



NACCHO

National Aboriginal Community
Controlled Health Organisation

ANNUAL REPORT

2018–2019

ARTIST RECOGNITION:

Artist 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.

Cover photo courtesy of Western Australian General Practice Education and Training Limited (WAGPET)

Image features Michael Flynn, Aleisha Simpson, Chace Phillips, Maliyah Angus, Mayumi and Saiyuri Hamaguchi.

They are grandchildren of proud grandmother Louise McKenna, Cultural Mentor for the Kimberley region. They are Jalbi's (Great Grand Children) of Alberta Bin Omar – McKenna nee Doby, a strong Yawuru woman, who leaves behind a legacy of a strong family.

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

The contents of the Annual Report 2018–2019 unless explicitly stated otherwise, may not be reprinted, reproduced or published in any form whatsoever without the permission of NACCHO with the exception of quotations from media releases or for the reproduction by non-profit organisations pursuing similar aims to NACCHO.

To request rights to reproduce content from the Annual Report 2018–2019 which are copyright to NACCHO you can email us at reception@naccho.org.au

Level 5, 2 Constitution Avenue, Canberra City ACT 2601
P.O. Box 130, Civic Square ACT 2608

T (02) 6246 9300
E reception@naccho.org.au
W www.naccho.org.au

ABN 89078949710

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

NACCHO acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners of country throughout Australia and their continuing connection to both their lands and seas. In the spirit of respect, NACCHO recognises the Aboriginal and Torres Strait Islander peoples' past, present and future cultural, spiritual, physical and emotional connection with their lands and seas. NACCHO honours and pays respect to all Elders, both past and present and all generations of Aboriginal and Torres Strait Islander peoples now and into the future.



1 October 2019

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) 2018–19 Annual Report to the Australian Charities and Not-For-Profits Commission (ACNC).

NACCHO's 2018–2019 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 2018–2019 Annual Report are NACCHO's audited financial statements for the period 1 July 2018 to 30 June 2019.

Yours sincerely

Donnella Mills
Acting Chair

Patricia Turner, AM
CEO

Table of Contents

1 The Organisation

Our Vision and Values.....	6
Chairperson’s Report.....	8
Chief Executive Officer’s Report.....	10
About NACCHO	14
Strategic Direction.....	16
Our CEO and Board.....	18
Governance	20
Political Leadership	22
NACCHO Events	24
• Ochre Day 2018	24
• NACCHO 2018 Members’ Conference, Youth Conference and AGM	26
NACCHO Media and Communication Activities	28

2 Partners, Programs and Policies

MOUs.....	32
Our Partners and Programs.....	34
NACCHO Medicines	38
QUMAX.....	42
NACCHO-PSA ACCHO Pharmacist Group	44
Policy Projects.....	45
Representation across Groups and Committees.....	46
NACCHO Policy Submissions.....	47

3 NACCHO Affiliates

State and Territory Reports	50
Outcome 1	66
Outcome 2	68
Outcome 3	70

4 NACCHO Members

Member Case Studies.....	74
--------------------------	----

5 Financial Statements

Director’s Reports.....	82
NACCHO Financial Report for the year ended June 2019	86

6 Appendices

Appendix A - NACCHO Members Sector.....	110
Appendix B - Glossary of Terms.....	114
Appendix C - Abbreviation and Acronyms.....	115
Appendix D - NACCHO Directory	116



Our Vision Our Values

NACCHO'S VISION:
Aboriginal 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 ARE EMBEDDED IN THE FOLLOWING:

- Aboriginal Community Control
- Holistic comprehensive Primary Health Care approach
- Ground-up approach to planning, policy development and implementation
- Aboriginal cultural integrity
- Co-ordinated and integrated activity
- Strategic partnerships and alliances
- Proactive and responsible action
- Respect and loyalty
- Equity
- Quality



Performance at the NACCHO Members' Conference 2018.



Inaugural NACCHO Youth Conference 2018.



Welcome ceremony at the NACCHO Members' Conference 2018.





Chairperson's Report

The last financial year was one of major change for NACCHO. We saw a Federal Election with the Hon Ken Wyatt AM becoming the Minister for Indigenous Australians and the Hon Greg Hunt retaining the health portfolio, including Aboriginal and Torres Strait Islander health. We have welcomed new faces on the NACCHO Board.

I would like to thank the former Chair, John Singer, and the six retiring directors (Adrian Carson, Kieran Chilcott, Vicki Holmes, Rod Jackson, Mark Lovett and John Mitchell) for their hard work for NACCHO over the year. After the 2018 AGM, the NACCHO Board appointed me as Acting Chair. Alongside me were continuing directors: Donna Ah Chee, LaVerne Belleair, Chris Bin Kali, Raylene Foster, Olga Havnen, Scott Monaghan, Lesley Nelson, and Julie Tongs. Joining us were six new colleagues: Leeroy Bilney, Karen Heap, Michael Graham, Wilhelmine Lieberwirth, Gail Wason and Gary White. NACCHO is lucky to have such a dedicated and expert group of directors.

As an organisation, members can be immensely proud of what NACCHO has achieved. We have a strong voice, and it has resonated well beyond our sector over the last 12 months. The clearest example of this is the leadership demonstrated by our CEO, Pat Turner, and leaders from our affiliates in mobilising a coalition of Aboriginal and Torres Strait Islander peaks. The coalition, now 40-strong, is engaging with the government to get the Closing the Gap process back on track.

NACCHO achieved some great results in the last half of 2018. We convened an important NACCHO Ochre Day Conference in Hobart in August 2018. Over 200 delegates heard from passionate speakers including Mick Adams, Mark Wenitong, Patrick Johnson, Joe Williams, Deon Bird, Kim Mulholland, Greg Telford, Karl Briscoe

and Rod Little. The winner of the Jaydon Adams Award for 2018 was Aaron Everett from Tasmania.

NACCHO also held its inaugural National Youth Conference in Brisbane, which showcased the talent and enthusiasm of our sector's emerging leaders. It preceded a very successful 2018 National Annual Members' Conference, which was attended by over 500 delegates from across the country. We also had record attendance at our AGM. The success of these events relies on the hard work over many months of the NACCHO Secretariat, which I would like to congratulate on its efforts.

The conferences are evident achievements. However, something that our members are not always able to see is the ongoing advocacy work. For example, NACCHO met with the Ministers of the Council of Australian Governments (COAG) Health Council in Alice Springs in August 2018. There was an early budget in 2019 for which we lodged an influential submission. We also did all we could to put our case to the major political parties of Parliament

during the period leading up to the May election. The CEO and I met with the Prime Minister, Leader of the Opposition, and a range of Parliamentarians. We ran the #VoteACCHO election campaign that promoted our ten major Aboriginal and Torres Strait Islander ACCHO 'health asks' of an incoming government. In the process, we produced 26 communiques shared with 47,000 followers, while NACCHO's #VoteACCHO campaign reached millions of people. These are staggering numbers. We should not underestimate the reach and importance of using social media.

Once the election result was known, I wrote to the Prime Minister to congratulate him and suggested ways we could work with the incoming government. Minister Wyatt's appointment as Minister for Indigenous Australians means that we now have an Aboriginal Cabinet Minister with portfolio responsibility for Aboriginal and Torres Strait Islander affairs. We welcome this overdue development which should not be taken for granted.

NACCHO will continue to remind all jurisdictions of the critical work that our members do every day. The burden of disease affecting our people means that Commonwealth and state or territory governments need to spend two to three times more on Aboriginal and Torres Strait Islander people's health. NACCHO will continue to advocate to increase base funding of ACCHOs, increase funding for capital works and infrastructure (\$361m), improve housing and community infrastructure (\$550m), reduce the overrepresentation of Aboriginal and Torres Strait Islander children and youth in out-of-home care and detention and strengthen the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.

But it is not just for NACCHO to scrutinize governments. We need to keep improving our own processes. Constitutional reform is the key challenge. In 2018 members suggested that the best way forward would be via a national workshop. I am confident

that there is now widespread support for change. We have been consulting for three years and have met with almost 700 individuals from over 300 organisations in 50 sessions.

Helping us along our constitutional reform journey have been some strategic partners and supporters. Gilbert & Tobin deserve special thanks, and I would particularly acknowledge the Partner, Anne Cregan. Gilbert & Tobin has also been undertaking important advocacy work on Foetal Alcohol Syndrome Disorder (FASD). Law reform is central when addressing unmet legal need, particularly when a FASD-client comes into contact with the criminal justice system or government institutions which have limited understanding of the disorder. Any initiative from the corporate sector in this direction should be congratulated.

In other areas, we have also journeyed with some impressive partners. Australian Council of Social Service (ACOSS) and Australian Medical Association (AMA), for example, continue to be key allies for us. The 2018 AMA Report Card was launched in November 2018, highlighting research showing that the mortality gaps between Aboriginal and Torres Strait Islander people and other Australians are widening. NACCHO has called for the immediate adoption of its recommendations.

Most important of all is the great work of our 144 ACCHOs. I never cease to be impressed by what our members are doing in the face of increasing demand and diminishing resources. You should all be congratulated. 'Community control' is not just a term – it is a 48-year-old proven model – forged at Redfern in 1971, and now exercised successfully in hundreds of our communities across the country.

Finally, I would like to acknowledge my colleagues on the NACCHO Board, the CEO Pat Turner and the NACCHO staff for their hard work and commitment during the year.

Donnella Mills

NACCHO Acting Chairperson



Pictured L-R: Donnella Mills, Acting Chair NACCHO, Romlie Mokak Indigenous Policy Evaluation Commissioner of the Productivity Commission along with the team at Wuchopperen Health Service.



Chief Executive Officer's Report

The 2018–2019 year has been a particularly fruitful period for NACCHO. What we have achieved has reinvigorated our standing within the sector and we have developed into a strong and influential voice, not only in health, but in Aboriginal and Torres Strait Islander affairs more broadly.

The prime example of this has been the role that NACCHO played in getting the Closing the Gap process back on track. We have led a coalition of Aboriginal and Torres Strait Islander peaks that grew from 14 to 40 organisations and which now has a formal Partnership Agreement with COAG itself. This came into effect in March 2019 after it was signed by the Prime Minister and other parties. It sets out how governments and the Coalition of Peaks will work together over the next ten years on Closing the Gap. It established a Joint Ministerial and Coalition of Peaks Council on Closing the Gap which is co-chaired by myself and the Commonwealth Minister for Indigenous Australians. Its first meeting was held in March and funding has been secured from Prime Minister and Cabinet (PM&C).

A Coalition of Peaks Secretariat has been established which will continue to be hosted by NACCHO. This achievement not only demonstrates the strength of NACCHO, but what Aboriginal and Torres Strait Islander peaks can do if we stay strong and provide governments with a united voice for our sector and our people.

