NDIS Planners and Support Coordinators in a culturally safe way.

Aboriginal and Torres Strait Islander National Spectacle Subsidy Scheme Program (NSSS)

NACCHO worked with Vision 2020 Australia to implement nationally consistent arrangements on the provision of subsidised spectacles and other optical appliances for Aboriginal and Torres Strait Islander peoples. ACCHO led trials were approved in WA and NT and NACCHO worked with affiliates to develop arrangements for the provision of spectacles. Consultations with remaining jurisdictions to discuss funding options are currently underway.

Strong Eyes, strong communities



NACCHO worked with Vision 2020 Australia and their members to develop the implementation plan for Strong eyes, strong communities. The implementation plan is a five-year plan for Aboriginal

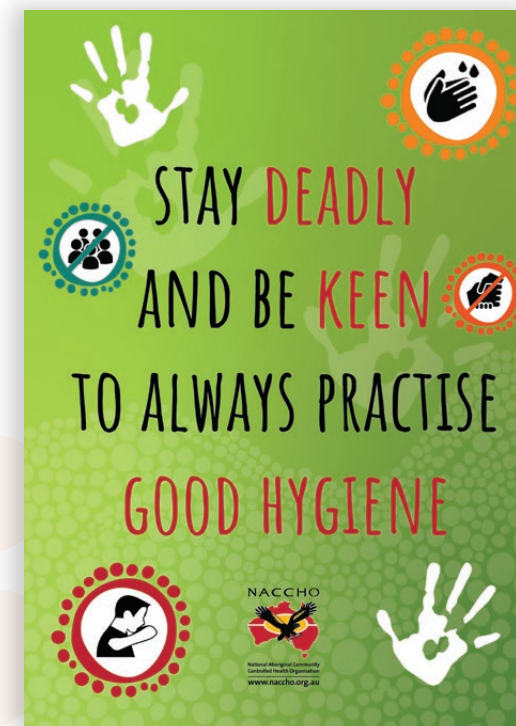
and Torres Strait Islander eye health and vision. Work has progressed on the 27 recommendations under the roadmap. Engagement with the sector will commence in the second half of 2020.

Rheumatic Heart Disease Roadmap

NACCHO is a founding partner of the END Rheumatic Heart Disease (RHD) coalition, which brings together many leading organisations working to address RHD. NACCHO worked with the END RHD coalition on the development of the END RHD Strategy.

The END RHD coalition is:

- working with communities in Australia most at risk of RHD
- securing funding and the political will to translate research conducted by the End Rheumatic Heart Disease Centre of Research Excellence (END RHD CRE) into action
- educating and empowering Australians about the role they can play in ending this disease.



Hearing Assessment Program

NACCHO worked with Australian Hearing and the DoH for the provision of services for annual hearing assessments and follow up treatments for Aboriginal and Torres Strait Islander children (up to school age). The program began on 1 July 2019 and NACCHO has been involved from the early stages to ensure capacity building for ACCHOs, Continuous Quality Improvement (CQI) practices are embedded, and existing services are strengthened.



Dr Mark Wenitong, PHMA Apunipima Cape York Health Council doing a 715 Health Check at his clinic in Cairns

Vision 2030 Roadmap – National Mental Health Commission

NACCHO is a member of the Vision 2030 for Mental Health and Suicide Prevention Roadmap Advisory Committee to the National Mental Health Commission (NMHC). The Committee provides expert advice to the NMHC, offering insights to inform content and activity and guide the achievement of the Vision 2030 Roadmap objectives and project deliverables. Key initial focus includes a community-led mental health system, reform activity, inpatient services and embedding a human rights framework.



Workforce

The NACCHO policy team was involved in ongoing development of the National Aboriginal and Torres Strait Islander Health Workforce Plan and Strategic Framework (originally titled the Draft Aboriginal and Torres Strait Islander Health Workforce Plan). NACCHO has provided comprehensive advice as a part of the Project Reference Group and feedback to the technical refresh of the Strategic Framework and the draft workforce plan.

Indigenous Health Research Fund

NACCHO is a member of the Expert Advisory Panels (EAP) which have been providing ongoing and detailed feedback to the Minister for Health about the research priorities for the Indigenous Health Research Fund (IHRF). The IHRF is supported by the Medical Research Future Fund (MRFF). The focus of NACCHO’s work has been on Working Group Three, Implementation science - delivering what works. NACCHO has been providing detailed and ongoing feedback to the IHRF on all key issues, particularly in relation to the draft IHRF implementation plan.

Housing Policy Paper

NACCHO developed a housing for health policy position paper. Policies for health and environmental health were combined into one paper, and were presented to the Board for endorsement in May 2020.

List of Submissions from 1 July 2019 – 30 June 2020

Title	Submission to	Date	Description
Submission on the National Primary Health Care Data Asset (Data Development Plan)	Australian Institute of Health and Welfare	July 2019	NACCHO made a response to the development of a National Data Asset, with a focus on recommendations for self-determination, sovereignty, confidentiality, cultural sensitivity and access.
Survey response to the AIATSIS Ethical Research Guidelines Review	Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)	July 2019	NACCHO made a response to the survey to contribute to the review of AIATSIS Guidelines for Ethical Research in Australian Indigenous Studies.
Submission in response to the National Primary Health Care Data Asset (Data Development Plan)	Productivity Commission	July 2019	NACCHO made a response outlining the role of ACCHOs in delivering best-practice care to Aboriginal and Torres Strait Islander children in the NT more efficiently.
Survey response to the Mission for Cardiovascular Health	The Australian Government Department of Health	August 2019	NACCHO made a response to contribute to the Government’s 10-year plan to tackle heart disease and stroke by participating in to the Mission for Cardiovascular Health Survey.
Submission on the response to the Discussion Paper for Consultation: Rural Allied Health Quality, Access and Distribution	National Rural Health Commissioner	August 2019	NACCHO made a response to emphasise the vulnerability of Aboriginal and Torres Strait Islander people living with chronic conditions in rural, regional and remote areas and recommend that increasing the capacity and resources of ACCHOs to provide allied health services under one roof would greatly improve outcomes for Aboriginal and Torres Strait Islander people in rural, regional and remote areas.
Submission on mitigating climate change to optimise Aboriginal and Torres Strait Islander health	Climate Health WA Inquiry	August 2019	NACCHO made a response to stress the vulnerability of Aboriginal and Torres Strait Islander people to the effects of climate change, outlining the importance of infrastructure in strengthening the resilience and preparedness of Aboriginal and Torres Strait Islander people and communities in WA.
Submission on the response template for providing feedback to public consultation – draft proposed professional capabilities for Aboriginal and Torres Strait Islander health practice	Australian Health Practitioner Regulation Agency	September 2019	NACCHO made a response to review the draft professional capabilities for Aboriginal and Torres Strait Islander health practice and outlined the needs of the workforce and training organisations within the sector.
Submission on the Indigenous Evaluation Strategy Issues Paper	Productivity Commission	September 2019	NACCHO made a response, urging greater transparency and accountability in the expenditure on services utilised by Aboriginal and Torres Strait Islander people, calling for the strategy to be co-designed with Aboriginal and Torres Strait Islander communities.

Title	Submission to	Date	Description
Submission on Newstart	Senate Community Affairs Reference Committee Inquiry	September 2019	NACCHO made a response to highlight the necessity of raising the level of Newstart due to widespread unacceptable living standards and intergenerational dependency on welfare due to insecure and inaccessible work arrangements.
Submission on Aged Care Quality and Safety	Royal Commission into Aged Care Quality and Safety	September 2019	NACCHO made a response to the findings of this royal commission by promoting the valuable work of ACCHOs in delivering person-centred and innovative care.
Submission in Response to the Draft Accessibility Strategy	Royal Commission into Aged Care	October 2019	NACCHO made a response to provide preliminary feedback into the Draft Accessibility Strategy into violence, abuse, neglect and exploitation of people with disability.
Submission on The National Disability Insurance Scheme	Joint Standing Committee on The National Disability Insurance Scheme	October 2019	NACCHO made a response to outline how the NDIS can work better for Aboriginal and Torres Strait Islander people, calling on the NDIA to re-design the NDIS to be more appropriate, accessible and coordinated for Aboriginal and Torres Strait Islander people.
Submission on jobs for the future in regional areas	Senate Select Committee Inquiry into the Jobs for the Future in Regional Areas	October 2019	NACCHO made a response promoting the benefits that integrating self-determination and community control into job creation and employment practices in regional areas can have on improving employment and health and wellbeing outcomes for Aboriginal and Torres Strait Islander people.
Submission on Data Sharing and Release discussion paper	Office of the National Data Commissioner	October 2019	NACCHO made a response highlighting the power of data to be both helpful but also harmful and called for the establishment of a national level of data committee and further development of this new legislation with the sector.
Submission to the National Obesity Strategy	Department of Health	December 2019	NACCHO made a response on the National Obesity Strategy online survey and made a stand-alone submission focusing on issues facing Aboriginal and Torres Strait Islander people and services delivered by ACCHOs.
Submission to the Effective approaches to prevention, diagnosis and support for FASD	Senate Community Affairs References Committee	December 2019	NACCHO made a response putting forward a number of recommendations on improving early diagnosis of FASD, awareness and education and optimising integrated care pathways.
2020–2021 Pre-Budget Submission	Department of Treasury	December 2019	NACCHO co-developed with affiliates and stakeholders a pre-budget submission to recommend greater funding for ACCHO infrastructure, social and emotional wellbeing services, NDIS, oral health, workforce and child and youth wellbeing.
Submission on the Paper on Expenditure on Children in the Northern Territory	Productivity Commission	January 2020	NACCHO made a response to emphasise the need for ACCHOs to lead the delivery of services to Aboriginal and Torres Strait Islander children and families.
Submission on Regional Inequality in Australia	Senate Standing Committee on Economics	January 2020	NACCHO made a response focusing on recommendations around employment, income, building the workforce and infrastructure.

Title	Submission to	Date	Description
Submission on the NDIS Price Review	National Disability Insurance Scheme	February 2020	NACCHO made a response to the proposed 2020–2021 NDIS price guide and advocated for changes to the NDIS remoteness classifications, provider (and participant) travel rules, and the true costs of services in regional and remote communities.
Survey response on the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act)	National Indigenous Australian's Agency	February 2020	NACCHO made a response to align the proposed review of the CATSI Act, and the CATSI Act itself, with the National Agreement on Closing the Gap.
Submission in response to the Draft Report - Mental Health Inquiry	Productivity Commission	February 2020	NACCHO made recommendations to improve population mental health outcomes by strengthening the capacity of the system in line with the principles outlined in the draft report.
Submission on Aged Care Quality and Safety	Royal Commission into Aged Care Quality and Safety	February 2020	NACCHO made a response to recommend the needs of older Aboriginal and Torres Strait Islander peoples be urgently addressed given the complex health issues that our people experience as they age.
Submission on the impact of the drought on regional communities	Senate Inquiry into the Federal Government's Response to the Drought	February 2020	NACCHO made a response with input from AH&MRC, focusing on ongoing issues facing Aboriginal and Torres Strait Islander people in regional communities that are compounded by the impact of drought.
Submission on the pathways and participation opportunities for Indigenous Australians in employment and business	House of Representatives' Standing Committee on Indigenous Affairs	February 2020	NACCHO made a response with input from NACCHO affiliates QAIHC and AH&MRC to recommend co-producing solutions with ACCHOs and the broader Aboriginal and Torres Strait Islander health sector to create jobs and employment pathways.
Submission on the revision of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan	Department of Health	March 2020	NACCHO made a response to agree in principle with the intention to revise the Implementation Plan, with a number of recommendations to the DoH.
Submission on Education in Remote and Complex Environments	House Standing Committee on Employment, Education and Training	March 2020	NACCHO made a response to propose strengthening education prospects and pathways into the health workforce for Aboriginal and Torres Strait Islander students as a way of optimising Aboriginal and Torres Strait Islander health and wellbeing.
Submission on the National Medical Workforce Strategy	Department of Health	March 2020	NACCHO made a response to guide long term collaborative medical workforce planning across Australia.
Survey response on the National Health Information Strategy	Australian Institute of Health and Welfare	April 2020	NACCHO made a response to the survey to provide feedback on the draft National Health Information Strategy.

During the past financial year, NACCHO representatives have participated in a wide range of meetings of Committees, Steering Groups, Working Groups and Reference Groups including:

NACCHO External Committee Representation
7th Community Pharmacy Agreement Pharmacy Stakeholder Consultation Committee
Aboriginal and Torres Strait Islander Health Industry Reference Committee (ATSIHIRC) Skills IQ
Aboriginal and Torres Strait Islander Advisory Group to the Project Reference Group on Health Genomics (PRGHG)
Aboriginal and Torres Strait Islander COVID-19 Advisory Group (DoH)
Aboriginal and Torres Strait Islander Ear and Hearing Health Advisory Panel (TAFE NSW/DoH)
Aboriginal and Torres Strait Islander Health Strategy Group Caucus (AHPRA)
Aboriginal and Torres Strait Islander Mental Health & Suicide Prevention Advisory Group
Aboriginal Health Justice Partnership (HJP)
ACCHO Pharmacist Leadership Group (Pharmaceutical Society of Australia/NACCHO)
Advisory Committee for the National Safety and Quality Primary Health Care (NSQPHC) Standards
Aged Care Sector Committee Diversity Subgroup / Aged Care Leadership Group
Arthritis Australia Project Expert Advisory Group
Australian Association of Gerontology
Australian Bureau of Statistics (ABS) Roundtable
Australian Commission on Safety and Quality in Health Care (ACSQHC) - Primary Care Committee, and Aboriginal and Torres Strait Islander Health Advisory Group
Australian Council of Social Service (ACOSS)
Australian Digital Health Agency (ADHA) My Health Record Expansion Program
Australian Health Protection Principal Committee (AHPPC) - Emergency Response Taskforce for BBV and STI in Indigenous populations, and Syphilis Enhanced Response Governance Group
Australian Indigenous HealthInfoNet Advisory Board
Australian Institute of Health and Welfare Indigenous Statistical and Information Advisory Group (ISIAG)
Australian Medical Association (AMA) Taskforce on Indigenous Health
Australian National Development Index (ANDI)
Australian Partnership for Preparedness Research on Infectious Disease Emergencies (APPRISE) (University of Melbourne)
Australian Research Alliance for Children and Youth (ARACY)
Australian Strep A Vaccine Initiative (ASAVI) Indigenous Advisory Board (IAB)
Australian Trachoma Alliance - National Trachoma Surveillance and Control Working Group and Principles Committee
Beyond Now Suicide Safety Plan Evaluation Aboriginal and Torres Strait Islander Advisory Group

NACCHO External Committee Representation


Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) (DoH)
Cancer Australia Leadership Group on Aboriginal and Torres Strait Islander Cancer Control
Centre for Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE) Leadership Group
Chief Executive Women Forum
Close the Gap Campaign Steering Committee
Closing the Gap Parliamentary Friends Group
Coalition of Peaks Group
Comprehensive Primary Health Care Sustainability Advisory Committee (DoH)
Council of Presidents of Medical Colleges (CPMC) National Partnership Forum on Indigenous Health
CTG/COAG Review PM&C Information Sessions
END RHD Aboriginal and Torres Strait Islander Engagement Working Group, END RHD Advisory Committee, and END RHD Coalition Advisory Committee National Advocacy Working Group
First Nations Heritage Protection Alliance
Funding Model Advisory Committee (FMAC) and Funding Model Working Group (FMWG)
Gayaa Dhuwi (Proud Spirit) Australia
Health Care Homes
Health Performance Framework Steering Committee (National Indigenous Australians Agency)
Health Sector Co-design Group (Allen + Clarke)
Health Service Data Advisory Group (HSDAG) and HSDAG Working Group
Health Surveys Reference Group (ABS)
Hearing Assessment Program - Early Ears Advisory Committee
Indigenous Asutralians' Health Programme (IAHP) Implementation Plan Advisory Group (IPAG)
Indigenous BBV STI Governance Group
Indigenous Eye Health Data Report Advisory Group (AIHW)
Indigenous Medication Review Service (IMeRSe) Partners
Indigenous Mental Health and Suicide Prevention Clearinghouse Steering Committee
Integrating Pharmacists within Aboriginal Community Controlled Health Services to Improve Chronic Disease Management (IPAC) Project - Operational Team, Reference Group and Team Steering Committee
International Advisory Council (IDC) (World Health Organisation)
Joint Council on Closing the Gap

NACCHO External Committee Representation

Kimberley Suicide Prevention Trial Steering Committee, and Working Group
Mammographic Screening Participation for Aboriginal and Torres Strait Islander Women Project Steering Group
Mayi Kuwayu Study (national longitudinal study of culture, health and wellbeing for Aboriginal and Torres Strait Islander people)
Medical Research Future Fund (MRFF) Indigenous Health Research Fund (IHRF) Expert Advisory Panel (EAP), and MRFF Aboriginal and Torres Strait Islander Ear Health Research Project (DoH)
Mental Health Australia
Multi Jurisdiction Syphilis Outbreak Group (MJSO)
National Aboriginal and Torres Strait Islander Health Plan Advisory Group
National Aboriginal and Torres Strait Islander Health Workforce Plan Project Reference Group
National Aboriginal and Torres Strait Islander Immunisation Network (NATSIIN) Indigenous Vaccine Preventable Diseases and Vaccination Coverage Working Group
National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH)
National Advisory Group Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID)
National Aged Care Alliance
National Charities Bushfire Recovery Coordination Forum (National Bushfire Recovery Agency)
National COVID-19 Clinical Evidence Taskforce Steering Committee (Monash University)
National Disability Insurance Scheme (NDIS) Market Oversight Advisory Group (MOAG)
National Health and Medical Research Council (NHMRC) Indigenous Working Group
National Health Leadership Forum (NHLF)
National Health Leadership Framework on Aboriginal and Torres Strait Islander Health Workforce
National Immunisation Committee
National Key Performance Indicator Working Group
National Mental Health Vision 2030 Roadmap Advisory Committee
National Office for Child Safety Child Safe Sectors Leadership Group (CSSLG)
National Peak Bodies Bushfire Recovery Coordination Forum
National Prescribing Service (NPS) Clinical Intervention Advisory Group, and Good Medicine Better Health Advisory Group
National Preventative Health Strategy Expert Steering Committee
National Registration and Accreditation Scheme to Improve Patient Safety for Aboriginal and Torres Strait Islander Australians Workshop
National Rural Health Alliance Council

NACCHO External Committee Representation

National Spectacle Subsidy Scheme (NSSS) Advisory Group
National Statement of Child Safe Organisations and Cultural Safety (Australian Human Rights Commission)
National Trachoma Surveillance and Control Reference Group
NDIS Quality and Safeguards Commission (NDIS Commission) Industry Consultative Committee
Our Children's Vision Working Group
Pharmacy/Pharmaceutical Benefits Scheme (PBS) Trials Advisory Group (Tranche 2)
Practice Incentives Program (PIP) Advisory Group (PIPAG), and PIPAG Data Working Group
Primary Health Care Committee of Australia Commission for Health Care Safety and Quality
Primary Health Care Reform Taskforce (DoH)
Primary Health Network Program Evaluation (Ernst & Young)
Primary Health Reform Steering Group (DoH)
Program of Experience in the Palliative Approach (PEPA)
Redfern Statement Alliance (RSA) Working Group
Royal Australian College of General Practitioners (RACGP) National Guide Project Reference Group, and 5–10 Year Strategic Framework for Indigenous Health
Royal Australian College of Physicians (RACP) Aboriginal and Torres Strait Islander Health Committee
Rural Doctors Association of Australia (RDAA)
Rural Health Alliance Rural Consumer Expert Reference Group
Senior Advisory Group (SAG)
Strong Eyes Strong Communities Implementation Working Group
Tackling Indigenous Tobacco Evaluation Advisory Group
The Children's Commissioner Committee on the development of guidelines for child safe organisations
The National Best Practice Unit Tackling Indigenous Smoking Advisory Group
Vision 2020 Australia Aboriginal and Torres Strait Islander Committee
WATCH / INFLATE Research Network Steering Committee (Western Sydney University)
Yarning Kidneys Advisory Group



“As soon as it became evident just how deadly the COVID-19 virus was, the Aboriginal Community Controlled Health sector initiated awareness campaigns for our communities and planning for prevention and response.