NACCHO has also continued to provide regular policy advice to governments on a range of issues affecting Aboriginal and Torres Strait Islander peoples health and wellbeing. In collaboration with our affiliates, we have provided submissions on diverse issues such as: obesity, the Medical Research Future Fund, the Community Development Program legislation, Corporations Aboriginal and Torres Strait Islander (CATSI) Act, aged care, aged care, the Medical Benefits Schedule, mental health and suicide prevention, and the National Disability Insurance Scheme (NDIS).

We have also provided policy advice to Treasury regarding our health priorities via our submission for the 2019 Budget. On behalf of our members, we have also maintained our commitment to holding the Commonwealth accountable for the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP), and the associated Implementation Plan.

We have continued our work as foundation partners of the END RHD Coalition to tackle rheumatic heart disease (RHD), a preventable condition which disproportionately affects Aboriginal and Torres Strait Islander people. Following the endorsement of the Roadmap by the COAG Health Council in March 2019, the END RHD Coalition has focused its efforts on preparing a comprehensive, evidence-based strategy for ending RHD in Australia.

NACCHO is co-leading the enhanced syphilis response being delivered through our members in the outbreak regions of Northern Queensland, the Northern Territory, Kimberley, Pilbara, Western and Far North regions in South Australia, Eyre and Adelaide.

From the commencement of the outbreak in 2011 to April 2019 there were 2852 cases reported across outbreak regions for the response to be developed by our members to suit the particular needs of their communities. The DoH has allocated funding direct to ACCHOs.

We have been working with our affiliates and members from around the country to identify and address barriers in providing services under the NDIS and provide advice on Aboriginal and Torres Strait Islander workforce strategies. In particular, select ACCHOs across the country have worked with us to co-design tailored responses to those barriers. Lessons learnt will inform advice on any flexibilities needed in policy to support ACCHOs' participation and facilitate greater NDIS access for Aboriginal and Torres Strait Islander peoples with a disability.

Mental health remains one of our top priorities as research shows that Aboriginal and Torres Strait Islander adults are 2.7 times more likely to experience high or very high levels of psychological distress than other Australians. They are also hospitalised for mental and behavioural disorders and attempted suicide at almost twice the rate of non-Indigenous population and are missing out on much needed mental health services. We maintain that ACCHOs are best placed to be the preferred providers of mental health, social and emotional wellbeing, and suicide-prevention activities in their communities. Consequently, we have maintained our involvement in meetings of the Kimberley Suicide Prevention Trial and will continue to advocate for appropriate funding to ensure community-led solutions to tackle suicide and mental health issues.

NACCHO is pleased to be part of the Million Minds Mission Fund Research Grant for generating Aboriginal and Torres Strait Islander patient-centred, clinically and culturally capable models of mental health care. The project led by Professor Pat Dudgeon was announced on 5 June 2019. It will bring together researchers and organisations from around the country to research new approaches to mental health service delivery for Aboriginal and Torres Strait Islander peoples.



Announcement of the Strep-A vaccine funding. Pictured L-R: Head of Aboriginal Research Glenn Pearson, the Hon Ken Wyatt AM, MP, 7-yr-old Tenaya Bell, CEO of KAMS Vicki O'Donnell, Pat Turner, Professor Jonathan Carapetis. Tenaya Bell had recently undergone open-heart surgery for RHD.



Pat Turner with the Hon Minister Ken Wyatt AM, Minister for Indigenous Australians at the Coalition of Peaks media conference in March 2018.



Pat Turner pays a tribute to her Uncle Charlie Perkins at the opening of a new Canberra building named in his honour.



We have worked with Vision 2020 Australia and their members in the development of the Strong eyes, strong communities, and for programs and support to embed eye health within our member organisation. This is a five-year plan for health and vision, which charts a course to Closing the Gap for vision and achieving a world-class system of eye health and vision care for Aboriginal and Torres Strait Islander peoples.

NACCHO continues to deliver three medicines projects funded through the DoH, via the sixth Community Pharmacy Agreement. This includes the ongoing

Quality Use of Medicines Maximised (QUMAX) for Aboriginal and Torres Strait Islander People program, the Indigenous Medication Review Service study (IMeRSe) and the Integrating Pharmacists within Aboriginal Community Controlled Health Services to Improve Chronic Disease Management (IPAC) Pharmacists in ACCHOs to Address Chronic Disease project (IPAC). IMeRSe is a collaborative partnership (with Griffith University and the Pharmacy Guild of Australia) to trial community pharmacies delivering culturally safe medicines reviews

integrated into ACCHOs' models of care. Six ACCHOs are participating in the study. The IPAC project involves pharmacist trials operating in around 22 sites across Australia.

NACCHO also continues to engage with the DoH in the process of Indigenous Pharmacy Programs Reform i.e. CTG scripts, s100, QUMAX. NACCHO frequently receives feedback from members regarding new items that could be listed on the Pharmaceutical Benefits Scheme (PBS). A proposed list was tabled at the 2018 NACCHO conference medicines session and 13 new PBS

items were forwarded to Pharmaceutical Benefits Advisory Committee (PBAC) for consideration. The list has now grown to approximately 20 items.

The funding and administrative arrangements with the Commonwealth remain in good shape. The 2018–2019 Network Mid-cycle Performance Report was approved by the DoH in April 2019. Our first Member Satisfaction Survey achieved a 73% participation rate. More than 75% of respondents reported satisfaction with affiliates' support.

NACCHO was also contracted by DoH to complete the Framework on Continuous Quality Improvement (CQI) for Aboriginal and Torres Strait Islander Primary Health Care. This was due by the end of 2018 as a deliverable under the Implementation Plan for NATSIHP and was launched at our 2018 AGM. The Framework provides a structure for CQI that primary health care services can use to improve the quality of primary health care received by Aboriginal and Torres Strait Islander people, wherever they seek it. It is about having our people at the centre of CQI in healthcare, the use of good quality data and evidence to inform CQI, and the ways

in which affiliates and Primary Health Networks (PHNs) can support ongoing improvements in health care in ACCHOs and in mainstream general practices.

NACCHO itself has undergone its own accreditation process, assessed by Quality Innovation Performance (QIP) and was granted accreditation in June.

One of the most important pieces of work and advocacy NACCHO did on behalf of members last year was on the funding model announced by the Government for Community Controlled Health Services. NACCHO was supported by Australian Medical Association (AMA) and the Royal Australian College of General Practitioners (RACGP). The proposed funding model was not acceptable and NACCHO ceased the negotiations. The DoH has established a new committee with new terms of reference which are more conducive to developing a funding model taking into account the health needs.

Lastly, I would like to acknowledge the ongoing work of our 144 members and eight affiliates. NACCHO is a

small organisation, but we represent a large sector that delivers three million episodes of care each year to over half the Aboriginal and Torres Strait Islander population. Our policy and advocacy work is only possible through close engagement with our members, affiliates and partners, who have all worked so hard to make these achievements possible.

A significant workload has also been borne by the Board in the last 12 months, particularly by the Acting Chair, Donnella Mills. She has approached the position with enthusiasm and good grace and we, as an organisation, are very much in her debt. Recognition is also due to Dawn Casey, Deputy CEO, and the other members of the hard-working NACCHO Secretariat team who have responded professionally and diligently to everything requested of them over the year. It is a pleasure to lead such a committed team.

Pat Turner

NACCHO Chief Executive Officer



Pictured L-R: Northern Land Council (NLC) CEO Marion Scrymgour, NACCHO CEO Pat Turner and NLC Senior Policy Officer Trish Rigby - meeting for Coalition of Peaks.

About NACCHO

The National Aboriginal Community Controlled Health Organisation (NACCHO) is the national leadership body for Aboriginal and Torres Strait Islander¹ health in Australia. NACCHO provides advice and guidance to the Australian Government on policy and budget matters and advocates for community-developed solutions that contribute to the quality of life and improved health outcomes for Aboriginal and Torres Strait Islander people.

NACCHO represents 144 Aboriginal Community Controlled Health Organisations (ACCHOs) operated by the local Aboriginal and Torres Strait Islander communities which control it through a locally elected board of management. NACCHO members operate around 300 clinics providing holistic and culturally competent primary healthcare to Aboriginal and Torres Strait Islander peoples across Australia. The sector is the largest employer of Aboriginal and Torres Strait Islander people in Australia; the ACCHOs employ about 6,000 staff, of which 3,500 are Aboriginal and Torres Strait Islander people.

NACCHO members continue to demonstrate that they are the leading providers of culturally appropriate, comprehensive primary healthcare for Aboriginal and Torres Strait Islander people across the nation, exceeding

government or private services. Services are delivered through fixed, outreach and mobile clinics operating in urban, rural and remote settings across Australia. ACCHOs provide about three million episodes of care per year for 350,000 people. In very remote areas, ACCHO services provide about one million episodes of care in a year.

NACCHO was established in 1974 and is considered a national leader in Aboriginal and Torres Strait Islander healthcare. NACCHO is leading negotiations with the Commonwealth and state and territory governments on a genuine partnership to identify an agreement on both the process and the new Closing the Gap targets including health and health-related targets.

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 a review of the relationship between NACCHO and the state and territory affiliates was commissioned. The latter was important for ACCHOs who are also members of their state and territory affiliates.

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, which resulted in a major change to NACCHO's role, organisational structure and a budget increase from \$4 million to \$20 million.

The NFA streamlines the provision of health service support funding through NACCHO to the affiliates for the sector. The arrangement allows for better, more targeted investment in efforts to Closing 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 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 NACCHO members have almost 50 years of experience in the delivery of comprehensive multidisciplinary primary healthcare.

ACCHOs form a network, but each is autonomous and independent of one another and the government.

- 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 healthcare service delivery models: a systematic scoping review.' NHMRC CREATE, S. Harfield, C. Davy, A. McArthur, Z. Munn, A. Brown and N. Brown, 2018.



Characteristics Indigenous Primary Healthcare service delivery model²



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

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

In the government's development of a new funding model for ACCHOs, NACCHO played the key leadership role in the following:

- secured the agreement with the government not to introduce the new Funding Model with KPIs as a measure
- secured the government's agreement that no ACCHO will lose their funding with the introduction of the new funding model for the next five years
- secured the delay of the introduction of the new funding model until 1 July 2019
- secured the support of the Australian Medical Association (AMA) and the Royal Australian College of General Practitioners (RACGP) in influencing the government's decision.

NATIONAL NETWORK SECTOR SUPPORT FUNDING AGREEMENT

- successfully negotiated the agreement resulting in NACCHO, the affiliates and the DoH signing the agreement that commenced on 1 July 2017
- successfully negotiated additional ongoing funding for NACCHO to administer the new agreement.

STRATEGY 1

NACCHO will maintain and strengthen its position as the national peak body for Aboriginal and Torres Strait Islander health and wellbeing in Australia.

KEY PERFORMANCE INDICATORS

- ✓ 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.

STRATEGY 2

NACCHO will enhance and demonstrate the value it offers to members by exhibiting strong leadership.

KEY PERFORMANCE INDICATORS

- ✓ Establishment of a functional Medical Advisory Group and a Policy Officer's Forum
- ✓ Undertake an annual Board performance review.

STRATEGY 3

NACCHO will continue to strengthen its governance structure and skills base processes to assist similar improvements in state and territory peaks and ACCHOs.

KEY PERFORMANCE INDICATORS

- ✓ Establishment of a NACCHO Board State and Territory Peaks CEOs' Committee.

STRATEGY 4

NACCHO will develop a research and continuous quality improvement (CQI) framework.

KEY PERFORMANCE INDICATORS

- ✓ Increased capacity of state and territory peaks to support members
- ✓ Engagement of NACCHO in national initiatives like My Health Record.

NACCHO CONTINUES TO ADVOCATE TO CLOSE THE LIFE EXPECTANCY GAP

10 YEARS

The life expectancy gap between **Indigenous** and **non-Indigenous** Australians remains **unacceptably high**, despite 10 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

Source: Australian Bureau of Statistics estimates as at 29 November 2018.

Our CEO and Board

Pat Turner CEO

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 to Close 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 Islanders Commission (ATSIC).



Donna Ah Chee

Donna is the CEO of the Central Australian Aboriginal Congress Aboriginal Corporation, in Alice Springs. She is a Bundgalung woman from the far north coast of New South Wales 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.



LaVerne Belleair

LaVerne is from the Bundjalung nation (North Coast NSW). She is currently the CEO of Aboriginal Medical Service Cooperative Limited, Redfern. 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 the development and implementation of strategic health plans for the local community.



Scott Monaghan

Scott has had a lifetime commitment to both health and wellbeing of the local Aboriginal community of Baryulgil and the Aboriginal sector nationally. He has been the CEO of Bulgarr Ngaru Medical Aboriginal Corporation since 2005, providing primary health care to the people of Clarence Valley on the North Coast of NSW. Scott advocates for the issue of asbestos exposure in Aboriginal and Torres Strait Islander communities and represents the sector on local, state and national boards.



Chips Bin Kali

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 both KAMS and BRAMS before being appointed as the CEO of BRAMS for nearly 9 years. Chris is currently Director on four different boards: BRAMS (local), KAMS (regional), AHCWA (state) and NACCHO (national). Previously Chris worked in the education, alcohol rehabilitation and Community Development Employment Program (CDEP) industries.



Raylene Foster

Raylene represents the Tasmania/Lutruwita on the NACCHO Board and 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 the Tasmanian Aboriginal Centre in various roles building the capacity of staff, community and the organisation. Providing leadership and enhanced service provision for consumers of the Aboriginal Health Service in a manner that addresses the impacts of social disadvantage and vulnerability of children and their families.



Lesley Nelson

Lesley is a proud Noongar woman from the Balladong and Whadjuk clans and currently the CEO of South West Aboriginal Medical Service (SWAMS). With unique post graduate qualifications in business and epidemiology, Lesley has championed the expansion of accessible primary health services for Aboriginal and Torres Strait Islander communities living in WA's South West region. Lesley's drive to influence, collaborate and engage across the sector, has directly contributed to greater health outcomes for Aboriginal and Torres Strait Islander people living in the region.



Gail Wason

Gail is the Chief Executive Officer of Mulungu Primary Health Care Service 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 that the community has access to the full range of high quality, culturally appropriate primary health care services that empower clients to fully participate in the management of their own health.



Julie Tongs, OAM

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



Donnella Mills Acting Chair

Donnella is a proud Torres Strait Islander woman with ancestral and family links to Masig and Nagir. She is a Director of Wuchopperen Health Service and the Acting Chair of NACCHO. Donnella is a Cairns-based lawyer with LawRight, a community legal centre which coordinates the provision of pro-bono civil legal services to disadvantaged and vulnerable members of the community.



Olga Havnen

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



Karen Heap

Karen, a Yorta woman, has been the CEO of Ballarat and District Aboriginal Cooperative for 11 years and brings a vast amount of knowledge and skillsets procured from extensive experience within the Aboriginal Service Sector.



Michael Graham

Michael, a proud Dja Wurrung and Waywuru man, has been part of various Aboriginal and Torres Strait Islander organisations since the age of 16. He has been raised by a politically proud family which has always prompted him to empower and make positive changes for the community. Michael was recently appointed Chief Executive Officer of the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). Previously, he was the Chair of the Victorian Aboriginal Health Service (VAHS) and Director of Victorian Aboriginal Youth Sport and Recreation Co-operative Limited.



Willhelmine Lieberwirth

A Kokatha and Antakirinja woman, Wilhelmine honours her rich family ancestry. She has worked in human services roles, most recently as an Aboriginal Cultural Consultant with Child and Family Health Services and has been instrumental in the Safely Sleeping Aboriginal Babies in South Australia. Wilhelmine and her family have lived in Whyalla for generations and have been active participants advocating on local health matters, including supporting the local ACCHO Nunyara Aboriginal Health Service Inc.



Leeroy Bilney

Leeroy is currently the Chairperson of Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation (CKAHSAC). He is a proud Marlinyu Ghoorlie, Wirangu, Kokatha, Mirning, and Barngala man, was born in Port Lincoln and lived most of his life in Ceduna South Australia, in an Aboriginal community 'Tia Tuckia'.





NACCHO Network Meeting 2018

Governance

NACCHO's 15 member board is elected by over 140 ACCHOs that are NACCHO members. It is made up of one delegate each from the ACT and Tasmania, two delegates each from the remaining six jurisdictions, and a chairperson and deputy chairperson.

Delegates to the NACCHO Board are elected by the affiliate members in each state and territory. However, the full NACCHO membership elects NACCHO's chairperson and deputy chairperson for three-year terms at triennial annual general meetings of NACCHO members.

In the 2018–2019 financial year the Board reviewed and updated the NACCHO Strategic Plan 2018–2023. The six incoming directors were provided with induction sessions and all directors were offered governance training and participated in a performance review of the NACCHO Board, which was undertaken by David Spear, VUCA. The Acting Chair was also given media training and other support to assist in her added responsibilities.

The NACCHO – State and Territory Affiliate Relationship

NACCHO continues to build on the strong working relationship with our members and affiliates to deliver the outcomes set out in the Network Funding Agreement (NFA).

NACCHO and affiliate CEOs and other team members met throughout the year to share knowledge and expertise. These meetings include a collaboration summit with representatives from the DoH.

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 NACCHO Board has also endorsed a process to out-source national projects within our affiliates, to ensure an effective and stronger working relationship between all our peak organisations.

The NACCHO Board spent the year discussing issues like the new Constitution, new funding models and agreements to begin in mid-2019, Community Grants Hub within the Department of Social Services (DSS), vulnerable services, development of a Board Charter and Code of Conduct and other governance issues.



Auntie Matilda delivers a "Welcome to Country" at the NACCHO national office in Canberra before a Board meeting.

The Board meets regularly throughout the year:

Over the last 12 months NACCHO continued its consultations with affiliates and members regarding a revised draft of a new NACCHO Constitution. With legal pro bono advice provided by law firm Gilbert & Tobin; NACCHO, affiliates and members:

- made decisions regarding the strategic policy directions of the organisation
- developed, monitored and reviewed NACCHO's strategic directions, provided support to the network, attended various committees and approved the annual business plan

- agreed to the key performance indicators
- maintained and strengthened connections between the affiliates, members and the board
- organised the Annual National Members' Conference and Annual General Meeting convened at the Hilton Hotel in Brisbane from 30 October to 2 November 2018.

Training for Directors occurred, including induction training for new Directors in November 2018 and Board Governance training in February 2019.

NACCHO has three sub-committees:

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

These committees all have independent chairs and have met on a regular basis throughout the year to meet the objectives set out in their respective Charters.

The Acting Chair, CEO and the team at NACCHO extend thanks to outgoing Board members for their dedication, time, insights, passion and hard work.

Political Leadership

Closing the Gap Refresh and formation of the Coalition of Peaks

In December 2016, as the Closing the Gap targets were due to expire and progress was not what was hoped, the Council of Australian Governments (COAG) announced a 'refresh'. The government said it wanted to work in genuine partnership with Aboriginal and Torres Strait Islander peoples in determining a new agreement on Closing the Gap.



Meeting with the Prime Minister on the formal Coalition of Peaks partnership. Pictured L-R: John Paterson, Rod Little, PM Scott Morrison, Pat Turner, Cheryl Axelby, Marcus Stewart, Alice Kemble, Time Ireland and James Christian.



NACCHO supported the Closing the Gap refresh, including by providing a written submission, attending government convened forums and delivering a Closing the Gap Refresh workshop on priorities for Indigenous health.

However, it became clear that governments were not listening properly or engaging in a genuine way. Many Aboriginal and Torres Strait Islander representative bodies wanted more time to consider the options and more information on what was and was not working.

In October 2018, NACCHO collaborated with a group of Aboriginal and Torres Strait Islander representative bodies to propose a model of genuine partnership on the negotiation, implementation and monitoring of any refreshed approach. They also asked that governments not proceed with the refresh without the support and agreement of Aboriginal and Torres Strait Islander peoples through their peak organisations.

In December 2018, COAG agreed to a formal partnership on Closing the Gap with Aboriginal and Torres Strait Islander peoples through their representatives. This was an historic announcement.

The Coalition of Peaks, made up of over 40 members of national and state/territory Aboriginal and Torres Strait Islander peak bodies, has since formed to work in partnership on a new agreement on Closing the Gap. The CEO of NACCHO Pat Turner was elected as lead convener by the Coalition of Peaks.

Formal partnership arrangements between COAG and the Coalition of Peaks were settled in March 2019 when the Partnership Agreement on Closing the Gap, came into effect. The Partnership Agreement sets out how Australian governments and the Coalition of Peaks will work together over the next ten years on Closing the Gap.

It also established a Joint Ministerial and Coalition of Peaks Council on Closing the Gap which is co-chaired by Coalition of Peaks led convener NACCHO CEO Pat Turner and the Commonwealth Minister for Indigenous Affairs. The first meeting of the Joint Council was



Coalition of Peaks.

in March 2019. The Commonwealth Government provided a grant of \$4.6 million over three years to establish a policy and secretariat team to support the Coalition of Peaks. The policy and secretariat team are hosted by NACCHO.