“There is no doubt the strong, and highly creative awareness campaigns has significantly contributed to keeping coronavirus out of communities.”

**Donnella Mills, NACCHO Chair
- NITV**

4

MEDICINES AND PHARMACY



Image source: Medical Journal of Australia (MJA)

MEDICINES AND PHARMACY

Throughout 2019 and 2020, the NACCHO Medicines Team continued managing several national pharmacy programs and projects and consolidated its position in relation to Aboriginal and Torres Strait Islander medicines policy. In this period, NACCHO liaised extensively with the Aboriginal health sector – including ACCHO member services, affiliates, expert informants and key stakeholders – to ensure issues related to access to medicines and associated services for the sector are captured and addressed. This resulted in several policy outcomes, including significant reforms in Indigenous Pharmacy Programs (IPP), including CTG script reforms, and the new 7th Community Pharmacy Agreement (7CPA), signed in June 2020.

NACCHO maintained its role in coordinating the ongoing Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples (QUMAX) program which operates in 83 non-remote ACCHOs. In addition, NACCHO has co-led two large pharmacy projects in around 25 ACCHOs across Australia.

These projects included the Integrating Pharmacists into Aboriginal Community Controlled Health Services to Improve Chronic Disease Management (IPAC) Project and the Indigenous Medication Review Service (IMeRS) Feasibility Study. The clinical activities of these projects were completed in 2020, and both are currently being evaluated prior to results being publicly available later in 2020 or early 2021.

Other key policy and medicines network activities included:

- in-depth involvement in the 7CPA negotiations and ongoing consultation related to the IPP reforms
- leading two successful Pharmaceutical Benefits Scheme (PBS) medicines submissions in 2019
- leading a national ACCHO formulary project, to support ACCHOs managing medicines in their clinics
- convening a medicines and pharmacy session at the 2019 NACCHO Members' Conference, involving CPD-Accredited content
- ongoing consultation with stakeholders and government regarding a national program to support the integration of pharmacists into ACCHOs, akin to the IPAC project
- active involvement in the NACCHO-PSA (Pharmaceutical Society of Australia) ACCHO Pharmacist Joint Leadership Group.

The 7th Community Pharmacy Agreement

Throughout 2019 to 2020, NACCHO participated in formal meetings between key stakeholders – the Commonwealth Department of Health, the Pharmacy Guild of Australia (the Guild) and the PSA – and met with other sector stakeholders in the lead up to the signing of the 7CPA in June 2020.



Under the 7CPA, there are several changes to existing Aboriginal and Torres Strait Islander pharmacy programs (also known as IPPs), some new programs and additional funding.

Significant changes include:

- a major expansion of the CTG script program, including for remote and hospital clients
- an enhanced national Quality Use of Medicines (QUM) program, available for non-remote and remote ACCHOs
- a new Dose Administration Aid (DAA) program for all Aboriginal and Torres Strait Islander people
- increased formal participation by NACCHO in 7CPA governance.

These changes were outlined in a formal letter to members, from the NACCHO CEO, in mid-2020. NACCHO will continue to work with our members, the Commonwealth Department of Health and stakeholders to plan the implementation and ensure a smooth transition from July 2021.



Jaelena Craig at the Pharmacy section in Galambila Aboriginal Health Service, Coff's Harbour

Pharmaceutical Benefits Scheme Medicines Listing & Formulary Project

NACCHO regularly receives feedback from member services regarding items that could be listed on the PBS to improve Aboriginal and Torres Strait Islander health. Over the course of ongoing member and stakeholder consultation, this list has grown to approximately 40 items.

NACCHO has liaised with the Pharmaceutical Benefits Advisory Committee (PBAC), the Commonwealth Department of Health, affiliates, member services, industry and stakeholders regarding the listing of these items on the PBS or alternative subsidy options. In 2019, NACCHO successfully led two listings on the PBS for use by Aboriginal and Torres Strait Islander clients – these items were prednisolone/phenylephrine eye drops and benzathine benzylpenicillin injections.

After hosting a medicines roundtable in November 2019, NACCHO established a joint Aboriginal and Torres Strait Islander Medicines Committee with Medicines Australia. The Committee reviews and prioritises medicines industry activities that aim to improve medicines use and access for Aboriginal and Torres Strait Islander people. The Committee may include further PBS listings and appropriateness of QUM resources.

As well as working on PBS policy development and listings, in early 2020, NACCHO commenced the ACCHO Formulary Project. The Project will explore ACCHO's priorities in managing, stocking and prescribing medicines in clinics, which will then inform content for guidelines and policy for medicines governance and formularies.

The IPAC Project

Integrating Pharmacists within the Aboriginal Community Controlled Health Organisation (ACCHOs) to improve Chronic Disease Management (IPAC) Project.¹

The IPAC Project was a collaborative partnership between NACCHO, James Cook University and PSA. The Project operated in 22 ACCHO sites and was completed in June 2020.

The objective of the Project is to improve the quality of care outcomes for Aboriginal and Torres Strait Islander adult patients with chronic disease by integrating a practice pharmacist within the primary health care team of ACCHOs.

This Project explored if including a pharmacist as part of the team within ACCHOs led to:

- improvements in the quality of the care received
- improvements in prescribing by doctors
- patients being more likely to take their medicines
- indicators of health improving over time.

Practice pharmacists' roles included:

- providing relevant health care activities to patients
- providing education and training to staff
- improving relations with community pharmacies to overcome barriers faced by patients in accessing medicines
- assisting in managing medications at transitions of care (such as discharge from hospital).

¹ Funded under the Australian Government 6th Community Pharmacy Agreement.

Over 1700 patients participated in the IPAC Project and it was the first interventional study to investigate integrating a pharmacist within ACCHOs. Registered pharmacists were integrated within the primary health care teams for up to 15-months and delivered 10 core roles to improve quality of care and health outcomes. Roles were classified as either patient-related or systems and health practitioner-targeted.

One of the features of the IPAC Project was a facility for each ACCHO to use the pharmacist how they needed, to suit community priorities. A needs analysis was conducted at the beginning of the Project, which encouraged ACCHOs to think about how best a pharmacist could complement their existing service to clients.

One health service in an urban centre wanted to extend their services to individual patient care needs and embraced the Home Medicine Review (HMR) and medication review roles within IPAC. The pharmacist provided hundreds of individual HMRs and followed-up more than 150 patients. Patients reported positive experiences from the pharmacists' work in the Project, including that they felt "part of the team" responsible for their care.



Pharmacist Alice Nugent, NACCHO Medicines Team, working at Dubbo Regional Aboriginal Health Service



IPAC Pharmacists and ACCHO Pharmacist Leadership Group at 2019 NACCHO Members' Conference
L to R standing Lisa Wark, Hazel Hoult, Chris Braithwaite, Fran Vaughan, Yvette McGrath, Kerryn Woodward, Megan Tremlett, Ellen Jones, Gina Adams, Emily Waddell, Jane Kennedy, Hannah Mann, Mike Stephens
L to R front: Lucky Zeniou, Kate Gill, Hannah Loller, Chastina Heck, Alice Nugent, Lucy Bastos

Ellen Jones, pharmacist, Gidgee Healing

"Gidgee Healing was part of the IPAC Project. This involvement led to the employment of two full-time pharmacists to service the Gidgee Healing footprint, including Mount Isa and the Lower Gulf regions within North West Queensland. The Project allowed Gidgee Healing to experience the integration of a pharmacist within the organisation through clinical duties such as medication reviews and case conferencing, as well as any other valuable input regarding the supply of medications, medication education and clinical governance. Gidgee Healing is very supportive and encouraging of pharmacists within the organisation and as they continue to establish this service, they hope to grow in pharmacist numbers and programs in years to come."



Gidgee Healing Pharmacists Ellen Jones and Tayla Stevenson

Another health service, located in a remote area, with three of their five clinics in very remote areas requires extensive travel from the main site. Within their IPAC needs assessment, it was identified significant work was required to establish systems of medicines supply for each of the clinics. The medical director referred to this role as 'work that we need her to do so we can get ready to be able to do the Project'. The IPAC pharmacist was able to support the development of these systems, as well as the clinical governance of the health service, review prescribing patterns and provide education and information services to a large number of widely spread staff. At the end of the Project, staff described the pharmacist as being "part of a lot of teams" and that patients valued the information about their medicines. One patient suggested, "we are all ignorant of medicines! At least once in a year people should be recommended to go and see her."



Kim Passante, Clinic and Quality Manager, Carbal Medical Services

"Carbal was excited to be invited to be a part of the IPAC Project. We saw a need for the Project and jumped at the chance to be able to offer the services of an onsite pharmacist to our community."

Whilst we had to overcome some barriers during the Project, as I am sure many other sites did, the clinical and patient outcomes were invaluable.

We found that we had improved partnerships with other community pharmacists, we were able to take advantage of weekly pharmacist led staff training and we saw improved patient education and communication which in turn led to increased patient medication adherence.

After the completion of the IPAC Project, we decided to employ an in-house pharmacist to continue to provide this much-needed service to our patients and currently have a pharmacist onsite two days a week.

An excellent outcome for Carbal and our community."



Tamika Campbell and Kim Passante, Carbal Medical Services

NACCHO-PSA ACCHO Pharmacist Joint Leadership Group



Message from the Chairperson

CHASTINA HECK

Chastina Heck is a Nywaigi, Mamu, Bidjara woman, Chairperson of the ACCHO Pharmacist Leadership Group and practising pharmacist at Logan Hospital in Queensland.

The ACCHO Pharmacist Leadership Group meets regularly to provide expertise, support and advice on a wide range of topics related to Aboriginal and Torres Strait Islander medicines access and use.

The Group consists of around ten active members practising across Australia, most of whom are pharmacists working within ACCHOs, and other invited pharmacists with experience in the ACCHO sector.

In May 2020, the group held an extraordinary meeting with a wider network to discuss support for pharmacists during the pandemic response. Discussions focused on medicines use in the COVID-19 response, sharing strategies to reduce the impact of medication shortages, and sharing of COVID-19 resources and information banks. Collaboration with hospital departments was encouraged to solve local problems and ensure safety through transitions of care. It was noted that deficits in current policies such as CTG prescriptions and s100 supplies were exacerbated during this time due to biosecurity measures.

The group met for their annual face to face meeting at the 2019 NACCHO Members' Conference in Darwin. Throughout the year, the Group has covered a range of topics including: the IPP review, PBAC review of smoking cessation medications and the addition of medications to the PBS for Aboriginal and Torres Strait Islander people. Also discussed was using Indigenous Allied Health Australia (IAHA) Cultural Responsiveness and Safety workshops and exploring the possibility of hosting intern pharmacists in ACCHOs. The aim of this being to increase the cultural capability and safety of the pharmacy workforce and health care services, especially given the establishment of specific career pathway development for ACCHO pharmacists.

The group regularly shares resources, including a monthly update with a wider network of pharmacists and those with a special interest in ensuring medicines use in ACCHOs is optimised.



Chastina Heck at the 2019 NACCHO Members' Conference

Indigenous Medication Review Service (IMeRSe) Feasibility Study

The IMeRSe Feasibility Study was a collaborative partnership between The Guild, NACCHO and Griffith University².

The study aimed to optimise a patient's medication management via a culturally responsive service, which was delivered by community pharmacists working with ACCHOs and government Indigenous Health Services (IHSs) in several sites across QLD, NSW and NT.

Six NACCHO member services participated in the study:

1. Anyinginyi Health Aboriginal Corporation, Tennant Creek, NT
2. Brewarrina Aboriginal Health Service, Brewarrina, NSW
3. Bidjerrdii Aboriginal and Torres Strait Islander Community Health Service, Rockhampton, QLD
4. Pius X Aboriginal Corporation, Moree, NSW
5. South Coast Medical Service Aboriginal Corporation, Nowra, NSW
6. Girudala - Herbert Street Family Medical Centre, Bowen, QLD

A total of 291 participants enrolled in the study and 255 Medicine Reports were completed.

NACCHO's Deputy CEO, Director of Medicines Policy and Programs and IMeRSe Feasibility Study Coordinator, remained actively involved in a range of governance and operational activities during 2019–2020. NACCHO worked closely with Griffith University and visited selected sites during the recruitment and data collection phases. NACCHO representatives also participated in the study's Expert Panel and Partners meetings.

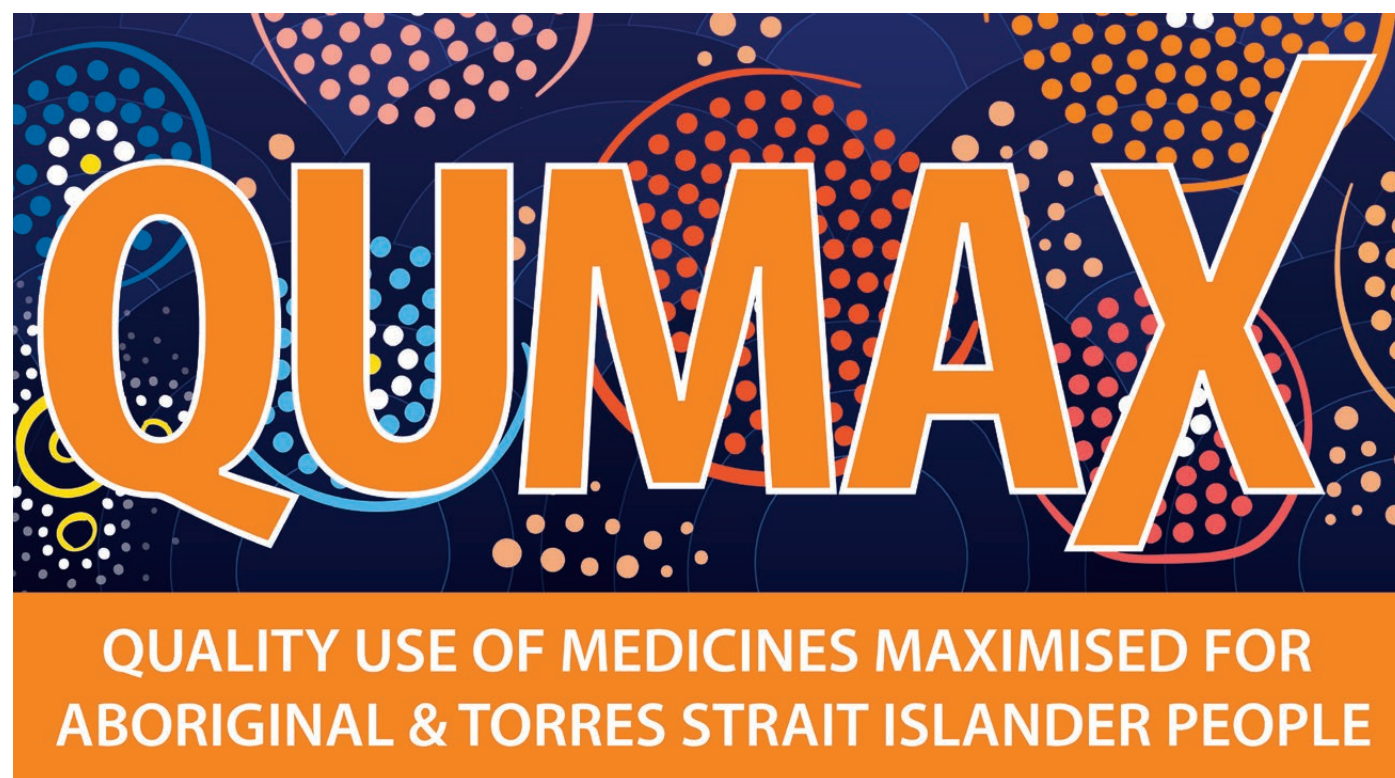
The IMeRSe Feasibility Study's Final Report was due to be submitted to the Australian Government Department of Health in early 2020, however, due to an unanticipated delay in accessing health data it is expected to be available in late 2020. The partners will seek to understand if the study has been culturally acceptable and fit for purpose across a range of remote, rural and urban settings, in ACCHOs and IHSs.

The study team is planning to visit all of the participating sites and hold a community event to disseminate the findings once travel restrictions allow.



Participating IMeRSe site Herbert Street Family Medical Centre, Girudala Community Co-operative Society Ltd in Queensland. From L to R: Cherie Ives, Amanda Wheeler, Dr Nadira Jahan, Sarah Patrick, Peter Andersen, Robyn Maltby, Michelle Hooke, Dwane Ivey, Tiana Power

² The IMeRSe Feasibility Study was conducted as part of the Australian Government's Sixth Community Pharmacy Agreement (6CPA) Pharmacy Trial Program which seeks to improve clinical outcomes for patients and/or utilise the full scope of a pharmacist's role in delivering primary health care services.



The QUMAX Program started as a two-year pilot program in 2008 and has been running for over 10 years. QUMAX was funded by the Australian Department of Health under the Sixth Community Pharmacy Agreement. NACCHO provides support to ACCHOs accessing the QUMAX Program and works closely with Australian Healthcare Associates (AHA), the program administrator, to provide overall support.

What is QUMAX?

The QUMAX Program aims to improve QUM and contribute to positive health outcomes for Aboriginal and Torres Strait Islander peoples in urban and regional Australia. QUMAX achieves this aim through the allocation of funding to participating ACCHOs through Seven Support Categories to reduce logistical, financial and cultural barriers to medicines and pharmacy services access experienced by clients at a local level.

The Seven Support Categories are:

- Dose Administration Aid (DAA) Arrangements
- QUM Pharmacy Support
- Home Medicine Review (HMR) Models of Support
- QUM Devices
- QUM Education
- Cultural Awareness
- Transport

2019–2020 QUMAX Cycle

In 2019–2020, around 60% of NACCHO members participated in the QUMAX Program – virtually all of whom were eligible based on their remoteness. This equated to 83 ACCHOs across all states and territories who service the needs of 242,795 Aboriginal and Torres Strait Islander clients.

Registrations for the 2019–2020 QUMAX cycle opened for a month in April-May 2019, resulting in the addition of one new ACCHO, and taking participating ACCHOs from 82 to 83. There was a slight delay from program administrators in Work Plans and funding being distributed to ACCHOs. The QUMAX Program Coordinator supported ACCHOs through this to ensure the program continued to run to schedule.