Shared decision making between government and Aboriginal and Torres Strait Islander community-controlled representative organisations in the design, implementation and monitoring of Closing the Gap is essential to closing the gap in life outcomes between Indigenous and non-Indigenous Australians.

"This historic achievement of a hard-fought partnership between peak Aboriginal and Torres Strait Islander organisations and governments on Closing the Gap should be celebrated," said Pat Turner, CEO of NACCHO.

A new National Agreement on Closing the Gap is now being negotiated which is intended to both reform the way Australian Governments work with Aboriginal and Torres Strait Islander peoples and organisations across Australia and set new targets for the next decade. The new National Agreement will build the community-controlled services sector, helping to protect and grow community-controlled health services.

Pre-budget Submission 2019–2020

In 1997, the Federal Government funded NACCHO to establish a Secretariat in Canberra, greatly increasing the capacity of Aboriginal and Torres Strait Islander peoples involved in ACCHOs to participate in national health policy development. The following policy proposals are informed after consultations with NACCHO's affiliates and members:

1. Increase base funding of ACCHOs
2. Increase funding for capital works and infrastructure
3. Improve Aboriginal and Torres Strait Islander housing and community infrastructure
4. Reduce the over-representation of Aboriginal and Torres Strait Islander children and young people in out-of-home care and detention
5. Strengthen the Mental Health and Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander peoples.

If these proposals are adopted, fully funded and implemented, they provide a pathway forward where improvements in life expectancy can be confidently predicted. NACCHO is committed to working with the Australian Government to further develop the proposals, including associated costings and implementation plans and identifying where current expenditure could be more appropriately targeted.



NACCHO Ochre Day 2018, Tasmania.

NACCHO Events

NACCHO Ochre Day 2018

The NACCHO Ochre Day Men's Health Conference was held in nipaluna (Hobart), Tasmania, on 27–28 August 2018. 200 delegates attended, who embraced the conference theme, spoke of their journeys in the male health sector and enjoyed participation in the sessions and workshops.

The enduring theme for the NACCHO Ochre Day Conference is – Men's Health, Our Way. Let's Own It! It is an important event that draws attention to Aboriginal and Torres Strait Islander male health issues and their impact on their social and emotional health in a holistic way.

Delegates responded positively to the Hon Ken Wyatt AM MP, Minister for Aged Care and Indigenous Health's funding of an Aboriginal Health Television network. Mr John Paterson, CEO of Aboriginal Medical Services Alliance Northern Territory (AMSANT), spoke about the importance of women as partners in men's health and the nipaluna Ochre Day statement. Rod Little from National Congress of Australia's First People delivered a keynote address for the Jaydon Adams Memorial Dinner which provided a brief history on the progress of a Treaty in Australia.

The Jaydon Adams Memorial Award is awarded to a young Aboriginal or Torres Strait Islander male employed in the community health sector who exhibits Jaydon's dedication to the health and wellbeing of local community.

The winner of the Jaydon Adams Memorial Award 2018 was Mr Aaron Everett from Tasmanian Aboriginal Corporation for his exemplary work as an Aboriginal Health Practitioner.

The conference included a comprehensive quality program with presentations from clinicians, researches, academics, medical experts and Aboriginal Health Practitioners. Delegates listened to passionate speakers like Dr Mick Adams, Dr Mark Wenitong, Patrick Johnson, Joe Williams, Deon Bird, Kim Mulholland and Karl Briscoe. Topics included suicide, Deadly Choices, cardiovascular and other chronic diseases as well as family violence impacting Aboriginal and Torres Strait Islander communities. Initiatives to address these problems were explored in workshops with ways to make men's health a priority and support the reaffirmation of cultural identity.

Speeches by Ross Williams, Stan Stokes and Charlie Adams looked at how the establishment of Men's Clinics within the Anyinginiyi Aboriginal Health

NACCHO OCHRE DAY

Men's health, our way. Let's own it!

National conference

National Aboriginal Community
Controlled Health Organisation

NACCHO



www.naccho.org.au

Service and Wuchopperen Aboriginal Health Service, had a positive impact on men's health and their emotional wellbeing. These reports, as well as the experiences related by delegates, highlighted the urgent need for more Aboriginal Men's Health Clinics to be established, especially in regional, rural and remote areas.

NACCHO has long recognised the importance of addressing Aboriginal and Torres Strait Islander male health as a significant part of Closing the Gap by 2029. As a result of interaction with a broad cross-section of delegates, the

NACCHO Chairman Mr John Singer was able to put forward a range of priorities he believed would go some way to addressing some of the concerns raised. These priorities were the acquisition of funds to enable the:

- establishment of 80 Men's Health Clinics in urban, rural and remote locations
- employment of both a Male Youth Health Policy Officer and a Male (Adult) Health Policy Officer by NACCHO in Canberra.

Delegates also welcomed the funding of \$3.4 million for the Aboriginal Health Television network, provided that the programs were culturally appropriate and supported a strength-based approach to men's health.



Welcome to country at the NACCHO 2018 Members' Conference.

NACCHO 2018 Members' Conference, Youth Conference and AGM

The theme of the National Members' Conference 2018 was, investing in What Works: Aboriginal Community Controlled Health.

The NACCHO National Members' Conference and AGM events were organised by the communications team and held in Brisbane from 30 October to 2 November 2018. Around 500 NACCHO delegates, including health service workers, educators, suppliers and more, gathered at the Hilton Brisbane for the National Members' Conference to discuss the latest developments in Aboriginal Community Controlled Health.

The delegates heard from over 57 speakers who acknowledged the history of NACCHO, the present issues in the member service health settings and considered future workforce requirements. NACCHO distributed copies of the 2017–2018 Annual Report at the conference.

NACCHO held its inaugural Youth Conference in Brisbane in 2018 as part of the NACCHO Members' Conference. This whole-day event was attended by 47 Aboriginal and Torres Strait Islander youth from each state and territory and included presentations on improving mental health and maintaining connection to country. The youth delegates came together to seize the opportunity to voice their ideas and solutions.

A discussion also took place about priorities for our youth moving forward, including a survey to determine positions on a range of subject such

as youth representation, cultural connections, and community health services. Out of the participants, 81 per cent felt that youth weren't well represented in their community, and 97 per cent said they would support the creation of a NACCHO Youth Policy position. A Youth Conference will now be a feature of all NACCHO Members' Conferences moving forward.

Attendees of the conference witnessed the launch of three new healthcare tools. First, the Hon Ken Wyatt AM, in his role as Minister for Indigenous health at that time presented the Australian Institute of Health and Welfare (AIHW) Aboriginal and Torres Strait Islander Adolescent and Youth Health and Wellbeing 2018 report. It is the first AIHW study focused solely on the wellbeing of First Nations people aged 10 to 24. Then the Australian National University introduced the Mayi Kuwayu Study, a world-first longitude survey designed to study the link between connection to culture and wellbeing. Finally, the Heart Foundation



Dawn Casey, Deputy CEO NACCHO addressing the audience at the AGM 2018.



Oliver Tye, Policy Officer NACCHO at the NACCHO Youth Conference 2018.

launched heart maps, the first online platform to show data on the rates of Aboriginal and Torres Strait Islander hospitalisations at a regional level.

NACCHO was pleased to host Dr Nadine Caron the first female Canadian, first nations surgeon, as a keynote speaker for the Conference. Dr. Caron is Co-Director at the Centre for Excellence in Indigenous Health and Associate Professor in the Department of Surgery at the University of British Columbia.

On the third and final day, more than 200 delegates gathered for the Annual General Meeting (AGM). While the special resolution to adopt a new Constitution did not achieve the required 75 per cent approval to come into effect, members still expressed their commitment to the reform process.

The NACCHO Board will consider the members' views in the following months as a matter of high priority.

Following the resignation of John Singer as Chairperson on the eve of the AGM, Donnell Mills was approved by the Board as the NACCHO Acting Chairperson. Donnell is a Torres Strait Islander woman with ancestral and family links to Masig and Nagir in the Torres Strait.

Mainstream health system participants and peak organisations were invited to attend and help strengthen the ACCHO sector so that it can maintain, further develop and enhance ACCHOs in an accessible, responsive, and culturally inclusive manner.



Mike Stephens, Director Medicines Policy and Programs NACCHO at the NACCHO Members' Conference 2018–2019.



**NACCHO Aboriginal Health
Communique Subscribers**

5,187

2018–2019

4,753 2017–2018



**NACCHO Aboriginal Health
Communique Views**

953,207

2018–2019

(Daily record 2373)

789,223 2017–2018



**NACCHO Australia
Twitter Followers**

30,936

2018–2019

27,900 2017–2018



**NACCHO Australia
Facebook Followers**

14,000

2018–2019

11,484 2017–2018



**NACCHO Australia
Instagram Followers**

1,100

2018–2019



**NACCHO Australia
YouTube Subscribers**

19,922

2018–2019

16,960 2017–2018

NACCHO Media and Communications Activities

In 2018–2019 NACCHO's strategic media and communications continued to support NACCHO's goals and ensuring 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
- Media monitoring and managing media enquiries
- Preparing talking points, speeches and background briefings
- 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, Elections and occasions around political announcements.

Social Media

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.

- Daily Aboriginal Health News Alert (www.nacchocommunique.com):** NACCHO continues to be the major online publisher of Aboriginal and Torres Strait Islander Health News in Australia. Posted over 2,650 informative news alerts over the past seven years to 5,187 subscribers.



As the Acting Chair highlighted in her welcome editorial, NACCHO ran the #VoteACCHO Election campaign that promoted our ten major ACCHO 'health asks' of an incoming government. In the process, we produced 36 communiques shared with 47,000 in total social media followers, while NACCHO's

#VoteACCHO campaign reached approximately 21 million people.

Over seven years, NACCHO posts have been read over 953,207 times (Daily record 2373). This year NACCHO continued to focus and consolidate posts by servicing members with weekly 'Save the dates', 'Job alerts' and 'Deadly good news stories'.

- Twitter:** NACCHO has continued in 2019 with a prestigious Blue Tick from Twitter for our health sector contributions and engagement. Followers grew to 30,936 and with 87,000 twitter posts to date and NACCHO continue to be leaders in the dissemination of Aboriginal health news.
- Facebook:** Facebook continues to be a popular channel for our member communications with over 14,000 followers.
- Instagram:** 2017 launched an integrated NACCHONEWS account and this reaches out to over 1,100 followers with 800 posts to date.
- YouTube:** NACCHO YouTube account – NACCHOTV with conference material and ACCHO member interviews.