The Coordinator continued to work in this role throughout the 2019–2020 QUMAX cycle. The Coordinator, supported by the NACCHO Medicines Team, provides support to ACCHOs through all stages of the QUMAX cycle, such as Work Plan development and reporting, as well as responding to program and contract queries. All QUMAX contract reporting deliverables have been met for this period. The Coordinator visited four ACCHOs in the 2019–2020 period to provide face-to-face support, induction to staff and additional program assistance as required.

QUMAX Workshops

Due to the COVID-19 pandemic and travel restrictions, the national QUMAX workshops for member services were delivered online, rather than face-to-face as in previous years. The workshops were promoted via the QUMAX network and based on the response; three online workshops were held from 9 June to 11 June 2020.

The purpose of the workshops is for ACCHO staff to:

- understand the QUMAX Program specific guidelines, including deliverables, eligibility and the Seven Support Categories
- learn more about QUMAX funding and budget allocation
- understand the potential and practical benefits of QUMAX to tailor the program to local client need
- network with other ACCHOs about the program
- share ideas, consider effective QUM strategies by other ACCHOs and discuss any challenges with the group and Program Coordinator.

A total of 49 participants from 33 ACCHOs across Australia participated in the workshops. Attendance was slightly higher than the previous year, which highlighted the convenience of this format, and the ongoing value and level of interest in such workshops. A benefit of the online workshops was that it provided an opportunity for more than one staff member per ACCHO to attend. The QUMAX team look forward to reconvening the more in-depth face-to-face workshops in 2021, which may be combined with further online workshops depending on member preferences.



QUMAX Program Coordinator, Prue Spence providing a QUMAX information session to ACCHO staff

A brief evaluation with eight questions was emailed to participants at the end of each workshop. The evaluation was completed by 26 out of the 49 (53%) participants. Overall, feedback confirmed the workshops were successful in achieving their objectives. Several participants noted they prefer face-to-face workshops, although they found the online workshops beneficial. The results and feedback from the workshops will inform QUMAX continuous improvement.

NACCHO Conference Medicines Stream

At the 2019 NACCHO Members' Conference, the Medicines Team ran a comprehensive and well attended Medicines Stream. The eight presentations within the stream showcased the innovative QUM activities and partnerships that are happening in practice within ACCHOs across Australia. Five of the eight presentations were Continuing Professional Development (CPD) Accredited for pharmacists through the Australian Pharmacy Council (APC). This was the first time that NACCHO conference sessions gained CPD Accreditation.



Pharmacists at NACCHO 2019 Members' Conference

Team Medicines presentations

Presentation	Speaker/s
Connecting with colleagues: Pharmacists working together for optimal medication management for Indigenous people*	Chastina Heck, Logan Hospital
How to keep an accurate medicines list – an organisational approach	Chris Braithwaite, Galambila Aboriginal Corporation
Townsville Aboriginal and Islander Health Service (TAIHS) & Quality Use of Medicines*	Brianna Delacour, TAIHS Jessica Donaldson, Cate's Chemist
Making a positive change, Quality Use of Medicines*	Kim Passante and Tamika Campbell, Carbal Medical Services
Integrating Pharmacists in Aboriginal Community Controlled Health Services (IPAC) Project	A/Prof Sophie Couzos, James Cook University
Setting up a Naloxone Program in an ACCHO*	Penelope Wood, Wathaurong Aboriginal Co-operative Limited
Panel: Antimicrobial stewardship in Primary Care settings*	A/Prof Bhavini Patel, NT Department of Health and Top End Health Services Emily Waddell, Goondir Health Services Dr Aathi Selvanayagam, Danila Dilba Health Services
IUIH Pharmacy – What's working for us	Lucky Zeniou, Institute for Urban Indigenous Health (IUIH)

* CPD accredited presentations for pharmacists

“While there were vulnerable people with multiple health issues in Aboriginal and Torres Strait Islander communities, our sector was well placed to look after our own people.”

Dr Dawn Casey, NACCHO Deputy CEO
- The Guardian

5

NACCHO AFFILIATES





Aboriginal Health & Medical Research Council of NSW

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

The AH&MRC proudly supports its 47 ACCHOs to deliver culturally safe, high-quality primary health care services to Aboriginal and Torres Strait Islander communities in NSW.

They strengthen their workforce and advocate for Aboriginal people to be involved in the decision-making and delivery of health services to build healthier and brighter futures for their communities.

As the COVID-19 pandemic unfolded, AH&MRC shifted its focus to prepare their member services and their communities. The AH&MRC supported their member services to ensure Aboriginal communities remained safe, well informed, and minimised the spread of the virus. The AH&MRC continued to work in collaboration with their ACCHOs and other Aboriginal health, and non-Aboriginal health partners to deliver activities that addressed the social determinants of health and wellbeing in a COVID-19 world.

Key Outcomes 2019–2020

Endorsed the new regional model

The new constitution and regional model were endorsed at the 2019 Annual General Meeting. Four membership regions were established instead of the twelve: Metro, Northern, Southern and Western. Two directors were elected from each region to represent the member services. The new regional model has enabled greater member service insights through the regional coordinators and streamlined the AH&MRC's regional presence.



The AH&MRC Public Health Team attends the 2020 Yabun Festival.

Public Health Unit

The Public Health Unit (PHU) improves and promotes better health, wellbeing and strengthens the prevention and management of disease for Aboriginal and Torres Strait Islander people. In 2019–20, the PHU focused on the following:

Responding to the COVID-19 pandemic

The AH&MRC COVID-19 team supported ACCHOs to protect and prepare their communities. The PHU advocated for sector support and worked with all levels of government. The AH&MRC COVID-19 Action Plan provided a strategic approach to meet member services' operational and communications needs. Key actions included:

- regularly consulted with government and industry partners to address concerns and issues
- evaluated member services' needs with two COVID-19 needs assessments and regular reporting milestones
- developed an integrated communications plan that provided the latest recommendations from NSW Health through a dedicated COVID-19 webpage, and frequent social media posts
- developed an extensive collection of culturally appropriate COVID-19 communications for Aboriginal communities
- launched a COVID-19 email address to effectively respond to member and community enquiries and concerns.

Promoting Your Health Your Future

The Your Health Your Future (YHYF) initiative champions healthy futures for Aboriginal and Torres Strait Islander people. The AH&MRC promoted health assessments through the Plan, Do, Study, Act (PDSA) and the Continuous Quality Improvement (CQI) Programs. Both initiatives assisted ACCHOs to promote Aboriginal Health Assessments to suit their communities' needs. Attendance at community events like the Koori Knockout, Yabun Festival and the Barang Youth Summit, helped foster engagement in health promotion at a grassroots level.



Influenza Vaccination Campaign

Preparing for the Influenza season

In collaboration with the Ministry of Health, AH&MRC developed the 2020 Influenza Vaccination Campaign, #Immunity4Community. Community engagement was heightened through a youth artwork poster competition and online resources helped to raise awareness of influenza vaccinations. The impacts of COVID-19 heightened the urgency to encourage influenza vaccinations to keep Aboriginal and Torres Strait Islander people, families, and communities safe from the flu.

Practice Support Unit

The Practice Support Unit (PSU) is a dedicated team that delivers programs and activities to strengthen the workforce of NSW ACCHOs. The Practice Support Unit focused on the following:

Providing governance support: services were provided including governance and finance workshops, constitution and rulebook writing and review, CEO governance, board meeting assistance and annual general meeting facilitation.

Offering Clinical Governance Continuous Quality Improvement (CQI) workshops: workshops were delivered to 33 ACCHO CEOs and 42 ACCHO staff to provide knowledge and tools to increase financial sustainability in the face of an ever-changing funding landscape. AH&MRC engaged an external consultant, Dr Vlad Matic, to develop and deliver the workshops.

Adapting to COVID-19: the PSU responded to COVID-19 by shifting to an online format to facilitate webinars and online workshops on LGBTI2QA+ Inclusivity, Workforce Wellbeing and Trauma Informed Practice. The PSU also completed the following activities:

- ran online training and workshops to upskill the sector in Social and Emotional Wellbeing (SEWB) Alcohol and Other Drugs (AOD), CQI, governance and accreditation
- created resources and toolkits for ACCHO workers to provide SEWB and AOD support to community members during COVID-19.

AH&MRC Registered Training Organisation

The Registered Training Organisation (RTO) provides educational courses in Aboriginal and Torres Strait Islander health that are flexible and culturally competent in their outlook. In 2019–2020, the RTO has achieved significant compliance benchmarks including the Australian Health Practitioner Regulation Agency (Ahpra) Compliance for Monitoring Audit, the internal audit and compliance requirements for trainers and assessors with the Australian Skills Quality Authority. The RTO will continue to strengthen the skills and future opportunities for Aboriginal healthcare workers.

Adapting the student learning experience

The RTO's nationally recognised courses migrated from face-to-face delivery to Zoom virtual forums to keep students safe and prevent the spread of COVID-19. The RTO introduced greater flexibility for students to complete their vocational placement agreements by offering extensions and deferring some clinical units until 2021. Staff and 27 students had the opportunity to complete a Mental Health First Aid course to navigate the impacts of COVID-19 on their work, life and study.

AH&MRC Human Research Ethics Committee

The AH&MRC Human Research Ethics Committee (HREC) has continued to review and monitor research across NSW to ensure that all research impacting Aboriginal people, communities and organisations is culturally appropriate. Under the leadership of Aunty Valda Keed, this year has seen some major changes to the HREC including the implementation of Submittable; an online platform for submitting research applications, the recruitment of five members to the HREC and the update of the AH&MRC HREC Ethical Guidelines.

Business Development Unit

The Business Development Unit (BDU) was established in July 2019 to support the AH&MRC's Financial Strategic Development and Business Plan.

BHP Vital Resources Fund

The AH&MRC received \$920,000 through the BHP Vital Resources Fund, as part of a new partnership initiative established to support Aboriginal and Torres Strait Islander communities through the COVID-19 pandemic. Each ACCHO received \$20,000 to continue their critical response to the outbreak and COVID-19 activities to keep Aboriginal and Torres Strait Islander communities safe.

"I am proud to see the strength of NSW Aboriginal Community Controlled Healthcare Organisations. We have worked hard to deliver high-quality and culturally safe healthcare services for Aboriginal people during these unprecedented times. Our sector has a long term, vital role to ensure Aboriginal people lead healthy lives now, and in the future."

Robert Skeen, AH&MRC CEO



Aboriginal Health Council of South Australia (AHCSA)

Being the peak body for Aboriginal and Torres Strait Islander health in SA, AHCSA as an organisation has participated in a wide range of meetings, activities and projects to provide input, advice and advocate on behalf of their member services and Aboriginal and Torres Strait Islander communities. AHCSA continues to have strong working relationships with their funders and partners as they work together to improve the health outcomes of Aboriginal and Torres Strait Islander people in SA. In particular, in the latter part of the 2020 financial year, AHCSA has been involved in a number of forums and groups to assist member services with their planning and preparedness for the COVID-19 pandemic, both in clinical and community settings.

During the COVID-19 period, the organisation adapted to delivering program outcomes in new and innovative ways, in challenging circumstances.

Key Outcomes 2019–2020

Public Health Medical Officer

The onset of the COVID-19 pandemic in early 2020 led to the Public Health Medical Officers (PHMOs) taking a leading role in coordinating the public health response to the pandemic in AHCSA and in SA ACCHOs. The demands of this public health crisis meant that, to a significant extent, usual PHMO activities received less attention than had previously been the case. However, in general, these public health support activities were able to be maintained.

The PHMO played a key role in establishing the SA Aboriginal Environmental Health Working Group, which brings together key state government departments, NGOs and ACCHOs to identify, develop and advocate for responses to the poor environmental living conditions experienced by many Aboriginal people in South Australia.

Led by AHCSA's PHMO, AHCSA has continued to advocate for Aboriginal Health Practitioners (AHPs) to be able to independently vaccinate under the SA Vaccine Administration Code (SA Controlled Substances regulation), with additional training and appropriate supervision. AHCSA developed and delivered a pilot training program to AHPs to enable them to meet the competency standards to vaccinate under the Code.

Quality Systems

The Quality Systems Team (QST) provides comprehensive clinical and organisational support to members by applying a continuous quality improvement (CQI) focus to patient information management systems, data collection and analysis, and clinical governance.

In early to mid-February 2020, and as a direct response to the COVID-19 pandemic, AHCSA formed a Clinical Working Group and a Community Messaging Working Group. The primary focus of these groups was to support member services and Aboriginal communities. Due to the nature of this pandemic, all members of the QST mostly ceased their usual member support functions and re-directed efforts to focus on the pandemic response.

The QST has continued to work closely with AHCSA members to enhance CQI capacity and to maintain accreditation against the required standards. To facilitate and drive this work, the QST have invested significant time into the implementation and roll out of their PowerBI models and tools.

Data Strategy

AHCSA developed the AHCSA Data Strategy (2020–2025) to formally outlay a plan for innovation and expansion of AHCSA and member services' data capabilities over a five-year period. This work is being led by AHCSA's QST with PHMO, ethics and research input.



Sexual Health and Blood Borne Virus Program

The AHCSA Sexual Health and Blood Borne Virus (SH&BBV) Program works with Aboriginal health services and the broader health sector across SA, supporting the prevention and treatment of STIs and BBVs (including hepatitis B & C). The Program supports ACCHOs and other services working with young Aboriginal and Torres Strait Islander people in the promotion of, and improved access to, opportunistic and voluntary STI screening for people aged between 16 and 35 years.

COVID-19 has had a significant impact on program capacity since March 2020. The team has responded by supporting a range of pandemic planning activities including the roll out of COVID-19 point of care testing (POCT), immunisation clinics, and community messaging. Significant achievements include:

- supporting the implementation of STI and BBV screening policies and procedures, and clinical guidelines to support ACCHOs with increasing rates of testing
- creation and facilitation of a newly formed Aboriginal Sexual Health Network (ASHN), bringing together the sexual health workforce from across the state
- in partnership with Shine SA, running a two-day workshop 'Responding in the Outback', bringing together the newly appointed ACCHO sexual health workforce to upskill and undertake joint planning in response to the current outbreak of infectious syphilis.

Digital Health

This year AHCSA continued to coordinate and provide support on a range of digital health initiatives for member services. This included, National Authentication Service for Health (NASH) Public Key Infrastructure (PKI) and site certificates, My Health Record (MHR), Provider Digital Access (PRODA) and Health Professional Online Services (HPOS), healthcare identifiers, technical support across systems, telehealth, medical devices, ePIP, policy and procedural support.

Aboriginal Health Research Ethics Committee

The Aboriginal Health Research Ethics Committee (AHREC) promotes, supports and monitors quality research that will benefit Aboriginal people in SA. AHREC also provides advice to communities on the ethics, benefits and appropriateness of research initiatives.

All research submitted to AHREC must place the needs, priorities, and wellbeing of the SA Aboriginal and Torres Strait Islander community before the needs of the study. It must present a partnership approach at all phases of the research with a feasible knowledge translation strategy involving relevant Aboriginal organisations. All research submitted to AHREC should meet the good research practice guidelines and present a rigorous methodology in terms of quantitative representativeness and qualitative data saturation.

A total of 49 new research proposals were submitted to AHREC for review in the FY19-20.

AHCSA Eye Health Program

The Eye Health Program, through the Eye Health Project Officer (EHPO), continually works toward achieving optimal and sustainable eye health outcomes for for Aboriginal and Torres Strait Islander people in SA. The EHPO provides high level ongoing support to AHCSA's member health services to manage primary and secondary eye health and vision care, and strong pathways to tertiary level care.

The EHPO role has evolved more strongly towards working closely with member services in building and broadening workforce and clinical systems capacity, while continuing to support the eye health practitioner visiting services, advocacy, and networking with stakeholders and the broader Indigenous eye health sector.





AHCWA
Aboriginal Health Council
of Western Australia

Aboriginal Health Council of Western Australia (AHCWA)

AHCWA supports and acts on behalf of 23 ACCHOs throughout Western Australia. The last 12 months has been both a challenging and rewarding time in the Aboriginal and Torres Strait Islander health sector.

On a national level the Partnership Agreement on Closing the Gap has been momentous. The response to the COVID-19 pandemic by AHCWA, the ACCHO sector and the state government has allowed WA to be in an enviable position without being complacent.

Key Outcomes 2019–2020

Closing the Gap

AHCWA is proud to be a part of the Partnership Agreement on Closing the Gap between all Australian Governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations (Coalition of Peaks, CoP). As the sole WA peak body member of the CoP, AHCWA has been deeply involved in every step of the process to develop a new National Agreement on Closing the Gap.

With support of governments, the CoP facilitated engagements across the country to hear the views of Aboriginal people and their communities about their priorities for the new agreement. From October to December 2019, AHCWA representatives supported the facilitation of engagements on Closing the Gap in Geraldton, Katanning, Port Hedland, Kalgoorlie, Broome and Perth.

Through regular attendance at Partnership Working Groups with representatives of all Australian Governments and key members of the CoP, AHCWA participated in strategic negotiations on the details of the National Agreement. AHCWA has also worked consistently, and in unity, with the CoP to advance towards a community-informed National Agreement.

AHCWA has been a proactive member on the CoP from the beginning, and strongly supports the establishment of the National Agreement. However, work has only just begun. AHCWA will continue to work with the CoP and Australian Governments to ensure that the National Agreement is fully implemented and that the mutual commitment to Closing the Gap is realised.

COVID-19 Pandemic

During the period, AHCWA established relationships with philanthropic and mining and resource companies, BHP and the Minderoo Foundation. It was through these companies that AHCWA was able to negotiate and secure significant funding to assist member services during COVID.

AHCWA also engaged with the Western Australian Council of Social Service (WACOSS) and other peak bodies during this time to engage with the Department of Communities and address regional and remote issues.

WA Suicide Prevention Action Plan

During 2019 the WA Government committed to establishing a statewide Suicide Prevention Action Plan 2021–2025, in which Aboriginal communities would be a priority area for action. Despite the prioritisation of suicide prevention for Aboriginal people in the proposed state-wide plan, AHCWA strongly advocated for the development of a Suicide Prevention Action Plan specifically for Aboriginal people with dedicated regional streams. AHCWA used its position on the WA Suicide Prevention Action Plan Steering Committee to propose and progress the regional Aboriginal plans, worked closely with the Mental Health Commission (WA) to design a framework for developing the plans, and formally engaged with the Minister for Mental Health, the Hon. Roger Cook, in support of the plans.



AHCWA hosted a session at the NACCHO Youth Conference 2019

Ownership of the AHCWA Building

A proud highlight of 2020 has been the ownership of the AHCWA premises. Having moved from Dilhorn House, located on the corner of Bulwer and Lord Streets, Perth in 2012, AHCWA purchased the building in July 2014. As of June 2020, the Board is extremely proud that AHCWA now own the premises in their own right.

WA Aboriginal Community Controlled Health Sector Conference

Due to COVID, AHCWA's WA Aboriginal Community Controlled Health Sector Conference 2020, inclusive of the Youth Conference and Members' Planning Day scheduled in March 2020, regrettably had to be cancelled. As the planning for the 2020 Conference was well in advance, it is hoped that AHCWA will be able to hold a very successful conference in March 2021.