Traditional Media Statistics



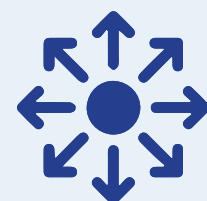
24 Media releases



72 Media Hits
(including syndication)



\$7,042,318.72
Advertising value equivalency



104,932,378
Reach

Summary

NACCHO was interviewed 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, BuzzFeed Australia and The Australian. NACCHO received high coverage across mainstream news outlets compared to Indigenous news outlets which shows the organisation's impact and awareness on a national level.

There was a high number of media engagements in May due to the 2019 Federal Election. NACCHO was positioned as the expert voice and placed at the forefront of Indigenous issues and affairs in the lead up to and following the election.

An opinion piece was developed with CEO Pat Turner following the 2019 Prime Minister's Closing the Gap Report which was successfully placed in the Sydney Morning Herald. This was printed in both SMH and The Canberra Times and syndicated widely online across metro Fairfax news outlets.



2

Partners, Programs and Policies



L to R: Kaedon, Jamayhn, and Brett at the 2018 Junior Murri Carnival organised by the Deadly Choices team of the Institute for Urban Indigenous Health (IUIH), Queensland.

Memorandums of Understanding (MOUs)

NACCHO HAS SEVERAL MEMORANDUMS OF UNDERSTANDING (MOU)



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 Australians 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 the 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.



VISION 2020 AUSTRALIA

NACCHO's partnership with Vision 2020 Australia, was to support the National Spectacle Subsidy Scheme (NSSS) project with governance and related tasks. The partnership includes NACCHO participating in the steering group, participating in the 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.



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 three Federal health ministers and the 15 Medical Colleges signed a collaborative agreement in 2017 with the NACCHO Chair and continue to work with them.



ROYAL AUSTRALIAN AIR FORCE (RAAF)

The purpose of the MoU with the RAAF was to deliver ongoing affordable and accessible healthcare to Aboriginal and Torres Strait Islander people. This partnership will facilitate RAAF Dental personnel to work alongside Aboriginal Health Workers in ACCHO. This will help reduce waiting time for Aboriginal health services and allow more Aboriginal people to access the care they need.

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 are to be presented by 2020. Aboriginal Medical Services Alliance Northern Territory (AMSANT), Aboriginal Health Council of Western Australia (AHCWA), Australian Medical Association (AMA) Heart Foundation, Menzies School of Health Research, Telethon Kids Institute, and NACCHO are the founding members.



PHARMACY GUILD OF AUSTRALIA

The MOU is a pledge to work together to improve Aboriginal and Torres Strait Islander health. It is an agreement to work with respective members, share information of mutual interest, jointly develop public or media statements and policy. Recognition of NACCHO as peak health policy advisory body for ACCHOs. Recognition of community pharmacists as the primary providers of pharmacy services across the sector.



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 Aboriginal Community Controlled Health Services to maximise health outcomes for the community. NACCHO and RACGP will develop initiatives that attract and retain a skilled workforce for the Aboriginal Community Controlled Health Sector.



JAMES COOK UNIVERSITY and PHARMACEUTICAL SOCIETY OF AUSTRALIA

The collaboration between NACCHO, the James Cook University and Pharmaceutical Society of Australia aims to integrate pharmacists into ACCHOs and collect bio-statistical data through Community Based Participatory Research that will improve Aboriginal and Torres Strait Islander people's access to medicines. This equitable involvement from community members, organisational representatives and researchers will develop a framework to be implemented over the next few years.





Gari Watson was the third Aboriginal and Torres Strait Islander dentist to graduate from James Cook University (JCU) in 2014. Gari at the Institute for Urban Indigenous Health (IUIH) ACCHO in Brisbane.

Our Partners and Programs

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

Department of Health (DoH)

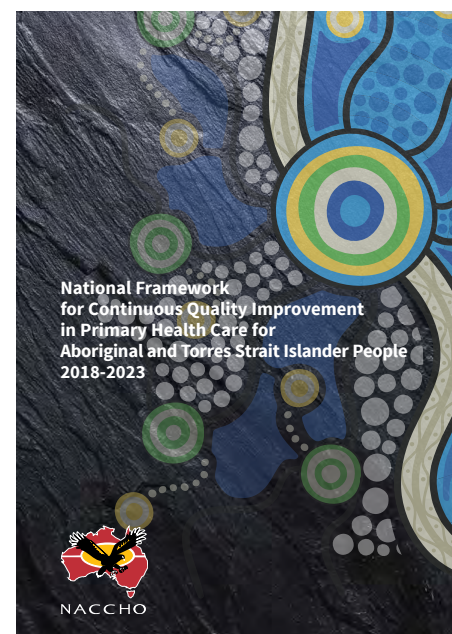
DoH is the major funding contributor to NACCHO. In 1997 the Commonwealth Government funded NACCHO to establish a Secretariat in Canberra, which greatly increased the capacity for Aboriginal and Torres Strait Islander Peoples in ACCHOs to participate in national health policy development. NACCHO and the DoH signed a new single funding agreement for three years in 2017 which has secured NACCHO's role in the Sector and provided certainty for NACCHO member services.

NACCHO championed the provision of ACCHOs across communities but also continued to state a case for increased resources from governments to build enhanced capacity and effective health outcomes for Aboriginal and Torres Strait Islander people.

CQI Framework

NACCHO published the National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander people, 2018-2023, designed to provide practical support for all primary healthcare organisations in their efforts to ensure that the health care they provide is high quality, safe, effective, responsive and culturally respectful.

The CQI Framework was developed by NACCHO in consultation with member services and affiliates, health professional organisations and government. The project was funded by the Commonwealth Department of Health.



Enhanced Syphilis Response (ESR)

NACCHO is co-leading the ESR program, delivered through ACCHOs, with the DoH. NACCHO and the DoH have worked with ACCHOs to co-design the response to meet the requirements of their community.

The outbreak of infectious syphilis began in Northern Queensland in January 2011, extending to the Northern Territory in 2013, the Kimberley in Western Australia 2014, Western, Eyre and Far North regions of South Australia in 2016, the Pilbara in Western Australia in 2018, Adelaide South Australia 2019 and the Goldfields region in Western Australia in May 2019.

Since the commencement of the outbreak in 2011 to 2019, there have been 2852 cases and seven congenital syphilis cases associated with the outbreak regions.

During this period, 19 services have enrolled in the ESR with 304 clinicians trained.

Since commencement of the enhanced response in 2018 to June 2019, there have been 1658 people tested for syphilis, including serology, Syphilis Point of Care Test (PoCT) or both across 19 services.

NACCHO provides support to the ACCHOs by coordinating the Syphilis PoCT training and distribution of test kits while building community of practice and knowledge exchange across the jurisdictions.

In December 2018 NACCHO welcomed an additional \$12.4 million from the Australian Government (a total of \$21.2 million in funding over four years 2017-18 to 2020-21) to be delivered through ACCHOs in outbreak regions: The types of projects funded include:

- workforce supplementation and implementation costs for the roll out of the 'Test and Treat' model
- development and roll out of a 'train the trainer' model to upskill the existing and the supplemented workforce in both the 'Test and Treat' model and sexual health in general
- culturally appropriate health, communication and education materials.



Katherine West Health Board Aboriginal Corporation – Women's Group Sexual Health Workshop.



Syphilis PoCT training in Galawinku.

New PBS Doctors Bag listing for benzathine penicillin to address Syphilis outbreak

New PBS Doctors Bag listing for benzathine penicillin to address Syphilis outbreak

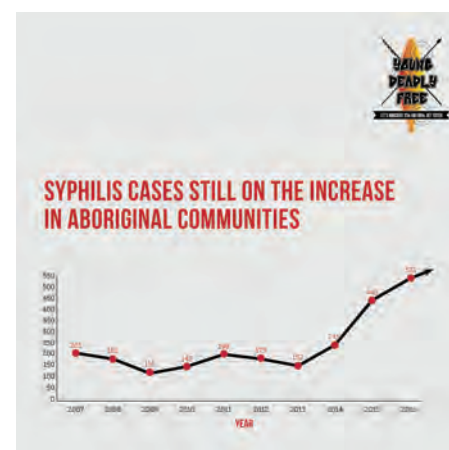
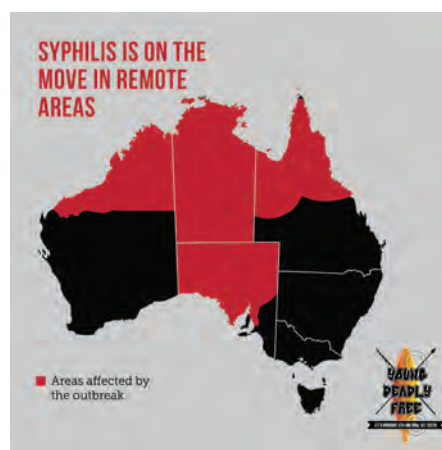
Starting 1 September 2019, benzathine benzylpenicillin (Bicillin L-A) is listed on the Emergency Drug Supply Schedule (also known as Prescribers Bag or Doctors Bag).

NACCHO worked in consultation with ACCHO members services, expert clinicians and the Royal Australian College of Physicians (RACP) to co-author a submission to the Pharmaceutical Benefits Advisory Committee (PBAC) in early 2019 to improve syphilis treatment options for health services.

This was supported by the PBAC and now this item can be prescribed through the Doctors Bag scheme.

The listing of benzathine benzylpenicillin (Bicillin L-A) will support the timely treatment of syphilis for Aboriginal and Torres Strait Islander communities by providing a mechanism for health services to have stock on site, and/or obtain supply for patients in advance of a consultation.

For further information please contact: esr@naccho.org.au or 02 6248 0644



Copyright South Australian Health and Medical Research Institute (SAHMRI).

Copyright South Australian Health and Medical Research Institute (SAHMRI).

NACCHO Health Data Portal

The new web-based reporting platform, the Health Data Portal (HDP), went live in December 2018. OCHREStreams was de-commissioned, and all future reporting on the National Key Performance Indicators (nKPIs) and the Online Services Report (OSR) will be uploaded to the HDP. In addition to simplifying and improving how ACCHOs submit their data, the HDP offers interactive report generation software.

The Australian Government DoH delivered a range of web-based information, learning and support video and face-to-face sessions to help member services prepare for the new reporting system. In March 2019, the DoH informed NACCHO that 100 per cent of ACCHOs successfully submitted their nKPI data due by 31 January 2019.

Throughout 2019, the DoH held a range of co-design workshops and webinars to continue enhancing the user experience.

Australian Digital Health Agency - My Health Record Expansion

NACCHO continued to provide advice to the Australian Digital Health Agency on the strategic implementation of the Federal Government's My Health Record Expansion program and other digital health initiatives through meetings with the Agency's CEO and key staff in the Aboriginal and Torres Strait Islander and Indigenous Health Service Provider Readiness, Clinical and Consumer Engagement and Clinical Governance team. In addition, NACCHO has:

- negotiated funding from the Agency for the state and territory affiliates (\$250,00 – \$2m per affiliate)
- participated in the My Health Record Expansion Steering Group Meetings ensuring that the needs of the sector were considered
- provided input and advice into the Agency's assisted opt-out forms and processes to ensure they were acceptable for member services
- assisted with the distribution of Agency materials to members
- participated in the Affiliate Implementation Working Group Meetings
- attended and encouraged member participation in various workshops and information sessions hosted by the Agency
- communicated to members about opt-out extension periods, requesting that they continue to provide support to clients wishing to opt-out
- facilitated the Agency's presentation at the NACCHO National members Conference 2018, providing members with an opportunity to directly ask the Agency questions about the My Health Record Expansion program
- met with the Agency's National Director, Medicines Safety Program to discuss the Medications Safety priority activities and provided feedback on the Agency's Digital Medicines Program Blueprint Discussion Paper
- provided representatives for the following National Children's Digital Health Collaborative committees/groups:
 - o National Clinical and Community Advisory Group
 - o Child Digital Health Record Clinical Informatics Endorsement Committee
 - o National Harmonised Digital Pregnancy Health Record Project
- worked with the Agency to investigate enhanced consumer support options for clients who are not able to cancel their My Health Record via existing online/telephone systems
- participated in community education consultation co-design workshops and provided feedback on Aboriginal and Torres Strait Islander consumer collateral and messaging following the end of the opt-out period
- promoted the Agency's interoperability survey to members through NACCHO's communicate news alerts.

NACCHO Medicines

The 2018-2019 financial year was a period of implementing medicines programs and consolidating NACCHO's medicines policy. Between Quality Use of Medicines Maximised (QUMAX) for Aboriginal and Torres Strait Islander people, Integrating Pharmacists within Aboriginal Community Controlled Health Services to Improve Chronic Disease Management (IPAC) and Indigenous Medication Review Service (IMeRSe) Feasibility Study projects, nearly 100 of NACCHO's member services were reached. The IPAC and IMeRSe projects were delivered over the entire year. While evaluation of the two medicines projects is due to start in late 2019, feedback from participating ACCHOs, staff and clients has been overwhelmingly positive so far. Well over a thousand ACCHO clients have participated in IPAC and IMeRSe and only three have withdrawn to date – an indication of the project's acceptability.

Medicines and Pharmacy Policy

NACCHO remains proactive in policy and member support relating to medicines and pharmacy. The NACCHO medicines team have serviced key medicines policy documents to several key decision makers, panels and stakeholders. The ongoing medicines policy developments that may impact NACCHO's members include:

- The Commonwealth's Review of Indigenous Pharmacy Programs (The 'IPP Review', including CTG, s100 and QUMAX)
- The MBS Review – including ACCHOs pharmacist Medicare Benefits Scheme (MBS) items
- The Workforce Incentive Program (WIP) that subsidises ACCHOs employing a pharmacist directly
- The 7th Community Pharmacy Agreement – e.g. this funds QUMAX

- The PSA Guide to Providing Pharmacy Service for Aboriginal and Torres Strait Islander People – the key pharmacist policy document may be reviewed soon.

NACCHO continues to liaise with individual member services, affiliates, expert informants and several stakeholders to continue to build on current policy for enhanced medicines access, use and program development for the ACCHO sector.

NACCHO continues to liaise with key stakeholders including:

- Commonwealth Department of Health (monthly meetings)
- The Pharmacy Guild (including a joint policy media release and MoU signed in 2017)
- The Pharmaceutical Society of Australia (PSA)
- NPS MedicinesWise
- RACGP
- Society of Hospital Pharmacists Australia.

NACCHO has advocated for enhanced support for ACCHOs to be able to embed pharmacists within their models of care. This has been supported in the IPP Review, the King review, through securing grant funding for the IPAC project in the 24 sites across Australia and in the 2018 budget announcement that ACCHOs will be able to use the Workforce Incentive Payment (WIP) to employ pharmacists directly in their service. NACCHO has also advocated for ACCHOs to be able to be able to access enhanced MBS-subsidised pharmacist services through the current MBS Review.

NACCHO's ACCHOs Pharmacist Leadership Group has been active in addressing policy issues as they arise and has had regular email correspondence, three teleconferences and one face-to-face meeting since its inauguration in 2017 at NACCHO's national conference. NACCHO medicines team hosted the presentations on the IPAC and IMeRSe projects at the 2018 NACCHO Members' Conference as well as member consultation on the IPP Review.



National Project Coordinator for IPAC, Alice Nugent, at her desk at the Wellington Aboriginal Health Service.

IPAC Project Update

Integrating Pharmacists within Aboriginal Community Controlled Health Services to Improve Chronic Disease Management (IPAC)

The IPAC project is a collaborative partnership between James Cook University, The Pharmaceutical Society of Australia and NACCHO and its affiliates. The project runs from 2018 until 2020 in 22 ACCHO sites.

This project is exploring if including a pharmacist as part of the team within ACCHOs leads to:

- improvements in prescribing by doctors
- increased likelihood that patients take their medicines
- improving indicators of health
- cost savings in overall health care

Practice pharmacists will:

- provide medication management review for patients
- assist patients to understand their medicines and why they have been prescribed
- provide education and training to staff
- improve relations with community pharmacies to overcome barriers that patients may face in accessing medicines
- assist in managing medications at transitions of care (such as discharge from hospital).

IPAC has been in the Implementation Phase with the first pharmacist starting in August 2018. NACCHO has continued to be actively involved in all relevant aspects of the project. This includes working closely with project partners and participating ACCHOs to ensure that the project is being implemented successfully at all project sites. The project continues to be feasible and acceptable to ACCHOs. NACCHO is in regular contact with all sites and the response to the project has been consistently positive. ACCHOs' acceptability of the project is also evidenced by the negligible withdrawal rate of their clients.

NACCHO has continued to support sites recruiting patients and conducting the IPAC intervention. By 30th June 2019, 1,601 patients had consented to participate in the IPAC Project. A total of 10,362 patient-related and practice-related activities have been completed. These include patient medicines adherence assessments, which has been completed on 1,843 occasions and medication management reviews either in the home or the clinic. Importantly follow-up to medication reviews has been completed on 642 occasions, an opportunity which has not existed under existing Home Medicines Review (HMR) models. There have been 2,261 occasions where contact with community pharmacies have been recorded, continuing to support integration with co-existing services.

NACCHO manages and chairs the Project Reference Group; chairs and participates in all Operational Team Meetings and is actively contributing to all Steering Committee Meetings. As well as having a role in the evaluation of the project, including collection of baseline health service data, surveys and site visits for qualitative evaluation organised. As per the community based participatory model of the project, NACCHO continues to encourage site-level feedback regarding project implementation and are assisting with dissemination of information about the project in the media and at conferences.

NACCHO would like to thank AMSANT, QAIHC and VACCHO representatives for their ongoing contribution.

The following ACCHOs are participating in the IPAC project, some with multiple clinic sites.

Participating IPAC ACCHO sites

Danila Dilba Health Service Aboriginal Corporation

Katherine West Health Board Aboriginal Corporation

Laynhapuy Homelands Aboriginal Corporation

Miwatj Health Aboriginal Corporation

Wurli Wurlinjang Health Service Aboriginal Corporation

Carbal Medical Services

Cherbourg Regional Aboriginal and Islander Community Controlled Health Service

Goondir Health Services

Gurriny Yealamucka Health Service Aboriginal Corporation

Mount Isa Aboriginal Community Controlled Health Service (Gidgee Healing)

Northern Peninsula Area Family and Community Service

Wuchopperen Health Service Limited

Bendigo and District Aboriginal Cooperative

Dandenong and District Aboriginal Cooperative Ltd

Dhauwurd-Wurrung Elderly and Community Health Service Inc

Gippsland and East Gippsland Aboriginal Cooperative

Mallee District Aboriginal Services

Wathaurong Aboriginal Co-operative Health Service



This clinic has a PHARMACIST to TALK WITH YOU about your medicines

Are you having trouble with your medicines?
Do you wonder what they are all for?

Danila Dilba Health Service

Ask to make an appointment with one of our Danila Dilba Pharmacists:

Hazel or Ange

Our clinic is supporting the pharmacist in a project.
You will need to sign that you want to take part. Privacy and confidentiality are ensured.

Pharmaceutical Society of Australia | PHARMACISTS UNIVERSITY | ANSANT | NACCHO | QAIHC | Australian Government

The IPAC project is funded under the Australian Government Department of Health 6th Community Pharmacy Agreement.

“The pharmacist was able to streamline my wife’s medications and offer invaluable advice on dietary requirements. As a result of this my wife who is diabetic has been able to halve her insulin, her blood sugar readings have stabilised, and we have both lost over a stone in weight.”

IPAC Patient

“The clients that we see get the full Rolls Royce treatment in terms of medication management. It is great to be able to spend time, in a confidential setting, building rapport, discussing medications and answering any questions that people may have. For me, being able to offer follow-up is an important part of IPAC. HMRs are great but the one-off nature of the service limits usefulness in an Aboriginal and Torres Strait Islander setting. IPAC allows for ongoing client contact, which in turn hopefully translates to improvements in medication regimes, understanding and compliance.”

IPAC Pharmacist

“As a locum, I feel this service has improved safety for patients around medication management, compliance, and avoidance of medication errors. I feel quite supported, in my clinical work, with this teams’ holistic approach.”

Dr Jo McMahon
(locum at CRAICCHS)

Indigenous Medication Review Service (IMeRSE) Feasibility Study

The IMeRSe Feasibility Study is a collaborative partnership between The Pharmacy Guild of Australia, NACCHO and Griffith University.

Access to medicines and the Quality Use of Medicines (QUM) are critical to closing the gap in morbidity, mortality and life expectancy between Aboriginal and Torres Strait Islander people and other Australians. Health inequalities are particularly apparent among Aboriginal and Torres Strait Islander people with chronic diseases and compounded by barriers to accessing primary health care, including medication review services.

Pharmacist-led medication review services such as Home Medication Reviews, MedsCheck and Diabetes MedsCheck have been successfully implemented in the general population in Australia. However, there are a number of barriers to access these services for Aboriginal and Torres Strait Islander people including a lack of cultural appropriateness, restrictive referral pathways and eligibility criteria, a lack of integration with existing primary health care services, as well as geographic isolation.

The IMeRSe Feasibility Study aims to optimise a patient’s medication management via a culturally responsive service, which is delivered by community pharmacists integrated with Aboriginal

and Torres Strait Islander health services [Aboriginal Community Controlled Health Services (ACCHOs) and government Indigenous Health Services (IHSs)] in select sites across Queensland, New South Wales and the Northern Territory.