AHCWA team front of the new AHCWA building

Annual General Meeting

AHCWA held their 2019 Annual General Meeting (AGM), followed by a successful workshop with members on the AHCWA Constitution, in February 2020. It is hoped that AHCWA members will be able to meet towards the end of 2020 to finalise the AHCWA Constitution. AHCWA's next AGM will also involve elections for the office bearer positions and regional representation on the AHCWA Board.

Member Support

AHCWA continued to support their 23 member services with considerable resources and are in the process of implementing a new member portal that will expand the online resources available to member CEOs and staff.

The work of AHCWA has received continued support during the past twelve months from the AHCWA Board and AHCWA staff who have worked hard, through challenging COVID-19 times, to implement the strategic intent of the Board whilst meeting the needs and expectations of all stakeholders.



Aboriginal Medical Services Alliance Northern Territory (AMSANT)

In line with the experience of the Aboriginal health sector nationally, AMSANT's year was dominated by a pre and post-COVID divide. Despite COVID's dominance of the health agenda, AMSANT also contributed to other major national and Northern Territory health initiatives during the year, in addition to the core ongoing work of supporting AMSANT member services to provide and improve high-quality primary health care (PHC) services to Aboriginal people in the Northern Territory.

Along the way AMSANT also celebrated their 25th year with a conference in Alice Springs that brought the members together to reflect on their achievements and discuss the key issues affecting the sector.

AMSANT celebrates its 25th anniversary



Key Outcomes 2019–2020

AMSANT's CEO, John Paterson, strongly led the Aboriginal Peak Organisations Northern Territory (APO NT) contribution to the National Coalition of Peaks' ground-breaking work to negotiate the new Closing the Gap National Agreement with the Commonwealth, state and territory governments. John is a Coalition of Peaks representative on the Joint Council on Closing the Gap.

AMSANT's core business of providing support to their member services achieved significant outcomes during 2020, including in the areas of workforce, clinical and public health, social and emotional wellbeing (SEWB), digital health, CQI, accreditation and business support.

AMSANT provided a pooled ACCHO data report divided into urban and remote to help services with benchmarking and to identify areas where lower performance reflected system or training issues. AMSANT staff also led the introduction of new and improved existing clinical indicators that are reported across the sector, including reducing the age of diabetes indicators down to five years and introducing an anaemia in pregnancy indicator.

AMSANT held educational teleconferences on key areas including childhood anaemia and renal transplantation and provided input into public health sessions at AMSANT's 25th Anniversary conference. There has also been ongoing advocacy about increased access to cervical screening training and screening rates are slowly improving. AMSANT also worked with the NDIA to hold a workshop in Alice Springs, attempting to resolve key issues around supporting greater ACCHO involvement in NDIS programs.



AMSANT team visit Lajamanu Health Clinic

SEWB

AMSANT's SEWB team has continued to expand its support for member services, particularly in trauma informed service delivery, using the Damulgurra Culturally Responsive Trauma Informed Care (CRTIC) training program that the team has developed.

CQI

A highlight of a busy year was the NT CQI Collaborative, where AMSANT celebrated 10 years of the NT CQI Strategy. 170 clinicians and staff from NT Primary Health Care Services came together under the theme of "We are all in this together – CQI is Everybody's Business" to share their own CQI journey.

In the workforce space, AMSANT has progressed several initiatives that lay foundations for improving future Aboriginal health workforce outcomes. The Lowitja Career Pathways Project, led by AMSANT and UNSW, has been finalised and the Career Pathways Report will be launched in August 2020. The organisation has also secured funding to provide scholarship support to AHPs and ITC workforce through the AMSANT AHP Scholarship Fund.

Two significant workforce strategies were completed during the year: a comprehensive Remote Area Workforce (COVID-19) Response Plan developed by AMSANT; and the Human Service Industry Plan 2019–2029, developed in partnership with NT stakeholders, which was launched in January 2020.

Digital Health

AMSANT provides strong digital health support to members across Communicare, Telehealth, My Health Record, and ICT/IM support. AMSANT also gained access to Telstra outage reports and assisted members in responding to what is a frequent disruption to vital communications-dependent health service functions. In 2019 AMSANT worked with the NT Department of Health and NT PHN to develop a joint 5-year Digital Health Strategy.

Meanwhile, AMSANT continued to provide close support for two member services transitioning from NT Government clinics to community control and provided vital support for two members requiring support. AMSANT is pleased that Red Lily

Health Board is on track to take over their first clinic on 1 April 2021 and that Malabam Health has now transitioned all health services and most of their staff.

The expanding community-controlled sector in the NT has now achieved the outcome of increasing its proportion of PHC service delivery to Aboriginal people, with ACCHOs accounting for over two thirds (68%) of clients seen in Aboriginal primary health care settings.

COVID-19

The emergence of the COVID-19 pandemic in early 2020 introduced an urgent and potentially devastating additional risk to the already challenged health of Aboriginal people in the Northern Territory. With support from NACCHO, AMSANT spearheaded advocacy for a public health approach, to help to achieve an early border closure and appropriate conditions for the Commonwealth Biosecurity Act access restrictions to Aboriginal communities. AMSANT also successfully advocated for supervised rather than self-quarantine. The early and strong action in the NT has undoubtedly contributed to the outcome of no cases of COVID-19 reported in Aboriginal people in the NT.

Close engagement with government has been vital in protecting the NT from the virus. The CEO co-chairs the NT Government Regional and Remote COVID-19 Taskforce and we participate in the Commonwealth Aboriginal and Torres Strait Islander Advisory Group on COVID-19 as well as several jurisdictional response groups.

AMSANT organised weekly COVID-19 meetings with their members as the situation escalated. Issues that were dealt with included confusing and frequently changing processes for interstate staff to gain exemptions to work in the NT, ensuring input into pandemic planning processes, and PPE requirements. AMSANT worked with the NT PHN to ensure the services had adequate PPE and worked with a high school to make face shields when there was a critical shortage of goggles.

Mental health impacts of COVID-19 have also been of concern, with AMSANT developing the COVID-19 Aboriginal Mental Health and SEWB Plan, with input from SEWB managers, to assist NT ACCHOs plan for the mental health needs of Aboriginal communities during and after the COVID-19 pandemic.



The Queensland Aboriginal and Islander Health Council (QAIHC)

QAIHC experienced a productive and performance focused 2019–2020. In a year that was dominated by a global pandemic, QAIHC’s strategic vision and service delivery capacity for its members prevailed. Advocacy for a renewed focus on suicide prevention, youth health, maternity services and renal pathways has resulted in a series of integration projects, led by QAIHC in collaboration with health system partners.

Late in the 2019 calendar year, QAIHC was proud to spend time with 300 young Aboriginal and Torres Strait Islander thought leaders at the QAIHC Youth Health Summit. The inspired young people worked together to articulate their vision for health services, to be captured in a Youth Health Strategy launching late 2020. In the later months of the financial year QAIHC’s face-to-face contact and events were put on hold as the organisation was thrust into the unknown of the COVID-19 pandemic.



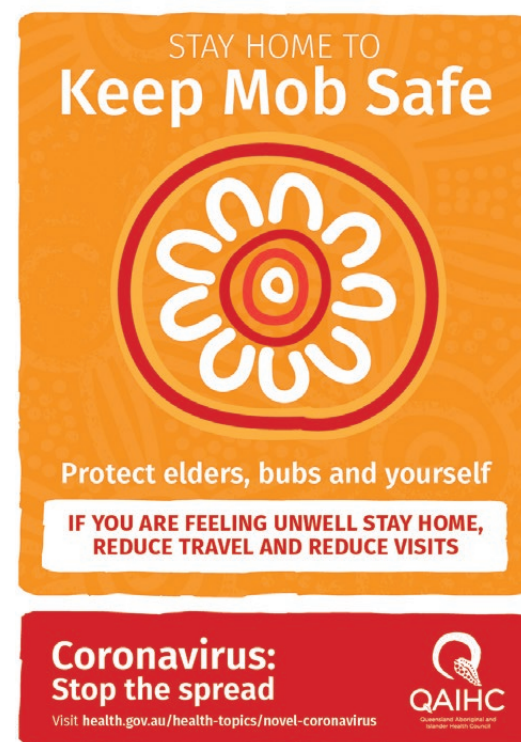
L to R: Angela Young (QAIHC General Manager Policy & Research), Dr Jeanette Young (Queensland Health, Chief Health Officer) Haylene Grogan (Queensland Health, Chief Aboriginal and Torres Strait Islander Health Officer)

Key Outcomes 2019–2020

COVID-19 Response

QAIHC represented the Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHO) sector on local, statewide, and national advisory committees to advocate and provide vital information to its members. QAIHC’s rapid response in developing communiques, coordinating sector shared resources, publishing of health promotion material, dissemination of family isolation packs, funding, advocacy and guided Aboriginal and Torres Strait Islander people through the early stages of the COVID-19 pandemic.

QAIHC members demonstrated again why their community-centered model of care endures through even the most complex of times. A deep understanding of their community’s health needs, a commitment to protecting their most vulnerable and their ability to communicate, led the health system response for our people.



Expanding research capability

QAIHC’s research profile has grown with several new partnerships and increased research funding prioritising community-led, co-designed research. Partnerships include Menzies School of Health and Research, Queensland University of Technology, the Australian Institute for Suicide Research and Prevention, Queensland Institute of Medical Research (QIMR), Berghofer and the Commonwealth Scientific and Industrial Research Organisation (CSIRO). QAIHC’s internal research capability has expanded to include ethics reviews (for external committees) and the development of evaluation frameworks. QAIHC’s member-facing data services continued with the key focus for 2020 being health information report redesign to modernise reporting techniques and to include broader social determinants of health.

Challenging institutional racism

QAIHC’s focus on challenging institutional racism and breaking down systemic barriers reached a major milestone this year with the Queensland Government passing legislation prioritising health equity for Aboriginal and Torres Strait Islander peoples. Most significantly, the legislation mandates minimum Aboriginal and Torres Strait Islander representation on all Hospital and Health Services Boards, a key focus of QAIHC’s advocacy in recent times. In the year 2020–2021 QAIHC will be working in collaboration with the Chief Aboriginal and Torres Strait Islander Health Officer to further develop the Health Equity Framework and monitor the implementation of health equity strategies.

Supporting our young people

Joined by 300 young and enthusiastic Aboriginal and Torres Strait Islander people from all over Queensland, QAIHC hosted a Youth Health Summit exploring the theme of Strong Bodies, Calm Minds and Resilient Spirit.



Participants of the QAIHC Youth Health Summit 2019

Reforming a fractured system

In a significant step towards a more collaborative health system in Queensland, QAIHC and all seven PHNs entered into a MoU, committing to sharing priorities and developing a shared annual work plan.

Showcasing the Sector

QAIHC’s communications and marketing has expanded and has increased its capacity to develop publications, promotional material and manage large-scale events. The bi-monthly Sector Leader magazine readership continues to grow, offering more opportunities to showcase success stories from within the sector. QAIHC’s social media pages are gaining momentum as the information sharing media of preference. QAIHC’s in-house design team has collaborated with a range of stakeholders in addition to members, creating culturally appropriate programs, resources, papers and more.

Strengthening our Workforce

QAIHC continued to provide key learning and development opportunities for member services despite restrictions on face to face engagements. This included data and reporting, Medicare, Diploma of Professional Practice Leadership, Wound Management, Phlebotomy, Business Administration and Communication.

QAIHC continues to advocate for workforce issues unique to the sector such as improving entry pathways for the clinical workforce, cultural safety in health service delivery, the professional recognition of the Aboriginal and Torres Strait Islander Health Worker/Practitioner and working better with health system partners instead of competing for staff.

The CQI and Accreditation teams continued to work with the sector, to build and maintain strong quality systems. QAIHC co-designed and launched organisation specific nKPI manuals for Best Practice (n=7) and Medical Director (n=6). As a new commercial fee-for-service offering, the Accreditation Team developed a complete Accreditation package called “Accreditation Our Way” and implemented the full program for several members and offered Accreditation Training throughout 2019–2020.

The Social and Emotional Wellbeing (SEWB) Workforce Development Support Unit has provided both accredited and non-accredited training opportunities to Queensland’s SEWB network and supported peer to peer engagement and learning through regional and state gatherings.

Securing QAIHC’s future

Through the Business Quality Centre (BQC), QAIHC has expanded its fee-for-service products to include the outsourcing of human resources, accreditation, communication and marketing and information technology support. The increased revenue derived from these diverse service offerings supports income generation for QAIHC to deliver more services to our members at no cost.



Key Outcomes 2019–2020

Coalition of Peaks

A year of unprecedented circumstances has required a strong commitment from the Coalition of Peaks to strengthen the resilience of the Aboriginal community. TAC's Chief Executive Officer, Heather Sculthorpe, actively attends the CoP meetings, which have increased in frequency in response to the pandemic and its suppressive measures. The implementation of high leverage actions is achieved through a consultative process between community, peak bodies and parliamentary committees.

The TAC continues to contribute to the valuable work around the development, implementation, advocacy, and monitoring of the Closing the Gap targets and indicators. Meetings were held with the Premier and Aboriginal Affairs Minister to build on the state's commitment to the Closing the Gap strategy and targets.

Connected Beginnings

The TAC has continued to support the valuable, grassroots, community-led work in *kutalayna* (Jordan River). The project has been expanded by the affiliate through support on data sovereignty; governance; adherence to Collective Impact principles; advocacy; stakeholder engagement and results-based accountability. Through collaboration with various government agencies and the private sector, the project has significantly progressed towards educational and health outcomes for

Tasmanian Aboriginal Centre (TAC)

The TAC continues to embody the core value of 'community control' in its capacity as Tasmania's peak body for Aboriginal health. The nation is suffering from the profound impact of the pandemic and as the champion for Aboriginal health and wellbeing across the lifespan, TAC endeavours to be a beacon of resilience, paving the way for the Aboriginal Community Controlled Health Services to deliver comprehensive primary health care across *lutruwita*/Tasmania. Through service alignment, strategic vision, policy development and systematic adaptation, TAC has contributed to significant outcomes in the 2019–2020 year.



Hobart City Council's Aboriginal Commitment and Action Plan

Seated right: Doug Mansell (Elder) Standing right shoulder of Doug: Raylene Foster (Director TAC). Standing left shoulder of Doug: Carla Jennings (Chairperson of the Board for TAC)



Pataway Youth Workshops



Pataway Community Workshops – Erica Short Maynard

Aboriginal children, their families, and the wider community. The TAC is acting as an echo chamber to the Federal Government's commitment to breaking down systemic silos and achieving meaningful, lasting social change through unified service delivery that is aligned with community need.

COVID-19

Mitigating, or at least reducing, the impact of COVID-19 suppression measures on the Aboriginal community is the guiding principle of the TAC's COVID-19 response. This includes the broader remit of ensuring services are well resourced and equipped to be flexible and responsive with their work.

The TAC ensured that, despite the pandemic, the good work continued.

This was achieved by:

- providing advice on systematising workflows
- training on and advocating for telehealth
- providing resources to enable staff to work remotely
- providing IT and systems support
- ensuring a COVID-safe environment through strategic planning and regular meetings with the affiliates' Public Health Medical Officer (PHMO).

Through affiliate resourcing and guidance, the AHS in Burnie was able to provide nutritious meals, hand sanitiser and other social supports for Aboriginal people in both mandated quarantine and community settings. Due to the outbreak on the North-West coast and the consequent blanket quarantining, this work was vital to the community's wellbeing. Robust planning measures were taken to ensure this was delivered in line with the organisation's COVID-Safe Plan.

Furthermore, the TAC worked collaboratively with the State and Federal Governments around utilisation and access to COVID-19 testing clinics. This allowed for the ACCHO to be unencumbered in its provision of health care for other acute and chronic conditions.

As a member of Tasmania's Public Health Emergency Operations Centre, the TAC is best placed to access contemporary, expert advice on COVID-19, while providing quality advice on the needs of the Aboriginal community, access to PPE and outbreak response and planning.

Data Quality

The TAC, as part of the Tasmanian Aboriginal Health Forum (TAHF), assisted in establishing a Health Information Working Group (HIWG) to investigate the range of existing sources of health information and mechanisms for strengthening the use of data to inform decision making. A significant outcome of the HIWG is the scoping of data quality improvement opportunities that are derived from current systemic limitations. Within TAHF, the TAC endeavours to improve governance arrangements around how data about Aboriginal health is collected, stored, and utilised.

The TAC oversaw a feasibility study on the NDIS to ascertain the needs of the Aboriginal community. This involved reviewing qualitative data and projections of quantitative data, which was made seamless and accessible through CQI protocols.

Cultural Safety

Ensuring mainstream health providers have the principles of equality and integrity instilled in their practices is fundamental to the TAC's ethos. Currently, the TAC is piloting ways to digitise cultural safety and awareness training as a response to the COVID-19 suppression measures. There is ongoing work around cultural training of registrars, medical and administration staff within General Practice Training Tasmania, Department of Health, not-for-profits and private general practices, to promote a culturally safe environment for the delivery of health services across *lutrawita*.



Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

In the face of some extraordinary circumstances and immense challenges, the 2019–2020 financial year has been full of inspiring stories of leadership, resilience, and success. VACCHO's adaptability shone through as they and their members transitioned to remote working and where possible, service delivery to respond to community needs and drive down infection rates. Both VACCHO and its members adapted rapidly and creatively to new ways of working with their communities.

In a COVID-19 world of uncertainty VACCHO provided specific Aboriginal and Torres Strait Islander public health information which was vital to keeping community transmission low. In rapidly changing business environments, VACCHO supported its 32 members by assisting them to transition to phone and online service delivery and providing critical business support so members could continue to operate and focus on the needs of their communities.

VACCHO also played a role in the Closing the Gap Refresh, where governments for the first time, committed to working with Aboriginal and Torres Strait Islander organisations.

Key outcomes 2019–2020

VACCHO continues to move from strength to strength with its workforce growing to meet the needs of its members. Its policy and research team doubled to take the voices, expertise, needs and aspirations of members to the highest levels of government to ensure reform and equitable investments. VACCHO employed a highly skilled project management team to design and deliver innovative, culturally informed, and effective projects and the training unit continued to grow and upskill the Aboriginal and Torres Strait Islander workforce.

VACCHO is proud to share its success stories across 2019–20 through four strategic pillars:

Leadership

VACCHO played a pivotal role in supporting its members to help their communities get through the summer bushfires, which impacted the Gippsland and North East regions of the state from December 2019 through to February 2020.

VACCHO continued to support the leadership and resilience of its members in these regions who in turn supported the recovery and strengthening of their mobs' physical, mental, social and emotional wellbeing. VACCHO also initiated the nation's first Aboriginal dedicated social and emotional wellbeing hotline, Yarning Strong.

The global Black Lives Matter (BLM) movement hit home in Australia, where Yorta Yorta woman Auntie Tanya Day is one of 434 Aboriginal people to have died in custody since 1991. As the Victorian Coroner recommended the police officers tasked with Auntie Tanya Day's care while incarcerated for public drunkenness be referred to the Director of Public Prosecutions for investigation, the Victorian communities and allies wanted to join the peaceful rallies across Victoria.

VACCHO worked with BLM organisers and the state government to adopt a harm minimisation approach to ensure community and ally voices were heard, while keeping people as safe as possible during COVID-19. Thousands of face masks, boxes of hand sanitiser, and gloves were supplied to march participants by VACCHO prior to the rally.

The remaining personal protective equipment was distributed on the day. Several national, state, and international media outlets visited the VACCHO office to broadcast the leading role VACCHO took with the Warriors of Aboriginal Resistance (WAR) to ensure the rally could be held safely. It is a testament to the harm minimisation approach employed by both VACCHO and WAR that the Victorian Department of Health and Human Services (DHHS) found no evidence of any community transmission at the rally.



Black Lives Matter

Evidence and Community Experience

Under the leadership of Helen Kennedy, VACCHO started the year strong through tireless advocacy to have Victorian Aboriginal voices embedded in the Royal Commission into Victoria's Mental Health System (RCVMHS) Commission.

This resulted in an Aboriginal specific public hearing, with a range of high calibre expert witnesses, taking place before the full bench of Commissioners at the Aborigines' Advancement League in Thornbury on 16 July 2019.

VACCHO's advocacy in the mental health space ensured Aboriginal and Torres Strait Islander definitions of social and emotional wellbeing, including trauma, were included in scope for the Commission. The Commission's interim report called for the establishment of an Aboriginal-led Centre of Excellence in Social and Emotional Wellbeing.

Further, the Commission recognised the (ACCHO) sector is leading the way on mental health and SEWB best practice service models. With VACCHO's holistic approach to mental health and SEWB at the fore, VACCHO and Victorian Aboriginal communities are well placed to have a profound impact on the final report and future direction of mental health funding and service model development in Victoria.



Launch of the Royal Commission into Victoria's Mental Health System Interim Report November 2019 - VACCHO Acting CEO Trevor Pearce with Penny Armytage AM Chair of the Commission

Strong Service System

DHHS funded VACCHO with \$5.4m to run a grants program for their members to provide funds for capital works, technology and equipment upgrades. Projects funded strengthened VACCHO members and empowered them to continue to focus on providing deadly services to their communities.

VACCHO continued to work with its members to support their data reporting obligations through the Victoria Alcohol and Drug Collection (VADC) and brought more members on board the VACCHO-led client management system.

Having consulted with a range of stakeholders to understand the barriers to recruitment, VACCHO successfully advocated to DHHS for funding to develop and launch an AOD workforce attraction campaign. Due to COVID-19, the May 2020 campaign launch was postponed.

Sustainability

The financial security and sustainability of VACCHO's members is crucial to the advancement of Aboriginal and Torres Strait Islander self-determination across Victoria. VACCHO has been critically looking at the ways ACCOs receive funding with a view to decolonising current funding practices which create arduous barriers and impossible hoops to jump through.

VACCHO has begun looking at ways to diversify funding bases through philanthropic support and impact investments and implementing streamlined funding processes for joint funding applications thereby reducing the load on members to identify, apply and receive grants.



Opening of the new Ballarat and District Aboriginal Cooperative (BADAC) building: MP – Juliana Addison, VIC Premier Daniel Andrews, MP – Michaela Settle with BADAC CEO Karen Heap and the BADAC team

Over the past financial year, VACCHO has provided intensive business and governance support to achieve the organisational health of its members, including supporting members get the JobKeeper payment to support their workforce over COVID-19.

In house, VACCHO is building a people-centred Customer Relationship Management (CRM) database, incorporating culturally informed business and organisational best practice.

After several decades of lobbying government, VACCHO secured an in-principle agreement to become a pilot for a five-year outcome-based funding agreement. VACCHO's vision is big, we want to create transformational change, and demonstrate that when ACCOs are funded to best meet the needs of community and to do things our way we will achieve in leaps and bounds for our mob.



Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga AHCS)

Winnunga AHCS responded proactively to the COVID-19 pandemic early in 2020. The Winnunga AHCS Influenza Pandemic Plan (2015) put the service in a good place in terms of preparation, as the COVID-19 response is largely based on influenza pandemic planning.



CEO Winnunga AHCS Julie Tongs OAM

The Winnunga AHCS Pandemic Plan was actioned in February and was fully activated in March 2020. Actions included:

- sharing the Winnunga AHCS Influenza Pandemic Plan with NACCHO and other affiliates
- ensuring effective lines of communication with ACT Health and Capital Health Network so rapidly changing public health guidelines reach Winnunga AHCS staff quickly and are implemented in a timely way
- ensuring rapid lines of communication to staff
- checking PPE stocks, boosting PPE supply and implementing infection control procedures
- commencing increased data collection for respiratory conditions and COVID-19
- client communications via social media, the Winnunga AHCS Newsletter, notices in the clinic, the Winnunga AHCS website and direct advice to clients
- modifying clinical service delivery to maintain client care while minimising COVID-19 risk. This included implementing telemedicine consultations to reduce the number of clients who need to attend in person and providing influenza vaccinations to vulnerable clients in their home
- ensuring the Winnunga AHCS prison health service at the Alexander Maconochie Centre has equipment and procedures in place to test for and respond to COVID-19.



Dr Peter Striegl at a Winnunga AHCS clinic conducting the COVID-19 test on nurse Liz Fazakerley

Key outcomes 2019–2020

COVID-19

Winnunga AHCS commenced a one room respiratory clinic on 11 March, based on the Pandemic Plan. The respiratory clinic had an external entrance with all clients screened outside the building. An expression of interest to become a Commonwealth funded GP Respiratory Assessment Clinic was submitted on 23 March. Assessment and training by Aspen Medical were required to confirm suitability. Some contract negotiations were

needed to ensure Winnunga AHCS was not required to see non-Indigenous mainstream clients and that reporting could be done using Communicare. Full transition to a Commonwealth funded GP Respiratory Assessment Clinic (and rear clinic entrance) commenced on 28 April.

Winnunga AHCS has been actively involved with the ACT government on the Territory COVID-19 response since February 2020. This has included representation on ACT committees (ACT Primary Care Emergency Planning Working Group and ACT COVID-19 Planning for Custodial Settings Working Group). Winnunga AHCS has a good working relationship with ACT Health Protection and are able to actively advocate and problem solve when issues arise. The ACT Government has been supportive of Winnunga AHCS and responsive to any problems that have arisen.

The Winnunga AHCS Public Health Medical Officer (PHMO) represents the service on the national Aboriginal and Torres Strait Islander Advisory Group on COVID-19. The Winnunga AHCS CEO and PHMO have also worked with NACCHO and other stakeholders on co-ordinated COVID-19 responses.

Continuous Quality Improvement

Winnunga AHCS internal CQI, reporting and evaluation processes have been supported this year through development of data collection templates in Communicare. These templates record data specific to the service to streamline health care provision and assist in monitoring, reporting and evaluation. In addition, the Data Officer and PHMO have ongoing roles in monitoring and improving data quality. Winnunga AHCS uses service level data, regional and state level data, research, evaluations and community feedback to assess unmet demand and to develop strategies to address these. Examples include our prison health service and advocacy for an Aboriginal specific residential drug and alcohol rehabilitation service.

Improving health outcomes

Winnunga AHCS worked with the ACT Aboriginal and Torres Strait Islander Health Forum to influence improving outcomes for Indigenous health. This Forum has assisted, for example, in delivering ear health services and procedures for children needing grommets, which has historically attracted unacceptable wait times and along with other matters considered the new Indigenous Australians' Health Programme (IAHP) funding model. The Winnunga AHCS CEO continued in the role of Chairperson for the Forum throughout 2019–2020.

Winnunga AHCS provided policy advice on areas such as:

- ACT Health Digital Health Record
- Indigenous Australians' Health Programme (IAHP) evaluation
- KPMG Data Quality Assessment and Support Project
- Australian Institute of Health and Welfare (AIHW)
- national Key Performance Indicators (nKPI)
- Online Services Report (OSR) Review
- CREATE resources

- Australian Bureau of Statistics (ABS) Aboriginal and Torres Strait Islander Health Survey
- Draft National Ear and Hearing Health performance indicators
- Data sharing and release legislation and Practice Incentives Program-Quality Improvement (PIP-QI).

In addition, over the year, Winnunga AHCS provided advocacy and information to:

- Ensure the ACT Government continues to fund the ACT Legal Aid Commission's domestic violence service
- The AMC Healthy Prison Review
- Professor Bartels, Australian National University (ANU) Centre for Social Research and Methods, Canberra, regarding family violence
- A Caring for an ageing Australia – Nous Group report
- A review of draft CREATE resources for ACCHOs in practice
- A QE2 Review
- The ACT Budget Submission.

Winnunga AHCS shares with and learns from other services and affiliates through the PHMO network, NACCHO Policy Subcommittee, NACCHO CQI Network and one-to-one interactions on specific issues. Throughout the year Winnunga AHCS has provided ongoing input to these groups.

Training and Research

Winnunga AHCS provided training placements for ANU medical students, GP registrars, psychiatry registrars, Public Health Medicine registrars and nursing students. This experience in a culturally safe Aboriginal Community Controlled Health Service setting gives students better understanding and skills for when they return to mainstream health services.

Research projects conducted by students and registrars provide valuable information for service delivery. This year projects included an early (six months) implementation evaluation of the Winnunga Alexander Maconochie Centre Health and Wellbeing Service, a client experience survey of Winnunga AHCS clients at the Alexander Maconochie Centre and a client influenza immunisation survey.

The Winnunga AHCS PHMO is an affiliate representative member of the Health Services Data Advisory Group (HSDAG) and the HSDAG Working Group on nKPI revisions. The PHMO has provided extensive input on HASDAG agenda items, and also participated in the OSR and nKPI Data Framework Working Group. The Winnunga AHCS CEO is also a member of the NATSIHP Implementation Plan Advisory Group and Winnunga AHCS is represented on the ACT Clinical Council and the Opioid Therapeutic Advisory Committee.

Network Funding Agreement

In June 2017, the Australian Government and NACCHO entered into a contract, the Network Funding Agreement (NFA). This agreement is the Department of Health’s financial commitment to the Aboriginal Community Controlled Health Sector and enables NACCHO to effectively support ACCHOs to deliver primary health care services to Australia’s Aboriginal and Torres Strait Islander people. In June 2019 a two-year extension of this contract was signed.

The agreement outlines the relationship between NACCHO and its affiliates in each state and territory, who are collectively known as the Sector Support Network (SSN). The agreement provides a framework within which the SSN and the Commonwealth work together to achieve a shared vision of optimised health outcomes for Aboriginal and Torres Strait Islander people. The agreement identifies three outcomes:

- **Outcome 1:** A strengthened Aboriginal Community Controlled Health sector to maintain and further develop a strong infrastructure of ACCHOs
- **Outcome 2:** A strengthened broader health system to provide accessible, responsive, and culturally safe care to Aboriginal and Torres Strait Islander people
- **Outcome 3:** National positions delivering high quality expertise and advice at a national level

OUTCOME 1: A strengthened Aboriginal Community Controlled Health sector to maintain and further develop a strong infrastructure of ACCHOs

Affiliate	Strategies/ Activities
AH&MRC	<ul style="list-style-type: none">• developed an ongoing Governance Support Program for seven member services• continued to develop an accreditation engagement strategy and action plan• provided a Your Health Your Future Plan, Do, Study, Act (PDSA) Continuous Quality Improvement (CQI) program to boost the Aboriginal and Torres Strait Islander Peoples Health Assessment (Medicare Benefits Schedule Item 715) to best suit their community and needs• partnered with ATSI ICT Aboriginal Corporation to deliver Governance and Finance workshops to member services• partnered with Australian General Practice Accreditation Limited to deliver the new accreditation standards to their member services.
AHCSA	<ul style="list-style-type: none">• provided clinical governance training to health service staff and supported clinical systems audits in conjunction with health services• provided support regarding eye health equipment and the development of relevant clinical systems, including training to improve staff capacity in use of a non-mydriatric retinal camera for retinal screening• undertook a sexual health workforce development workshop with a focus on syphilis.
AHCWA	<ul style="list-style-type: none">• engaged Leadership WA to deliver emerging leaders training to 12 AHCWA and Derbarl Yerrigan Health Service staff as a pilot program• provided in-depth clinical audits to member services, relating to diabetes, smoking, renal treatment, chronic wet cough, and anaemia in children under four to increase data collection and program efficiency• continued negotiation with member services for access to nKPI data to allow for better regional analysis and best practice information.

Affiliate	Strategies/ Activities
AMSANT	<ul style="list-style-type: none">• provided support to ACCHOs involved in the Community of Practice Health Care Homes Pharmacy trial• led the development of the Remote Area Workforce Plan for member services in response to COVID-19 in collaboration with the Northern Territory Primary Health Networks (NTPHN)• supported member services maintain Royal Australian College of General Practitioners (RACGP) accreditation• supported four member services in the Health Care Homes (HCH) trial, a complex health system change focusing on capitation, a CQI approach to care and workforce redesign• sourced and awarded funding to three member services for 14 Aboriginal and Torres Strait Islander Health Practitioner (AHP) traineeship scholarships.
QAIHC	<ul style="list-style-type: none">• held a biannual data, systems and reporting workshop, training around 20 member services staff in accurately recording and reporting data• provided one-to-one training on CQI to five member services• provided key governance and operational support including CQI reviews, accreditation and governance advice, human resource support, data and reporting assistance and the provision of service delivery statements• held the Queensland Youth Health Summit ‘Strong Bodies, Calm Minds and Resilient Spirit’.
TAC	<ul style="list-style-type: none">• worked with the College of Health and Medicine at the University of Tasmania (UTAS) to ensure greater opportunities for Aboriginal students to enrol and succeed in health-related studies and careers• supported clinical accreditation and compliance for the five Aboriginal Health Service sites across Tasmania.
VACCHO	<ul style="list-style-type: none">• rolled out Health Direct licences to 28/31 ACCHOs and held telehealth webinars assisting their members with the set-up of Health Direct and user settings• maintained ongoing creation of new and updated CQI and portfolio related dashboards using PATCAT derived data and PowerBi visualisations for use by ACCHOs and to support evaluation of VACCHO program areas which support ACCHOs• developed a member services specific medical reception training package• delivered a cultural safety and telehealth webinar for ACCHO GPs and other clinical staff• continued with fortnightly health partnership forums to provide an opportunity for ACCHOs to voice the challenges they face while hearing from government about measures being put into place to resolve these concerns
WNAHCS	<ul style="list-style-type: none">• supported internal CQI, reporting and evaluation processes through the development of data collection templates in Communicare• contributed to the Indigenous Health Workforce Traineeship Program consultation.

OUTCOME 2: A strengthened broader health system to provide accessible, responsive, and culturally safe care to Aboriginal and Torres Strait Islander people

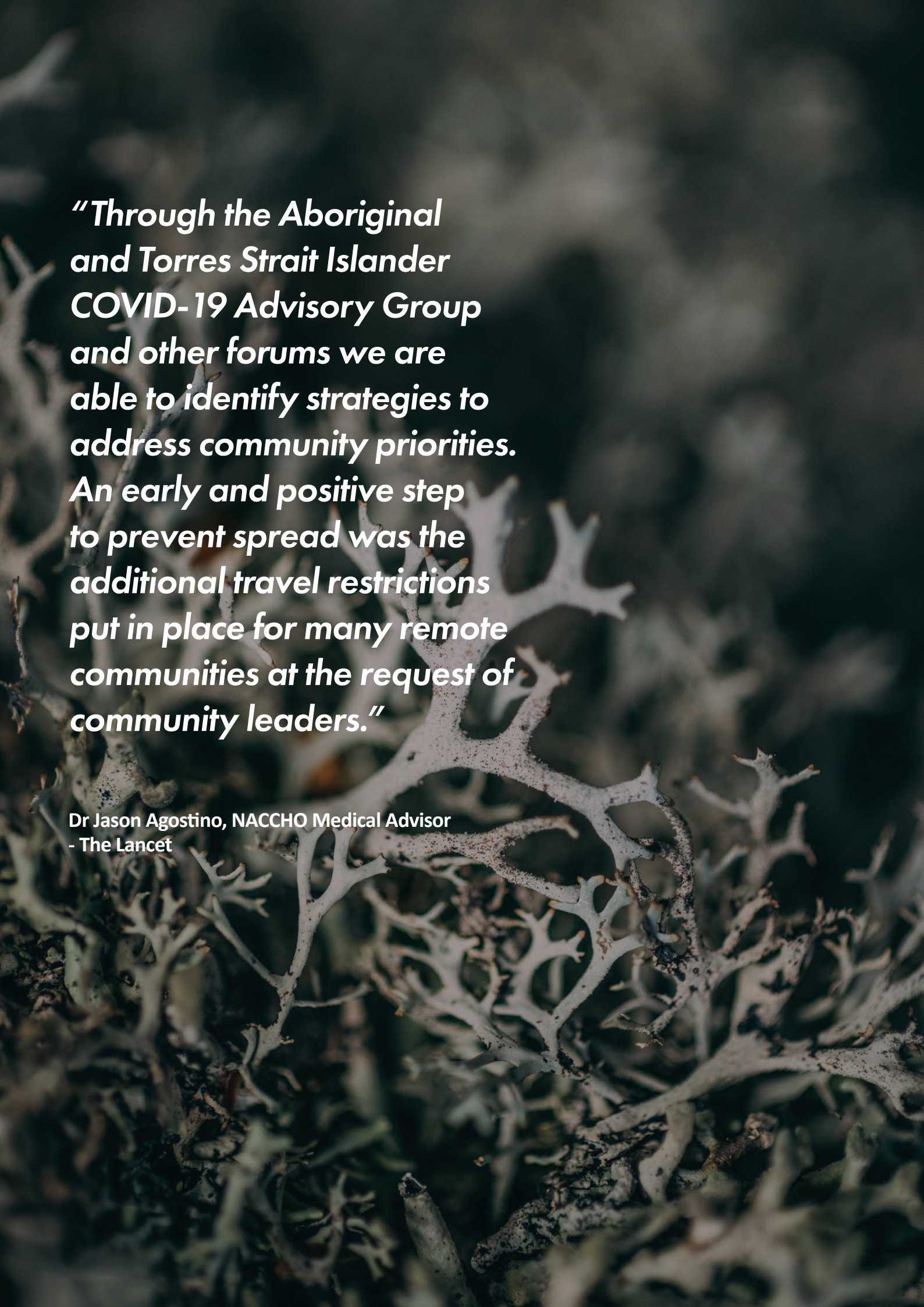
Affiliate	Strategies/ Activities
AH&MRC	<ul style="list-style-type: none"> participated with Program of Experience in the Palliative Approach (PEPA) staff in a roundtable discussion related to end-of-life care for Aboriginal and or Torres Strait Islander people collaborated with the GP Advisory Group (GPAG) in planning for the Deadly Doctors’ Forum, jointly with the NSW Rural Doctors Network contributed to several royal commissions and inquiries, providing input on the impact of the drug ‘Ice’, aged care quality and safety, suicide in care, Human Immunodeficiency Virus (HIV) in the NSW Aboriginal and Torres Strait Islander population, and hepatitis B and C strategies partnered with RACGP in publishing a monthly webinar on the RACGP website, with content topically relevant for member services, aimed at all healthcare professionals.
AHCSA	<ul style="list-style-type: none"> participated with the South Australian Health and Medical Research Institute (SAHMRI) as project partners: Aboriginal Foot Complications; Risk Factor Assessment and Screening Action Group contributed to the National Aboriginal Housing for Aboriginal Health paper led by NACCHO in consultation with member services, provided a submission to the Senate Inquiry into NDIS Planning, and as a result, were invited to be heard at the hearing.
AHCWA	<ul style="list-style-type: none"> continued to have a strong voice across WA, with an important presence at 25 regional Aboriginal Health Planning Forums, in seven regions across the state assisted member services and their communities through attendance at the NDIS Complex Support Needs Advisory Group. Further partnerships have been developed with key stakeholders in this space, including People with Disabilities WA and First Peoples Disability Network Australia (FPDN) contributed to the “Birthing on Country – Noongar Boodjar” Steering Committee.
AMSANT	<ul style="list-style-type: none"> participated in a committee to develop a rural generalist pathway for GP registrars and general practitioners who want to develop advanced skills in remote Aboriginal health maintained a strong relationship with the Northern Territory Primary Health Network (NTPHN) across multiple areas including public health (immunisation), digital health and workforce provided input to the Senate Fetal Alcohol Spectrum Disorder (FASD) inquiry, national obesity strategy, Productivity Commission Inquiry into expenditure on NT children, and the development of the National Primary Health Care Data Asset.
TAC	<ul style="list-style-type: none"> supported CQI processes in relation to clinical governance within Aboriginal health service sites across Tasmania created guidelines for the psychosocial assessment of Aboriginal people presenting to hospital with suicidal thoughts and self-harm reviewed and discussed the Indigenous Birthing in an Urban Setting (IBUS) study paper.