There are six NACCHO member services participating in the study:

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

NACCHO’s Deputy CEO, Director of Medicines Policy and Programs and IMeRSe Feasibility Study Coordinator, have been actively involved in a range of governance and operational activities during 2018-2019. NACCHO worked closely with Griffith University to identify and recruit suitable ACCHOs into the study and has provided representatives to visit selected sites during the establishment, implementation, recruitment and data collection phases.

NACCHO representatives have also participated in the IMeRSe Feasibility

Study’s Expert Panel and partners meetings and have overseen the development, production and distribution of culturally responsive and appropriate resources used in the study including appointment cards, promotional posters, flyers and polo shirts. The study was showcased at the NACCHO Members’ Conference in 2018 with a presentation by Griffith University and an IMeRSe Feasibility Study exhibition stall.

The IMeRSe Feasibility Study’s Final Report is expected to be submitted to the Australian Government Department of Health early next year. 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. As part of the Pharmacy Trials Program, the IMeRSe Feasibility Study will be evaluated by an independent Health Technology Assessment (HTA) organisation to understand whether the service is clinically effective and cost effective.

The IMeRSe Feasibility Study received grant funding from the Australian Government. The study was conducted as part of the Sixth Community Pharmacy Agreement’s (6CPA) \$50 million 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.



QUMAX

Quality use of medicines maximised (QUMAX) for Aboriginal and Torres Strait Islander people

The QUMAX program was established as a collaboration between NACCHO and the Pharmacy Guild of Australia. QUMAX is funded by the Commonwealth Department of Health under the Sixth Community Pharmacy Agreement (6CPA). From 1 February 2019, program administration of QUMAX and 22 other community pharmacy programs transferred from the Pharmacy Guild to a new provider Australian Healthcare Associates (AHA) after a competitive tender process. NACCHO has worked closely with AHA and communicated regularly with ACCHOs to ensure a smooth transition of program administration.

WHAT IS QUMAX?

The QUMAX Program aims to improve Quality Use of Medicines (QUM) and contribute to positive health outcomes for Aboriginal and Torres Strait Islander peoples, of any age, who present at participating ACCHOs through seven support categories:

- Dose Administration Aids (DAAs) Arrangements
- QUM Pharmacy Support
- Home Medicine Reviews (HMR) Models of Support
- QUM Devices
- QUM Education
- Cultural Awareness
- Transport.

To support QUM activities and services at the local level, funding is available to eligible ACCHOs in inner and outer regional areas, urban areas and major cities.

2018–2019 QUMAX CYCLE

In 2018–2019, around 60% of NACCHO members participated in the QUMAX program – virtually all of whom were eligible. This equated to 82 ACCHOs across each state and territory participating in the program reaching 232,214 Aboriginal and Torres Strait Islander clients.

The registration for the 2018–2019 QUMAX cycle was completed in June 2018, with three new ACCHOs registering, taking numbers from 79 to 82. The annual QUMAX cycles continue to run on

schedule and are proven to be acceptable to NACCHO members and community pharmacies due to the ongoing management and support from NACCHO, the Guild and more recently AHA.

There has been a change in QUMAX Program Coordinators, the Coordinator resigned in August 2018 and a new Coordinator commenced in October 2018, with a NACCHO employee managing the program in the interim. The Coordinator continues to provide support to ACCHOs through all stages of the QUMAX cycle, such as work plan development and reporting, as well as program and contract queries. All QUMAX contract reporting deliverables have been met for this period. The new Coordinator made four service visits in the 2018–2019 period to meet ACCHOs and provide additional assistance.

QUMAX WORKSHOPS

NACCHO held two national QUMAX workshops for members in March 2019. The workshops were promoted via the QUMAX update and based on the response; it was decided two workshops would be held in:

- Sydney on Tuesday 5 March 2019
- Melbourne on Thursday 7 March 2019.

The purpose of the workshops was to provide an opportunity for ACCHO staff to:

- understand the QUMAX Program Specific Guidelines, including deliverables, eligibility and the seven support areas
- learn more about QUMAX funding and budget allocation
- understand potential and practical benefits of QUMAX to tailor the program to local client need
- network with other ACCHOs about the program
- share ideas, good news stories and any issues with the group and Program Coordinators.

The workshop was a timely opportunity to introduce AHA and learn more about the new program administrator.

A total of 48 participants from 41 different ACCHOs across Australia travelled to attend the workshops. From the previous year, attendance was up 25% and there was a 38% increase in the number of ACCHOs attending. A brief process evaluation with eight questions was provided to participants at the end of each workshop, this was completed by 45 out of the 48 participants. The results were overwhelmingly positive and showed that both workshops were well-organised, informative and appropriate to members' needs. The results and feedback from the workshops will inform QUMAX continuous improvement.



QUMAX Workshop.



National QUMAX Coordinator Prue Spence and Sharon Storen Program Manager – QUMAX from the Pharmacy Guild of Australia with the Hon Ken Wyatt AM MP Minister for Indigenous Australians.

The NACCHO-PSA ACCHO Pharmacist Leadership Group



Message from the Chairperson, Chastina Heck

Chastina Heck is a Nywaigi, Mamu, Bidjara woman who is the Chairperson of the ACCHO Pharmacist Leadership Group and is currently working as a clinical pharmacist at the Logan Hospital in Brisbane.

As the inaugural Chairperson of ACCHO Pharmacist Leadership Group convened by NACCHO and the Pharmaceutical Society of Australia, it has been satisfying to see the group come together and grow in its capacity and become more interconnected. The group consists of pharmacists working within ACCHOs across Australia from every State and Territory and provides expertise on a wide range of topics affecting Aboriginal and Torres Strait Islander medicines issues. Since 2017 when the group was formed, we have met frequently and the group has provided input into several large policy issues for NACCHO and PSA, including the national review of the Indigenous Pharmacy Programs. One of the group's key achievements to date includes coordinating a response to items being included under the PBS for Aboriginal and Torres Strait Islanders to improve access to required medicines. This is an ongoing and dynamic policy issue, but momentum in the ACCHO and pharmaceutical sectors continues to grow, especially after a medicines forum at the NACCHO 2018 conference, where ACCHOs and members of the Leadership Group were able to meet face to face to discuss PBS medicines.

Another function of the group is to provide peer support and networking. The group has shared available

resources and strategies for cultural awareness and cultural safety training at both a local and broader level – a professional practice standard which may be difficult for pharmacists to access. Through its diverse membership base, the Leadership Group also has encouraged greater interaction between ACCHOs where there is a pharmacist and their local hospital. The relationships are especially important to handover complex patients, as well as manage patients where they may otherwise be disadvantaged due to not having access to Close the Gap prescriptions from hospital. Through my work as a hospital pharmacist at Logan Hospital, the hospital pharmacy department now has a greater awareness and connection with the Institute for Urban Indigenous Health and the pharmacists Lucky and Jacqui, sharing opportunities for coordinated care and follow up as well as education opportunities for pharmacy staff from both organisations.

I have enjoyed chairing this group from its inception until now and look forward to continuing to work with its members on existing and new medicines issues that are relevant to ACCHOs and Aboriginal and Torres Strait Islander peoples across Australia.



POLICY PROJECTS

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. Consultations were undertaken with jurisdictions to discuss the options proposed, along with the funding required.

NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

NACCHO worked with the Department of Social Services (DSS) to identify and address barriers to ACCHOs, providing NDIS services. In collaboration with DSS and select ACCHOs across the country and DSS, NACCHO worked to co-design tailored responses to those barriers. This work will continue to inform advice to Government to support ACCHOs' participation in the NDIS and facilitate greater NDIS access to Aboriginal and Torres Strait Islander peoples with a disability.

RHEUMATIC HEART DISEASE (RHD) ROADMAP

NACCHO is a foundation partner of the END RHD coalition, which brings together many leading organisations working to address rheumatic heart disease. The END RHD coalition is: working with communities most at risk of rheumatic heart disease in Australia; 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; and educating and empowering Australians about the role they can play in ending this disease. In March 2019, COAG Health Council meeting endorsed the Roadmap at a glance and companion report. NACCHO continues to work with the END RHD coalition on the development of the END RHD Strategy.

STRONG EYES, STRONG COMMUNITIES

NACCHO worked with Vision 2020 Australia and their members in the development of the Strong eyes, strong communities: a five-year plan for Aboriginal and Torres Strait Islander eye health and vision. NACCHO has strongly advocated for Vision 2020 members to embed eye health programs within ACCHOs. In March 2019, COAG Health Council endorsed the report. NACCHO continues to work with Vision 2020 Australia to develop an implementation plan for the 24 recommendations outlined in the report.

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

Australian Bureau of Statistics (ABS) Roundtable

Australian College of Midwives (ACM) Birthing on Country Strategic Committee

Australian Digital Health Agency (ADHA) My Health Records (MHR) Indigenous Health Provider Readiness Clinical and Consumer Engagement

Australian Commission on Safety and Quality in Health Care Primary Care Committee

Australian Institute of Health and Welfare Indigenous Statistical and Information Advisory Group

Australian Partnership for Preparedness Research on Infectious Disease Emergencies

Australian Trachoma Alliance Meeting of the Principals

Australian Trachoma Alliance National Trachoma Surveillance and Control Reference Group

Cancer Australia's Cervical Cancer Outcomes Project Steering Committee

Cancer Australia's Leadership Group on Aboriginal and Torres Strait Islander Cancer Control

DoH Aboriginal and Torres Strait Islander Health Industry Reference Committee (ATSIHIRC)

DoH Australian Health Protection Principal Committee (AHPPC) - Emergency Response Taskforce for BBV/STI in Indigenous populations

DoH Australian Health Protection Principal Committee (AHPPC) - Syphilis Enhanced Response Governance Group

DoH Comprehensive Primary Health Care Sustainability Advisory Committee

DoH Health Service Data Advisory Group (HS DAG)

DoH Hearing Assessment Program Advisory Committee

Eye Health Advisory Group

END RHD Advisory Committee and associated Working Groups

Implementation Plan Advisory Group (Australian Government Department of Health)

Indigenous Eye Health Data Report Advisory Group (Australian Institute of Health and Welfare)

Kimberley Suicide Prevention Trial Working Group

Network Policy Subcommittee

Medical Research Future Fund (MRFF) Aboriginal and Torres Strait Islander Ear Health Research Project

AHPRA National Scheme Aboriginal and Torres Strait Islander Health Strategy Group

Qld DoH National Aboriginal and Torres Strait Islander Hearing Health Advisory Committee