Affiliate	Strategies/ Activities
VACCHO	<ul style="list-style-type: none"> completed comprehensive market research to determine the profile of Aboriginal Victorians eligible for the My Aged Care package provided regular advice to various PHNs in Victoria around covering off any service gaps between the NDIS and other available services the CEO of VACCHO was elected to represent the Victorian Aboriginal Executive Council on the Joint Council to Closing the Gap (CTG) continued work as a member of a new Health-Based Response to Public Drunkenness Expert Reference Group (ERG), providing advice to government regarding a public health approach to public drunkenness — following the government’s in-principle commitment to decriminalisation delivered cultural safety and telehealth webinars for ACCHO GPs and other clinical staff to improve culturally appropriate care via telehealth.
WNAHCS	<ul style="list-style-type: none"> worked with the ACT Aboriginal and Torres Strait Islander Health Forum to positively influence outcomes for Aboriginal and Torres Strait Islander health pro-actively engaged with government and the PHN early in the pandemic to ensure issues were addressed and lines of communication were timely provided policy advice on the ACT Health Digital Health Record, the Indigenous Australians’ Health Programme (IAHP) evaluation, the AIHW nKPI and Online Services Report (OSR) Review, the ABS Aboriginal and Torres Strait Islander Health Survey, draft national ear and hearing health performance indicators, data sharing and release legislation and Practice Incentives Program (PIP) Quality Improvement (PIP-QI).

OUTCOME 3: National positions delivering high quality expertise and advice to Government

Affiliate	Strategies/ Activities
AH&MRC	<ul style="list-style-type: none"> participated in the Close the Gap Campaign chaired by the Australian Human Rights Commission provided representation on the following forums: CTG Committee, NSW Sexually Transmissible Infections Programs Unit (STIPU) social media team, NACCHO Policy Subcommittee and Ear Health National Coordinator Group provided policy advice on: the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) review of the Guidelines for Ethical Research in Australian Indigenous Studies (GERAIS) through its HREC; the NACCHO submission into waste management and recycling; and the NACCHO Housing Policy Paper.
AHCSA	<ul style="list-style-type: none"> actively participated in the working groups and subcommittees arranged by NACCHO, including all CEOs' Forums, CQI meetings, NDIS, PHMO and Policy Subcommittee meetings involved in NACCHO submissions such as: The Senate Community Affairs References Committee inquiry into effective approaches to prevention, diagnosis, and support for FASD and the Office of the National Data Commissioner Data Sharing and Release discussion paper.
AHCWA	<ul style="list-style-type: none"> worked closely with the Coalition of Aboriginal and Torres Strait Islander Peaks (Coalition of Peaks) and the Australian Government to develop the National Agreement on Closing the Gap.
AMSANT	<ul style="list-style-type: none"> AMSANT managers/policy experts contributed to the Network Policy Group and to subcommittees, including the NDIS Working Group engaged in the reform process from the Royal Commission into the Protection and Detention of Children in the NT as a Coalition of Peaks Aboriginal Peak Organisations APO NT representative and member of the Joint Council on Closing the Gap, AMSANT CEO John Paterson contributed to multiple meetings including a COAG Joint Council meeting developed a member services internal policy network to discuss relevant policy issues to contribute member's own policy and advocacy work and strengthen AMSANT advocacy.
QAIHC	<ul style="list-style-type: none"> provided input into the Coalition of Peaks Working Group and has supported local engagements with communities in response to the CTG Refresh participated in and contributed to the following committees and forums: the End RHD Working Group, Co-Chair Qld Aboriginal and Torres Strait Islander Cancer Strategy Working Group, Co-Chair Growing Deadly Families Oversight Committee, Genetic Health Pathways Steering Committee, National Aboriginal and Torres Strait Islander Genomics Advisory Group, IAHP Yarnes — Health Sector Co-design Group, Advancing Kidney Care 2026 Working Group and the James Cook University (JCU) GP Training Strategic Leadership Council.

Affiliate	Strategies/ Activities
TAC	<ul style="list-style-type: none"> responded to the Australian Institute of Health and Welfare (AIHW) minimum data set consultations regarding mental health and Alcohol and Other Drugs (AOD) provided a consultation service to the Department of Social Services (DSS) to canvas the Aboriginal community's experience with the National Disability Insurance Scheme (NDIS).
VACCHO	<ul style="list-style-type: none"> developed a brief on the unintended negative consequences of the Stronger Rural Health Strategy including reduced Medicare billings for member services and the increased risk of losing current doctors from the workforce participated in the development of a National Obesity Strategy to ensure current policies adhere to the principles of self-determination participated in a roundtable convened by the Royal Commission into Aged Care Quality and Safety (23 June 2020) with the National Advisory Group for Aboriginal and Torres Strait Islander Aged Care (NAGATSIAC) to inform their final report provided guidance to the Victorian Government on the NDIS full scheme rollout, continuing care, and operational issues with implementation.
WNAHCS	<ul style="list-style-type: none"> provided a range of policy advice on issues including, but not limited to: Aboriginal children and out-of-home care, the Deadly Choices campaign, ear health, the new flu vaccine, and Closing the Gap was represented at the following forums: Health Services Data Advisory Group (HSDAG), Implementation Plan Advisory Group (IPAG), OSR Review, ACT Aboriginal Health Forum which considered the new IAHP funding model, the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) Implementation Plan Advisory Group and the ACT Clinical Council and the Opioid Therapeutic Advisory Committee provided input to the NACCHO Policy Subcommittee.

A close-up photograph of a coral reef structure, showing intricate, branching, and porous coral formations in shades of grey and brown. The background is dark and out of focus.

“Through the Aboriginal and Torres Strait Islander COVID-19 Advisory Group and other forums we are able to identify strategies to address community priorities. An early and positive step to prevent spread was the additional travel restrictions put in place for many remote communities at the request of community leaders.”

Dr Jason Agostino, NACCHO Medical Advisor
- The Lancet

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN: 89 078 949 710

DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2020.

Directors

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

Donnella Mills (Chair)
 LaVerne Belleair
 Phil Naden (appointed 7 November 2019)
 Gail Wason
 Gary White
 Olga Havnen
 Donna Ah Chee
 Wilhelmine Lieberwirth
 Leeroy Bilney
 Suzanne Squires (appointed 29 June 2020)
 Michael Graham
 Raylene Foster
 Julie Tongs
 Lesley Nelson
 Chris Bin Kali
 Scott Monaghan (resigned 7 November 2019)
 Karen Heap (resigned 23 June 2020)

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

Operating Results

The profit of the company for the 2020 financial year after providing for income tax amounts to \$398,033 (2019 profit of \$96,211).

Review of Operations

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

Significant Changes in State of Affairs

As previously reported, NACCHO entered into a 3-year network funding agreement with the Department of Health, which commenced 1 July 2017. Following negotiations in 2019-20, this funding agreement has been extended for a further two years, commencing 1 July 2020. There was no other significant change in NACCHO's state of affairs during the 2019-20 financial year.

Principal Activity

The principal activity of the company during the financial year was to act as the national umbrella organisation representing Aboriginal Community Controlled Health Services relating to the self-

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN: 89 078 949 710
DIRECTORS' REPORT

determined holistic approach to Aboriginal Health and Wellbeing. This comprises the running of the National Secretariat and the provision of secretariat 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 are within the context of the Aboriginal understanding of health within the Aboriginal community: to alleviate poverty within the Aboriginal community; the advancement of Aboriginal religion; to provide constructive educational programs for members of the Aboriginal community; and to deliver holistic and culturally appropriate health and 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.

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN: 89 078 949 710
DIRECTORS' REPORT

Meetings of Directors

DIRECTORS	DIRECTORS' MEETINGS	
	No. Attended	No. Eligible to Attend
Donnella Mills (Chair – elected 7 November 2019)	4	4
LaVerne Belleair	2	4
Phil Naden (appointed 7 November 2019)	2	3
Gail Wason	4	4
Gary White	2	4
Olga Havnen	4	4
Donna Ah Chee	4	4
Wilhelmine Lieberwirth	3	4
Leeroy Bilney	1	4
Suzanne Squires (appointed 29 June 2020)	0	0
Michael Graham	2	4
Raylene Foster	3	4
Julie Tongs	2	4
Lesley Nelson	4	4
Chris Bin Kali	4	4
Karen Heap (resigned 23 June 2020)	4	4
Scott Monaghan (resigned 7 November 2019)	1	1

Contributions on Wind Up


If the company is wound up, NACCHO's Constitution states that each member is required to make a maximum contribution of \$10 towards meeting any outstanding obligations. As at 30 June 2020, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$10 per member.

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN: 89 078 949 710
DIRECTORS' REPORT

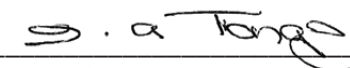
Auditor's Independence Declaration

The lead auditors' independence declaration for the year ended 30 June 2020 has been received.

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

Director 
Donnella Mills

Date: 14 October 2020

Director 
Julie Tongs

Date: 14 October 2020

National Aboriginal Community Controlled Health Organisation

ABN: 89 078 949 710

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2020

		2020	2019
	Note	\$	\$
Revenue			
Revenue from Ordinary Activities	3	9,018,902	6,967,766
Expenses			
Employee benefits expense	4	4,840,275	3,391,228
Depreciation and amortisation expense	4	651,932	640,011
Other expenses	4	3,128,663	2,840,316
		8,620,870	6,871,555
Profit from ordinary activities		398,033	96,211
Other comprehensive income for the year, net of tax		-	-
Total comprehensive income for the year attributable to the members of National Aboriginal Community Controlled Health Organisation		398,033	96,211

The above statement should be read in conjunction with the accompanying notes.

National Aboriginal Community Controlled Health Organisation

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STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2020

	Note	2020	2019
		\$	\$
ASSETS			
Current assets			
Cash and cash equivalents	5	3,413,064	3,260,594
Investments	7	263,000	263,000
Receivables/Other receivables	8	1,335,385	461,346
TOTAL CURRENT ASSETS		5,011,449	3,984,940
Non-current assets			
Property, plant and equipment	9	2,033,513	873,865
TOTAL NON-CURRENT ASSETS		2,033,513	873,865
TOTAL ASSETS		7,044,962	4,858,805
LIABILITIES			
Current liabilities			
Payables	10	273,666	492,410
Employee Provisions and other liabilities	11	530,738	286,523
Other	12	2,634,459	2,288,452
TOTAL CURRENT LIABILITIES		3,438,863	3,067,385
Non-current liabilities			
Employee Provisions and other liabilities	11	22,002	5,969
Non-Current Lease Liability	12	1,475,351	109,761
Provision for Make Good	12	202,124	167,102
TOTAL NON-CURRENT LIABILITIES		1,699,477	282,832
TOTAL LIABILITIES		5,138,340	3,350,217
NET ASSETS		1,906,621	1,508,588
EQUITY			
Retained profits		1,906,621	1,508,588
TOTAL EQUITY		1,906,621	1,508,588

The above statement should be read in conjunction with the accompanying notes.

National Aboriginal Community Controlled Health Organisation

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STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2020

	Retained surpluses \$	Total equity \$
Balance at 1 July 2018	1,412,377	1,412,377
Net profit for the year	96,211	96,211
Balance at 30 June 2019	1,508,588	1,508,588
Balance at 1 July 2019	1,508,588	1,508,588
Net profit for the year	398,033	398,033
Balance at 30 June 2020	1,906,621	1,906,621

The above statement should be read in conjunction with the accompanying notes.

National Aboriginal Community Controlled Health Organisation

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CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019 \$
Cash flows from operating activities		
Receipts from customers	504,952	978,312
Operating grant receipts	8,971,507	9,348,532
Payments to suppliers and employees	(9,193,826)	(9,067,347)
Interest received	27,160	58,106
Donations	333,724	4,325
Interest paid on lease liability	(22,895)	(51,229)
Net cash provided by operating activities	620,622	1,270,699
CASH FLOWS FROM INVESTING ACTIVITIES		
Payments for property, plant and equipment	(50,882)	(70,696)
Proceeds from sale of property, plant and equipment	-	-
Investment in Term Deposits	-	-
Net cash used in investing activities	(50,882)	(70,696)
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of Lease Liabilities	(417,270)	(373,028)
Net cash used in financing activities	(417,270)	(373,028)
Net increase in cash held Cash at beginning of financial year	152,470 3,260,594	826,975 2,433,619
Cash at end of financial year	3,413,064	3,260,594

The above statement should be read in conjunction with the accompanying notes.

National Aboriginal Community Controlled Health Organisation

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

Basis of preparation

These general-purpose financial statements have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the Australian Charities and Not-for-Profits Commission Act, as appropriate for not-for-profit oriented entities.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Comparative Figures

Where necessary, comparative figures have been adjusted to conform to changes in presentation in these financial statements.

Critical accounting estimates

The preparation of the financial statements required the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 2.

New or amended Accounting Standards and Interpretations adopted

NACCHO has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Revenue Recognition:

Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which NACCHO is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer NACCHO: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable

National Aboriginal Community Controlled Health Organisation

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Variable consideration within the transaction price, if any, reflects concessions provided to the customer such as discounts, rebates and refunds, any potential bonuses receivable from the customer and any other contingent events. Such estimates are determined using either the 'expected value' or 'most likely amount' method. The measurement of variable consideration is subject to a constraining principle whereby revenue will only be recognised to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The measurement constraint continues until the uncertainty associated with the variable consideration is subsequently resolved. Amounts received that are subject to the constraining principle are recognised as a refund liability.

Grants

Grant funding that contain specific conditions and enforceable obligations on the use of those funds are recognised as and when NACCHO satisfies its performance obligations stated within the grant agreements.

A contractual liability is recognised for unspent grant funds for which a refund obligation exists in relation to the funding period. General grants that do not impose specific performance obligations on NACCHO are recognised as income when NACCHO obtains control of those funds, which is usually on receipt.

Sponsorships

Funding for special purpose projects via sponsorship is recognised as revenue to the extent that the monies have been applied in accordance with the conditions of the funding.

Donations and bequests

Donations and bequests that contain specific conditions and enforceable obligations on the use of those funds are recognised as and when NACCHO satisfies its performance obligations stated within the donation agreements. Otherwise, revenue from donations and bequests is recognised when the income is received.

Interest

Interest income from a financial asset is recognised when it is probable that the economic benefit will flow to NACCHO and the amount of revenue can be reliably measured. Interest income is accrued on a time basis by reference to the principal and the effective interest rate applicable.

Internal revenues

Internal revenues and expenses have been eliminated as part of preparing the consolidated figures for NACCHO. Where applicable prior year figures have been adjusted to reflect this consolidation.

Income tax

As the company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

National Aboriginal Community Controlled Health Organisation

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; is it expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 2 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period. All other liabilities are classified as non-current.

Deferred tax assets and liabilities are always classified as non-current.

Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Trade and other receivables

Other receivables are recognised at the amortised cost, less any allowance for expected credit losses.

Property, plant, and equipment

Plant and equipment are stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant, and equipment (excluding land) over their expected useful lives as follows:

- Right of Use Asset 4 years
- Leasehold improvements 3 – 4 years
- Plant and equipment 3-8 years
- Office equipment 3-5 years

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

Recoverable amount is higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Trade and other payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Employee benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, and experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

Defined contribution superannuation expense

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

Fair value measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs, and minimising the use of unobservable inputs.

Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses, and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense. Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

Leases

At inception of a contract, NACCHO assesses whether a contract is, or contains, a lease. A contract is considered to contain a lease if it allows NACCHO the right to control the use of an identified asset over a period in return for consideration.

Where a contract or arrangement contains a lease, NACCHO recognises a right-of-use asset and a lease liability at the commencement date of the lease.

A right-of-use asset is initially measured at cost, which is the present value of the future lease payments adjusted for any lease payments made at or before the commencement date, plus any make-good obligations. Lease assets are depreciated using the straight-line method over the shorter of their useful life and the lease term. Periodic adjustments are made for any re-measurements of the lease liabilities and for impairment losses.

Impact of COVID-19

Like most organisations, NACCHO has not been immune from the impacts of COVID-19 on its operations.

This impact has been mixed, with an increase in funding for disbursement to its members and affiliates to assist with their response to the impacts of COVID-19 and a cashflow boost from Government to assist NACCHO with cashflows during the COVID-19 pandemic, but also a reallocation of staff resources from other programs to the COVID-19 efforts.

NACCHO has also received considerable cash donations in 2019-20 to assist with the purchase of protective equipment for its members responding to the pandemic. This equipment has been progressively supplied to members with the final delivery from donated funds being made in early July 2020.

NACCHO is playing a major role with government, through the Department of Health, and with its member services and affiliates, to monitor what is happening in the respective communities and to provide advice and advocacy to government (and business as required), to assist with minimising the impact of this pandemic on our members and the Aboriginal and Torres Strait Islander community more broadly.

This reallocation of resources has meant funding for other programs has not been fully spent at year end and NACCHO will be seeking approval to carry forward this funding to complete work on the respective programs in the 2020-21 financial year.

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 2. CRITICAL ACCOUNTING JUDGEMENTS, ESTIMATES AND ASSUMPTIONS

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements estimate and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Estimation of useful lives of assets

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets, including right -of -use assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non -strategic assets that have been abandoned or sold are written off or written down.

Impairment of non -financial assets other than goodwill and other indefinite life intangible assets

The company assesses impairment of non -financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value -in -use calculations, which incorporate a number of key estimates and assumptions.

Employee benefits provision

As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

Recognition of Revenue from Contracts with Customers

In determining the amount of revenue to be recognised from its contracts with customers, in accordance with AASB15, NACCHO has assumed the performance obligations associated with these contracts are satisfied over time. Performance obligations under these contracts, and the associated transfer of benefits to Aboriginal and Torres Strait Islander people generally occur over a number of financial years, with performance obligations and associated budgeted expenditure to meet these obligations for the respective programs agreed each financial year. The pattern of benefits transfer and satisfaction of performance obligations is often uneven across a financial year. In determining the dollar value for the relevant percentage of performance obligation that has been met for the program, NACCHO uses the input method and has assessed that actual expenditure for the financial year is a fair measure of the transaction price for performance obligations completed.

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 3. REVENUE

	2020 \$	2019 \$
Grant Funding	8,031,979	6,252,453
Other income	526,040	652,882
COVID-19 Cash Flow Boost	100,000	-
Interest income	27,160	58,106
Donations	333,723	4,325
	<u>9,018,902</u>	<u>6,967,766</u>

Grant funding consists of:

Funding from Government	7,507,672	5,578,848
Funding from Non - Government	524,307	673,605
	<u>8,031,979</u>	<u>6,252,453</u>

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 4. EXPENDITURE

	2020 \$	2019 \$
Employee Expenses		
Wages and Salaries	4,077,605	2,915,286
Superannuation	609,097	419,270
Leave Entitlements	153,573	56,672
	<u>4,840,275</u>	<u>3,391,228</u>

Depreciation of non -current assets

Plant and Equipment	7,463	4,435
Office Equipment	13,871	15,729
Computer Equipment	-	201
Leasehold Improvements	280,735	277,356
Right -of -use assets - leased property	349,863	342,290
	<u>651,932</u>	<u>640,011</u>

Other expenses from ordinary activities

Advertising and Promotion	51,641	48,671
Auditor Remuneration	96,648	69,441
Board Remuneration	91,860	86,050
Computer Expenses	178,944	151,896
Contractors and Consultants	898,233	661,861
Interest	34,200	58,153
Meetings, Workshops and Seminar costs	672,510	716,895
Minor Equipment	40,363	3,039
Provision for Bad Debts	- 3,917	48,854
Postage, Printing and Stationary	36,821	31,464
Publications	65,792	54,231
Occupancy Costs	60,714	73,867
Repairs and Maintenance	1,969	5,768
Staff Costs	117,995	18,700
Telephone	41,054	44,619
Training and Development	8,981	17,377
Travel Expenses	598,728	677,602
Workers Compensation	26,675	8,714
Other Expenses	109,452	63,114
	<u>3,128,663</u>	<u>2,840,316</u>

Auditor remuneration:

External Audit Services	37,595	30,000
Internal Audit Services	59,053	39,441
	<u>96,648</u>	<u>69,441</u>

National Aboriginal Community Controlled Health Organisation
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 5. CASH AND CASH EQUIVALENTS

	2020 \$	2019 \$
Cash on Hand	-	524
Cash at Bank	3,413,064	3,260,069
	<u>3,413,064</u>	<u>3,260,594</u>

NOTE 6. DEPOSITS HELD IN TRUST

	2020 \$	2019 \$
Deposits Held in Trust	<u>-</u>	<u>-</u>

NACCHO receives funding under a confidential National Network Funding Agreement which it on-passes to affiliate organisations, (2020: \$16,558,150; 2019: \$17,583,904), as prescribed in this Agreement. Deposits held in trust represent money received by NACCHO for affiliate organisations, pending disbursement. All funding received for affiliate organisations had been disbursed at 30 June 2020.

NOTE 7. INVESTMENTS

	2020 \$	2019 \$
Term Deposits	<u>263,000</u>	<u>263,000</u>

Funds are held as a term deposit to match a bank guarantee issued by NACCHO's banker, which is required as part of NACCHO's lease arrangements for its premises at 2 Constitution Avenue, Canberra. Any movement in the amount of the term deposit will equate to changes in lease requirements and the associated bank guarantee.

NOTE 8. TRADE AND OTHER RECEIVABLES

	2020 \$	2019 \$
Trade and Other Debtors Provision for Doubtful Debts	601,026	342,453
Grants Receivable - Commonwealth	(5,208)	(56,832)
Prepayments	607,622	-
	131,945	175,725
	<u>1,335,385</u>	<u>461,346</u>

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 9. PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment comprises both owned and leased assets which do not meet the definition of investment properties.

	2020 \$	2019 \$
Plant and Equipment		
At cost	62,549	123,110
Less accumulated depreciation	(31,528)	(98,227)
	<u>31,021</u>	<u>24,883</u>
Office Equipment		
At cost	135,399	207,325
Less accumulated depreciation	(105,335)	(173,804)
	<u>30,064</u>	<u>33,521</u>
Computer Equipment		
At cost	13,409	13,409
Less accumulated depreciation	(13,409)	(13,409)
	<u>-</u>	<u>-</u>
Leasehold Improvements		
At cost	864,859	864,859
Less accumulated depreciation	(762,495)	(481,761)
	<u>102,364</u>	<u>383,098</u>
Right-of-use Asset - Land and Buildings (Leases)		
At cost	2,886,766	1,123,788
Less accumulated depreciation	(1,045,788)	(695,925)
	<u>1,840,978</u>	<u>427,863</u>
Capital Works in Progress	29,086	4,500
Total Property, Plant and Equipment	<u>2,033,513</u>	<u>873,865</u>

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 9. PROPERTY, PLANT AND EQUIPMENT

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 as follows:

	Right-of-use- assets-land and buildings \$	Leasehold improvements \$	Plant & equipment \$	Office equipment \$	Work in Progress \$	Total \$
Balance at the beginning of the year	427,863	383,099	24,883	33,521	4,500	873,866
Adjustment to fair value	1,762,978	-	-	-	-	1,762,978
Additions	-	-	13,601	13,181	29,086	55,868
Write off of assets	-	-	(74,162)	(85,106)	(4,500)	(163,768)
Write back depreciation on write off	(349,863)	(280,735)	74,162	82,339	-	156,501
Depreciation expense			(7,463)	(13,871)	-	(651,932)
Carrying amount at end of year	1,840,978	102,364	31,021	30,064	29,086	2,033,513
Total Property, Plant and Equipment	1,840,978	102,364	31,021	30,064	29,086	2,033,513

As disclosed in Note 1 and Note 13, the Company has adopted AASB 16. Adopting AASB 16 resulted in the Company creating a right-of-use asset and a corresponding lease liability (refer Note 13). This right-of-use-asset will be depreciated over the expected term of the lease. The right-of-use asset was revalued June 2020 to reflect the NACCHO Board decision to further extend the term of its lease on premises at Level 5, 2 Constitution Avenue, Canberra for a further four years.

NOTE 10. CURRENT LIABILITIES - TRADE AND OTHER PAYABLES

	2020 \$	2019 \$
Trade creditors and accruals	153,478	153,439
Sundry creditors incl ATO	120,188	338,971
	273,666	492,410

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE. 11 CURRENT AND NON-CURRENT LIABILITIES - EMPLOYEE BENEFITS

	2020 \$	2019 \$
Current		
Employee benefits - annual leave	295,129	159,323
Employee benefits - long service leave	13,106	11,373
Accrued salaries and other employee benefits	222,503	115,827
TOTAL CURRENT	530,738	286,523
Non-current		
Employee benefits - long service leave	22,002	5,969
TOTAL NON-CURRENT	22,002	5,969

NOTE 12. CURRENT LIABILITIES - OTHER

	2020 \$	2019 \$
Grants Repayable	139,183	-
Contractual Obligations	2,122,620	1,872,033
Lease Liability (see Note 13)	372,656	416,419
	2,634,459	2,288,452

NOTE 12 - NON CURRENT LIABILITIES - OTHER

	2020 \$	2019 \$
Lease Liability (see Note 13)	1,475,351	109,761
Provision for Make Good	202,124	167,101
	1,677,475	276,862

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 13. LEASE LIABILITIES

The company leases its premises at 2 Constitution Avenue, Canberra ACT. Under the lease terms, the rent payable under the lease increases each year by 3.75%. The company has entered into a further two year lease from 1 October 2020 with an option in order to enhance operational flexibility. The company has included this further two year option to renew the lease within its estimate of the lease liability as it is considered reasonably certain this will be exercised. There were no expenses recognised in the income statement in respect of short-term leases, or leases of low value assets.

Lease liabilities included in the statement of financial position as at 30 June:

	2020 \$	2019 \$
Current	372,656	416,419
Non-current	1,475,351	109,761
	<u>1,848,007</u>	<u>526,180</u>

Total cash outflow from leases during the year was \$424,256. The maturity analysis of the company's lease, based on the contractual undiscounted cash flows, is set out below.

	2020 \$	2019 \$
Less than one year	456,672	440,165
One to five years	1,604,021	111,045
Less finance charges	(212,686)	(25,030)
	<u>1,848,007</u>	<u>526,180</u>

NOTE 14. RELATED PARTY TRANSACTIONS

No related party transactions took place during the year.

Key Management Personnel

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the company, directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel.

	2020 \$	2019 \$
Short term benefits	866,909	750,886
Post-employment benefits	119,057	90,945
	<u>985,966</u>	<u>841,831</u>

The annual fees paid by National Aboriginal Community Controlled Health Organisation in respect of director services provided by the Chairperson and Company Secretary, and their costs associated with providing those services, during the financial year was Chairperson \$76,500 (2019: \$75,000) and Company Secretary \$15,360 (2019: \$11,050). Other directors do not receive any forms of remuneration.

National Aboriginal Community Controlled Health Organisation
ABN: 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 15. COMPANY DETAILS

The registered office of the company is: National Aboriginal Community Controlled Health Organisation Level 5, East Tower, 2 Constitution Avenue CANBERRA ACT 2601

NOTE 16. CONTINGENT LIABILITIES

The company had no known contingent liabilities as at June 2020.

NOTE 17. EVENTS AFTER THE REPORTING PERIOD

No matter or circumstance has arisen since 30 June 2020 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

NOTE 18. ECONOMIC DEPENDENCE

The Company receives significant financial support from the Commonwealth Department of Health in the form of grant funding. The major funding contract with the Department of Health for the year ending 30 June 2020 commenced on 16 June 2017 and expired on 15 June 2020. This funding contract has been extended to June 2022.

National Aboriginal Community Controlled Health Organisation
ABN: 89 078 949 710

RSM Australia Partners

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DIRECTORS' DECLARATION


The Directors of the Company declare that:

1. The financial statements and notes, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:

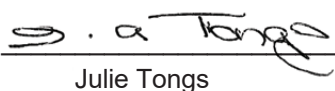
- (a) Comply with Australian Accounting Standards;
- (b) Give a true and fair view of the financial position as at 30 June 2020 and of the performance of the Company for the year ended on that date.

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 Board of Directors.

Director 
Donnella Mills

Date 14 October 2020

Director 
Julie Tongs

Date 14 October 2020

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Opinion

We have audited the financial report of National Aboriginal Community Controlled Health Organisation, which comprises the statement of financial position as at 30 June 2020, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the financial report of National Aboriginal Community Controlled Health Organisation has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of National Aboriginal Community Controlled Health Organisation's, financial position as at 30 June 2020 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Regime and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the National Aboriginal Community Controlled Health Organisation in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other Information

Those charged with governance are responsible for the other information. The other information comprises the information included in National Aboriginal Community Controlled Health Organisation's annual report for the year ended 30 June 2020, but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

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AUDIT | TAX | CONSULTING

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In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Report

Management are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and for such internal control as the Management determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, Management are responsible for assessing National Aboriginal Community Controlled Health Organisation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate National Aboriginal Community Controlled Health Organisation or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

RSM AUSTRALIA PARTNERS

GED STENHOUSE
Partner

Canberra, Australian Capital Territory
Dated: 27 October 2020



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AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of National Aboriginal Community Controlled Health Organisation for the year ended 30 June 2020, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the *Australian Charities and Not-for-profit Act 2012* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

RSM AUSTRALIA PARTNERS

GED STENHOUSE
Partner

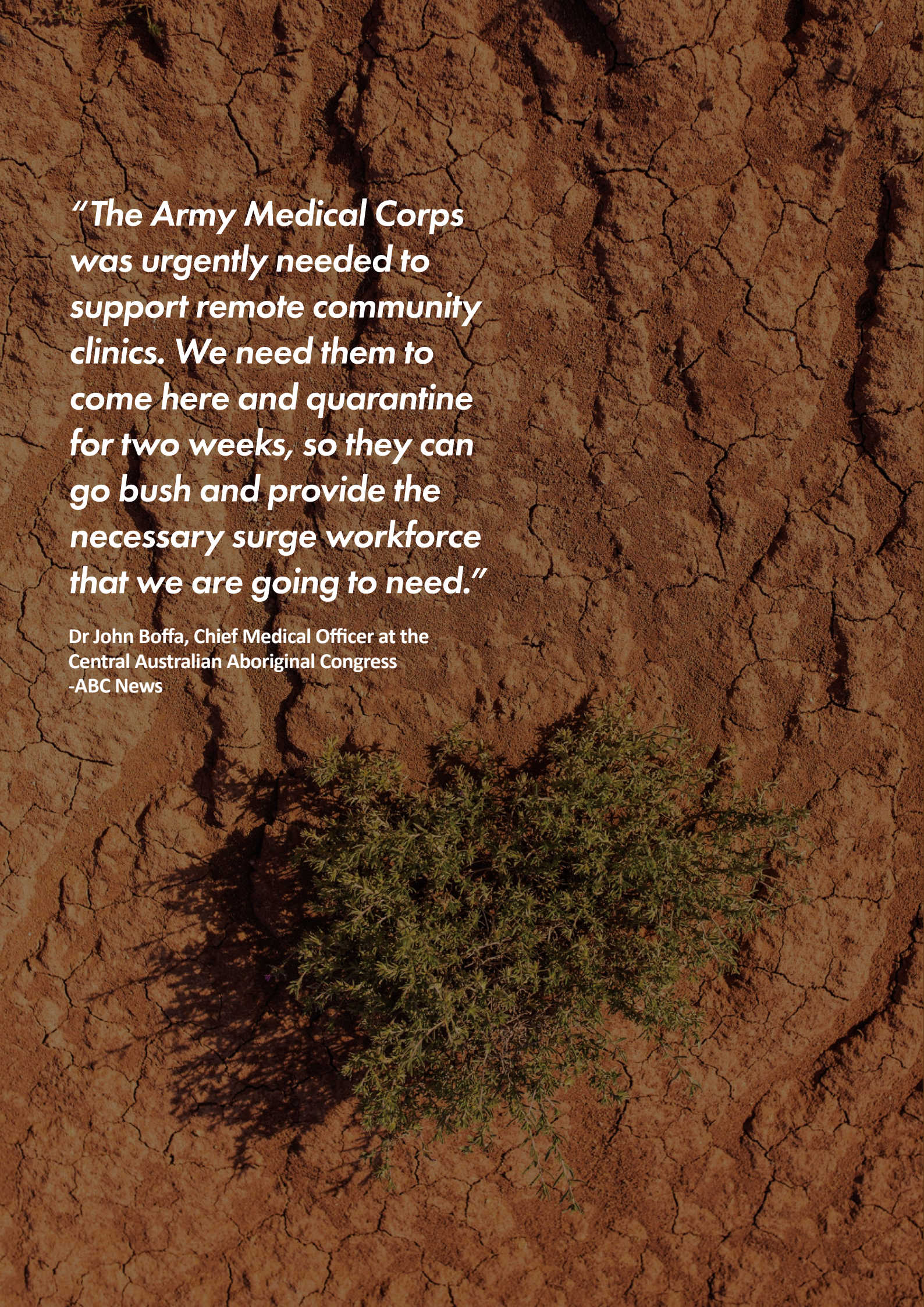
Canberra, Australian Capital Territory
Dated: 27 October 2020

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“The Army Medical Corps was urgently needed to support remote community clinics. We need them to come here and quarantine for two weeks, so they can go bush and provide the necessary surge workforce that we are going to need.”

Dr John Boffa, Chief Medical Officer at the
Central Australian Aboriginal Congress
-ABC News

APPENDIX A

Organisation Name	State
Winnunga Nimmitjiah Aboriginal Health and Community Service	ACT
Aboriginal Medical Service Co-operative Limited	NSW
Albury Wodonga Aboriginal Health Service Incorporated	NSW
Armajun Aboriginal Health Service Aboriginal Corporation	NSW
Awabakal Ltd	NSW
Biripi Aboriginal Corporation Medical Centre	NSW
Bourke Aboriginal Health Service Ltd	NSW
Brewarrina Aboriginal Health Service Limited	NSW
Brungle Health and Community Aboriginal Corporation	NSW
Bulgarr Ngaru Medical Aboriginal Corporation	NSW
Bullinah Aboriginal Health Service Ltd	NSW
Condobolin Aboriginal Health Service Inc	NSW
Coomealla Health Aboriginal Corporation	NSW
Coonamble Aboriginal Health Service Limited	NSW
Durri Aboriginal Corporation Medical Service	NSW
Galambila Aboriginal Corporation	NSW
Griffith Aboriginal Medical Service Inc	NSW

Organisation Name	State
Illawarra Aboriginal Medical Service Aboriginal Corporation	NSW
Katungul Aboriginal Corporation Regional Health and Community Service	NSW
Murrin Bridge Aboriginal Health Service Incorporated	NSW
Ngaimpe Aboriginal Corporation - The Glen	NSW
Orange Aboriginal Corporation Health Service	NSW
Peak Hill Aboriginal Medical Incorporated	NSW
Pius X Aboriginal Corporation	NSW
Riverina Medical & Dental Aboriginal Corp	NSW
South Coast Medical Service Aboriginal Corporation	NSW
South Coast Women's Health & Welfare Aboriginal Corporation	NSW
Tamworth Aboriginal Medical Service Inc	NSW
Tharawal Aboriginal Corporation	NSW
The Oolong Aboriginal Corporation	NSW
Tobwabba Aboriginal Medical Service	NSW
Ungooroo Aboriginal Corporation	NSW
Walgett Aboriginal Medical Service Ltd.	NSW
Walhallow Aboriginal Corporation	NSW
Weigelli Centre Aboriginal Corporation	NSW

Organisation Name	State
Wellington Aboriginal Corporation Health Service	NSW
Werin Aboriginal Corporation	NSW
Yerin Aboriginal Health Services Limited	NSW
Yoorana Gunya Family Healing Centre Aboriginal Corporation	NSW
Amoonguna Health Service Aboriginal Corporation	NT
Ampilatwatja Health Centre Aboriginal Corp	NT
Anyinginyi Health Aboriginal Corporation	NT
Central Australian Aboriginal Congress Aboriginal Corporation	NT
Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation	NT
Katherine West Health Board Aboriginal Corporation	NT
Mala'la Health Service Aboriginal Corporation	NT
Miwatj Health Aboriginal Corporation	NT
Mpwelarre Health Aboriginal Corporation	NT
Mutitjulu Community Health Service (Aboriginal Corporation)	NT
Ngaanyatjarra Health Service (Aboriginal Corporation)	NT
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (Aboriginal Corporation)	NT
Nganampa Health Council Inc	NT
Pintupi Homelands Health Service Aboriginal Corporation	NT

Organisation Name	State
Red Lily Health Board (Aboriginal Corporation)	NT
Sunrise Health Service Aboriginal Corporation	NT
Urapuntja Health Service Aboriginal Corporation	NT
Utju Health Service Aboriginal Corporation	NT
Western Aranda Health Aboriginal Corp	NT
Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation	NT
Wurli Wurlinjang Aboriginal Corporation	NT
Aboriginal and Torres Strait Islander Community Health Service Brisbane	QLD
Aboriginal & Torres Strait Islander Community Health Service Mackay Ltd	QLD
Apunipima Cape York Health Council Limited	QLD
Bidgerdii Aboriginal & Torres Strait Islanders Corp Com Service Central QLD	QLD
Carbal Aboriginal and Torres Strait Islander Health Services Ltd	QLD
Centre for Rural and Regional Aboriginal and Torres Strait Islander Health Ltd	QLD
Charleville and Western Areas Aboriginal Torres Strait Islanders Community Health Limited	QLD
Cherbourg Regional Aboriginal and Islander Community Controlled Health Services Ltd	QLD
Cunnamulla Aboriginal Corporation for Health	QLD
Galangoor Duwalami Aboriginal and Torres Strait Islander Corporation (Primary Health Care Service)	QLD
Girudala Community Co-operative Society Ltd	QLD

Organisation Name	State
Gladstone Region Aboriginal and Islander Community Controlled Health Service	QLD
Goolburri Aboriginal Health Advancement Company Limited	QLD
Goondir Aboriginal & Torres Strait Islander Corporation for Health Services	QLD
Gurriny Yealamucka (Good Healing) Health Services Aboriginal Corporation	QLD
Injilinj Aboriginal and Torres Strait Islander Corp for Children and Youth Services	QLD
Institute for Urban Indigenous Health Ltd	QLD
Kalwun Development Corporation Limited	QLD
Kambu Aboriginal and Torres Strait Islander Corporation for Health	QLD
Mamu Health Service Limited	QLD
Mount Isa Aboriginal Community Controlled Health Services Limited	QLD
Mudth-Niyleta Aboriginal and Torres Strait Islander Corporation	QLD
Mulungu Aboriginal Corporation Primary Health Care Service	QLD
NPA Family and Community Services Aboriginal and Torres Strait Islander Corporation	QLD
The North Coast Aboriginal Corporation for Community Health	QLD
Townsville Aboriginal and Torres Strait Islander Corporation for Health Services	QLD
Wuchopperen Health Service Limited	QLD
Yulu-Burri-Ba Aboriginal Corporation for Community Health	QLD
Aboriginal Sobriety Group Indigenous Corporation	SA

Organisation Name	State
Moorundi Aboriginal Community Controlled Health Service Inc	SA
Nunkuwarrin Yunti of South Australia Incorporated	SA
Nunyara Aboriginal Health Service Incorporated	SA
Oak Valley (Maralinga) Aboriginal Corporation	SA
Pangula Mannamurna Aboriginal Corporation	SA
Pika Wiya Health Service Aboriginal Corporation	SA
Port Lincoln Aboriginal Health Service Inc	SA
Tullawon Health Service Incorporated	SA
Umoona Tjutagku Health Service Aboriginal Corporation	SA
Yadu Health Aboriginal Corporation	SA
Tasmanian Aboriginal Corporation	TAS
Aboriginal Community Elders Services Incorporated	VIC
Ballarat and District Aboriginal Co-operative Limited	VIC
Bendigo and District Aboriginal Co-operative	VIC
Budja Budja Aboriginal Co-operative Limited	VIC
Cummeragunja Housing & Development Aboriginal Corp	VIC
Dandenong & District Aborigines Co-operative Limited	VIC
Dhauwurd-Wurrung Portland & District Aboriginal Elderly Citizens Inc	VIC

Organisation Name	State
Gippsland & East Gippsland Aboriginal Co-operative Ltd	VIC
Goolum - Goolum Aboriginal Co-operative Limited	VIC
Gunditjmara Aboriginal Co-operative Limited	VIC
Kirrae Health Service Inc	VIC
Lake Tyers Health & Childrens Services Association Inc.	VIC
Lakes Entrance Aboriginal Health Association Inc	VIC
Mallee District Aboriginal Services Limited	VIC
Moogji Aboriginal Council East Gippsland Inc	VIC
Mungabareena Aboriginal Corporation	VIC
Murray Valley Aboriginal Co-operative	VIC
Ngwala Willumbong Co-operative Ltd	VIC
Njernda Aboriginal Corporation	VIC
Ramahyuck District Aboriginal Corporation	VIC
Rumbalara Aboriginal Co-operative Limited	VIC
The Victorian Aboriginal Health Service Co-operative Limited	VIC
Wathaurong Aboriginal Co-operative Ltd	VIC
Winda-Mara Aboriginal Corporation	VIC
Beagle Bay Community Inc	WA

Organisation Name	State
Bega Garnbirringu Health Services Incorporated	WA
Bidyadanga Aboriginal Community La Grange Incorporated	WA
Broome Regional Aboriginal Medical Service	WA
Carnarvon Medical Service Aboriginal Corporation	WA
Derbarl Yerrigan Health Service Aboriginal Corporation	WA
Derby Aboriginal Health Service Council Aboriginal Corporation	WA
Geraldton Regional Aboriginal Medical Service	WA
Kimberley Aboriginal Medical Services Limited	WA
Mawarnkarra Health Service	WA
Moorditj Koort Aboriginal Corporation	WA
Ngangganawili Aboriginal Community Controlled Health & Medical Services Aboriginal Cooperation	WA
Nindilingarri Cultural Health Services Inc	WA
Ord Valley Aboriginal Health Services Aboriginal Corporation	WA
Paupiyala Tjarutja Aboriginal Corporation	WA
Puntuturnu Aboriginal Medical Service	WA
South-West Aboriginal Medical Service Aboriginal Corporation	WA
Wirraka Maya Health Service Aboriginal Corporation	WA
Yura Yungi Aboriginal Medical Service	WA

APPENDIX B

Glossary of terms

Aboriginal Community Controlled Health Organisation (ACCHO) or Aboriginal Community Controlled Health Services (ACCHS) is a healthcare service operated by the local Aboriginal and Torres Strait Islander community to deliver holistic and culturally appropriate comprehensive primary health care to the local community and

is controlled through a locally elected board or management. They provide a range of services dependant on the needs of their community, including access to specialist, allied health and dental services; advocacy, research and policy; clinical services; corporate services; health promotion; maternal and child health; and social and emotional wellbeing.

Aboriginal Health is considered as a holistic and culturally safe comprehensive primary health care model. The principles of this model refer to health as not just the physical wellbeing of the individual, but the social, emotional, and cultural wellbeing of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. Healthcare services should strive to achieve the state where every individual can achieve their full protentional as a human being, and thus bring about the total wellbeing of their community.

Accreditation is recognition that an organisation meets the requirements of a defined set of criteria or standards. Accreditation standards used in primary health care include those of the Royal Australian College of General Practitioners, Quality Improvement Council and International Organisation for Standardisation.

Affiliates or Sector Support Organisations (SSOs) are the eight representative bodies for the ACCHS sector representing each state and territory. Affiliates are not members of NACCHO but all members of NACCHO are required to be members of the affiliate based on their state or territory jurisdiction.

Closing the Gap (CTG) refers to the new National Agreement on Closing the Gap which was negotiated between the Coalition of Peaks and Australian Governments. The new National Agreement is built around what is important to Aboriginal and Torres Strait Islander people to improve their lives. It includes four priority reforms for action, new accountability measures for governments and shared monitoring and implementation arrangements to collaborate with Aboriginal and Torres Strait Islander people in every aspect.

Coalition of Peaks (CoP) refers to the Coalition of Aboriginal and Torres Strait Islander Community Controlled Peak Organisations. The Coalition of Peaks is a representative body consisting of Aboriginal and Torres Strait Islander national and state and territory community-controlled peak organisations who work to improve life outcomes for Aboriginal and Torres Strait Islander people.

Community Control refers to the autonomous community-control initiated by Aboriginal and Torres Strait Islander communities and governance by bodies that are elected by the local Aboriginal and Torres Strait Islander communities to deliver holistic, culturally appropriate health and health-related services to their community.

Continuous Quality Improvement (CQI) is part of a range of activities that support and improve quality in health care. CQI drives service improvements through continuous and repeated cycles that are guided by teams using data to identify areas for action, develop and test strategies, and implement service re-design.

CQI Framework, the Framework are abbreviations for National Framework for Continuous Quality Improvement (CQI) in Primary Health Care for Aboriginal and Torres Strait Islander People, 2018–2023.

Cultural respect the “recognition, protection, and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people. Cultural respect is achieved when the health system is accessible, responsive, and safe for Aboriginal and Torres Strait Islander people, and cultural values, strengths and differences are respected”.

Cultural Safety is about overcoming the power imbalances of places, people and policies that occur between the majority non-Indigenous position and the minority Aboriginal and Torres Strait Islander person’s identity, or who they are and what they need. Cultural safety is met through actions from the majority position which recognise, respect, and nurture the unique cultural identify of Aboriginal and Torres Strait Islander people. Only the Aboriginal and Torres Strait Islander person who is the recipient of a service or interaction can determine whether it is culturally safe.

National Aboriginal Community Controlled Health Organisation (NACCHO) is the national leadership body for the ACCHO sector. It represents eight affiliates and 143 members. Its memberships consists of ACCHOs, operating over 550 service delivery sites to provide holistic and culturally safe comprehensive primary health care to Aboriginal and Torres Strait Islander people in urban, regional and remote areas throughout Australia. In representing its membership, the role of NACCHO is to provide advice and guidance to the Australian Government on policy and budget matters and advocate for community-developed solutions that contribute to the quality of life and improved health outcomes for Aboriginal and Torres Strait Islander people.

Primary Health Care (PHC) according to the principles of the World Health Organisation (WHO) Declaration of Alma-Ata, primary health care is defined as essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care process.

Primary Heath Networks (PHNs) play a critical role in connecting health services across local communities to patients, particularly those who need coordinated care, have the best access to a range of health care providers, including practitioners, community health services and hospitals.

Social and Economic Determinants refer to the significant health inequities between Aboriginal and Torres Strait Islander people and non-Indigenous Australians, and the health disadvantages experienced by Aboriginal and Torres Strait Islander people which are shaped by the broader social and economic conditions in which they live. The social and economic determinants for Aboriginal and Torres Strait Islander people include connection to family, community, country and culture’, education attainment; employment and income; housing; racism; interaction with government systems; criminal justice systems; and health behaviours.

APPENDIX C

Abbreviations and Acronyms

ABS	Australian Bureau of Statistics	APHCRI	Australian Primary Health Care Research Institute	NCHECR	National Centre for HIV Epidemiology and Clinical Research	RACP	Royal Australian College of Physicians
AC	Aboriginal Corporation or Congress					RDAA	Rural Doctors Association of Australia
ACCH	Aboriginal Community Controlled Health	ATA	Australian Trachoma Alliance	NCIRS	National Centre for Immunisation Research and Surveillance	RCVMHS Commission	Royal Commission into Victoria’s Mental Health System
ACCHS	Aboriginal Community Controlled Health Service	BBV	Blood-Borne Virus	NDIA	National Disability Insurance Agency	SFA	Standard Funding Agreement
ACCHO	Aboriginal Community Controlled Health Organisation	BLM	Black Lives Matter	NDIS	National Disability Insurance Service	SEWB	Social and Emotional Wellbeing
ACCHRTOs	Aboriginal Community Controlled Health Registered Training Organisations	CCHS	Community Controlled Health Service	NFA	Network Funding Agreement		
ACCO	Aboriginal Community Controlled Organisation	CDEP	Community Development Employment Program	NHMRC	National Health and Medical Research Council	STI	Sexually Transmitted Infection
ACNC	Australian Charities and Not-for-profits Commission	CEO	Chief Executive Officer	NIDAC	National Indigenous Drug and Alcohol Committee	TAC	Tasmanian Aboriginal Centre
ACRRM	Australian College of Rural and Remote Medicine	COAG	Council of Australian Governments	NIHEC	National Indigenous Health Equality Council	VACCHO	Victorian Aboriginal Community Controlled Health Organisation
ADN	Aboriginal Disability Network	CQI	Continuous Quality Improvement	nKPI	national Key Performance Indicators	WACRRM	Western Australian Centre for Remote and Rural Medicine
AF	Asthma Foundation	CS&HISC	Community Services and Health Industry Skills Council	NPS	National Prescribing Service	WSF	Aboriginal and Torres Strait Islander Health Workforce Strategic Framework
AGM	Annual General Meeting	CSTDA	Commonwealth, State and Territory Disability Funding Agreement	NRHA	National Rural Health Alliance	WAR	Health System Warriors of Aboriginal Resistance
AHAC	Aboriginal Health Advisory Committee	DAAs	Dosage administration aids	NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health		
AHCSA	Aboriginal Health Council of South Australia	DoH	Department of Health	OATSIH	Office of Aboriginal and Torres Strait Islander Health		
AHCWA	Aboriginal Health Council of Western Australia	DSS	Department of Social Services	PBAC	Pharmaceutical Benefits Advisory Committee		
AH&MRC	Aboriginal Health and Medical Research Council of NSW	EPC	Enhanced Primary Care	PBS	Pharmaceutical Benefits Scheme		
AHMAC	Australian Health Ministers Advisory Council	FASD	Fetal Alcohol Spectrum Disorders	PSA	Pharmaceutical Society of Australia		
AHS	Aboriginal Health Service	GP	General Practitioner	PCEHR	Personally Controlled Electronic Health Record		
AHW	Aboriginal and Torres Strait Islander Health Worker	IAHP	Indigenous Australians’ Health Programme	PGA	Pharmacy Guild of Australia		
AHHA	Australian Healthcare and Hospitals Association	IMRS	Indigenous Medicines Review Service	PHCAP	Primary Health Care Access Program		
AIHW	Australian Institute of Health and Welfare	IPP	Indigenous Pharmacy Programs	PIP	Practice Incentives Program		
AIDA	Australian Indigenous Doctors Association	IPP Review	Indigenous Pharmacy Programs Review	PIRS	Patient Information Recall System		
AIDS	Acquired Immune Deficiency Syndrome	KPI	Key Performance Indicator	PM&C	Prime Minister and Cabinet		
AMA	Australian Medical Association	MA	Medicare Australia	PSA ACCHO	Pharmaceutical Society of Australia Aboriginal Community Controlled Health Organisation		
AMSs	Aboriginal Medical Services	MAAPs	Medication Access and Assistance Packages				
AMSANT	Aboriginal Medical Services Alliance Northern Territory	MBS	Medical Benefits Schedule	QAIHC	Queensland Aboriginal and Islander Health Council		
APHC	Aboriginal Primary Health Care	MoU	Memorandum of Understanding	QUM	Quality Use of Medicines		
		NACCHO	National Aboriginal Community Controlled Health Organisation	QUMAX	Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander people		
		NATSIHC	National Aboriginal and Torres Strait Islander Health Council	RAAF	Royal Australian Air Force		
		NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan	RACGP	Royal Australian College of General Practitioners		

APPENDIX D

NACCHO

Corporate Directory
Australian Business Number
ABN 89078949710

DIRECTORS 2019–2020

Donnella Mills (Chair), Donna Ah Chee, Chris Bin Kali, Gail Wason,
Gary White, Julie Tongs, Karen Heap, LaVerne Belleair,
Leeroy Bilney, Lesley Nelson, Michael Graham
Olga Havnen, Phil Naden, Raylene Foster,
Scott Monaghan, Willhelmine Lieberwirth.

Company Secretary

Chris Chenoweth

Principle place of business

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Canberra City ACT 2601
P.O. Box 130, Civic Square ACT 2608

Contact details

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Bankers

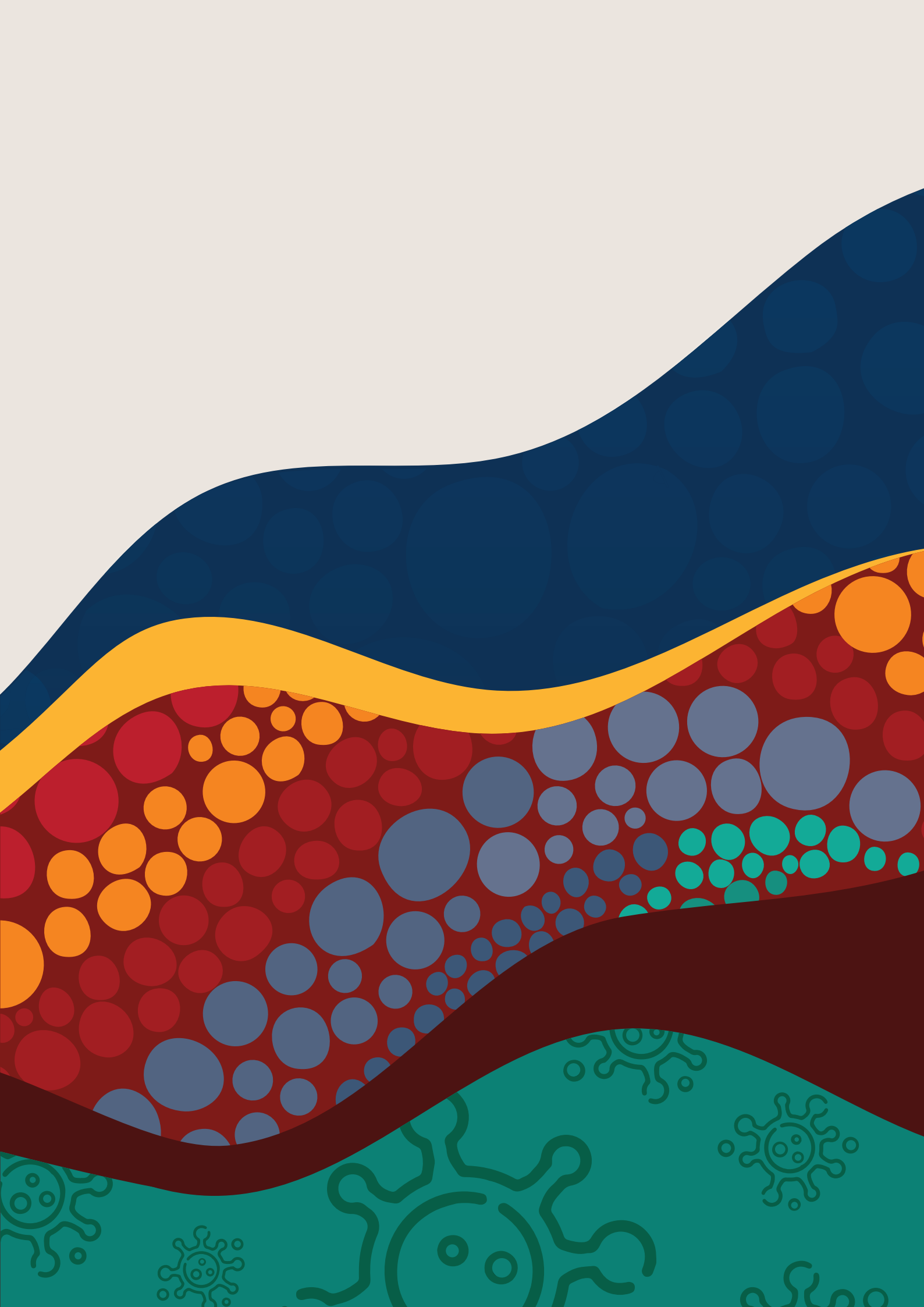
Westpac

Auditors

RSM Australian Partners

Annual Report

NACCHO thanks all its affiliates, members and partners
that have provided content and some of the images
used in this report.





NACCHO

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