RACGP 5-10 Year Strategic Framework for Indigenous Health

RACGP Aboriginal and Torres Strait Islander Health Council

RACGP Enhancing preventative healthcare for Aboriginal and Torres Strait Islander people Project Reference Group

RACGP RACGP/NACCHO Project Reference Group

SAHMRI CREATE Leadership Group (Centre for Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange)

Vision 2020 Australia Aboriginal and Torres Strait Islander Committee

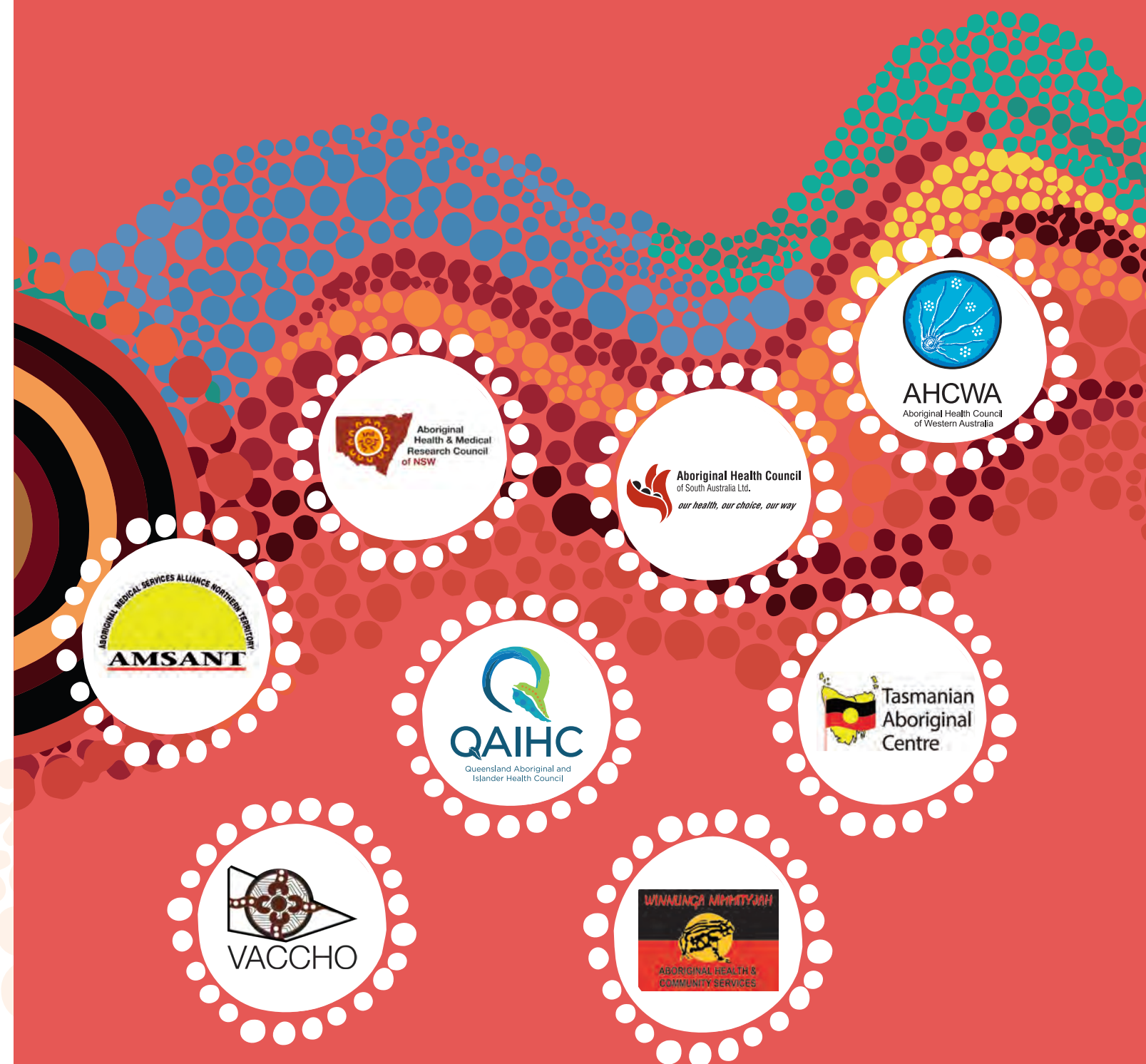
Workforce and Indigenous Education Roadmap Steering Group (Digital Health Agency)

Purpose	Month	Details
Select Committee into the Obesity Epidemic in Australia	July 2018	AH&MRC led the submission to the Australian Government Department of Health's Select Committee into the Obesity Epidemic in Australia.
Medical Research Future Fund Consultation to the inform the second Australian Medical and innovation Priorities 2018-2020	July 2018	NACCHO made a submission to the Medical Research Future Fund advocating for the need to invest in translatable research in areas affecting Aboriginal and Torres Strait Islander people.
Senate Community Affairs Legislation Committee Inquiry into the Social Security Legislation Amendment (Community Development Program) Bill 2018	September 2018	NACCHO made a submission on Community Development Program legislation, which was under review. Subsequently, the Bill was rejected on grounds of racial discrimination and harmful consequences.
Inquiry by Senate Finance and Public Administration Legislation Committee into the Corporations (Aboriginal and Torres Strait Islander) Amendment (Strengthening Governance and Transparency) Bill 2018	January 2019	NACCHO made a submission to this Inquiry raising various concerns about this Bill, including the risk that some of its measures may be racially discriminatory.
Pre-Budget Submission	February 2019	NACCHO made a pre-budget submission to the federal Treasury, which included five budget proposals developed in close consultation with the Board, the Network Policy Sub-Committee, and member services.
Aged Care Streamlined Consumer Assessment Submission	February 2019	VACCHO led the response to the Royal Commission into Aged Care Standards and the Productivity Commission report on the streamlined consumer assessment model, which was developed following public consultation.

Purpose	Month	Details
MBS Review: General Practice and Primary Care Clinical Committee	March 2019	NACCHO made a submission to this Inquiry raising various concerns about this Bill, including the risk that some of its measures may be racially discriminatory.
Productivity Commission Inquiry into Mental Health	May 2019	NACCHO's submission to this Inquiry made several recommendations including that Federal, State and Territory governments work with NACCHO and the Aboriginal Community Controlled Health sector to fully support and further develop the work ACCHOs currently do in improving the mental health of Aboriginal and Torres Strait Islander peoples.
3rd National Mental Health and Suicide Prevention Information Priorities Consultation	May 2019	NACCHO coordinated a Network response to these consultations.
Submission to the NDIS Thin Markets Project	June 2019	NACCHO made a submission to the NDIS that identified the many challenges of delivering the NDIS to Aboriginal and Torres Strait Islander peoples.

3

NACCHO Affiliates



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

The Aboriginal Health and Medical Research Council of NSW (AH&MRC) assists the Aboriginal Community Controlled Health Services (ACCHSs) across NSW, ensuring they have access to adequately resourced and skilled workforce to provide for local communities.

In 2018, AH&MRC's Strategic Plan 2018–2020 was developed from the emerging themes and priorities identified by their member services as important to the communities and the ACCHS sector in NSW. The Strategic Plan was the foundation that guided their organisation for the next two years.

The restructure of the AH&MRC has been finalised, their workforce capacity has increased since July 2018, and the new organisational structure is streamlined to better service its members.



In 2018–19, Practice Support focused on the following:

- **Governance:** A series of workshops conducted at a range of ACCHS sites across NSW. The project consists of a two-day intensive workshop session exploring opportunities to support NSW ACCHSs and to strengthen the delivery of board governance and financial essentials.
- **Patient Information Management Services (PIMS):** Communicare super-user training workshops for member services in various regions in NSW.
- **Site Visits/Accreditation:** The AH&MRC assisted member services to support a better understanding of Medicare. The AH&MRC provided education of Medicare Benefits Schedule (MBS) items and recommendations of processes for effective chronic disease management. During site visits, the AH&MRC team submitted PIMS review reports to identify areas where care plans and follow up services were deficient and provided CQI systems to improve clinical service delivery.
- **My Health Record:** The AH&MRC has been funded by the Australian Digital Health Agency (ADHA) to strengthen the knowledge and use of the My Health Record system within Aboriginal and Torres Strait Islander communities across NSW.



THE AH&MRC Practice Support Team.

PRACTICE SUPPORT UNIT

The Practice Support Unit is a team of highly dedicated Practice Support Officers who deliver programs and activities to strengthen the capability of NSW ACCHSs. The Practice Support Unit's purpose is to assist, educate, train, fund and resource AH&MRC members to meet the sector's demand.



Public Health - Workshop.

PUBLIC HEALTH

The Public Health Unit is devoted to working in partnership with ACCHSs, government and non-government agencies to improve health outcomes for Aboriginal and Torres Strait Islander people of NSW.

The Public Health Unit aims to improve and promote better health and well-being and to strengthening the prevention and management of disease for Aboriginal and Torres Strait Islander people.

In 2018–19, the Public Health Unit focused on the following:

Your Health Your Future: The AH&MRC have developed a campaign to empower Aboriginal and Torres Strait Islander people to complete an Aboriginal Health Check every 9–12 months at their local AMS. The project aims to increase awareness and acceptance of 715s in Aboriginal communities across NSW.

Sexual Health: The AH&MRC has created new online modules for “Doin It Right”; a training resource to assist the ACCHS sector workers to talk with young Aboriginal people about healthy lifestyles, relationships, body changes, sexuality, sexual and reproductive health, impact of drugs and alcohol, choices and

self-esteem. The AH&MRC has provided health promotion support during World AIDS Day with the distribution of condoms, resources and tools to all 46 members.

Influenza Season Preparedness: The Influenza Season Preparedness Plan includes a communications plan to provide influenza insights and messaging to the ACCHSs through the AH&MRC monthly newsletter (Message Stick) and social media. The AH&MRC has provided ACCHSs with resources to promote vaccinations and hand hygiene within their communities. The resources included the distribution of over 100 posters, educational resources and 7000 hand sanitisers. The AH&MRC collaborated with the Royal Australian College of General Practitioners (RACGP) to host a webinar on Influenza Preparedness in which over 35 people attended from NSW ACCHSs.

Rheumatic Heart Disease (RHD): The AH&MRC is a proud member of the sector led END RHD coalition. END RHD brings together the ACCHS sector and other leading organisations all working towards eliminating RHD in Australia. The AH&MRC recognises the coalition's understanding that through the

implementation of Indigenous-owned, community-led strategies they will be able to tackle RHD successfully.

Partnerships: AH&MRC has developed strong relationships with NSW stakeholders such as the Cancer Council NSW and the Heart Foundation, who work directly with the ACCHSs. For example, ten of the AH&MRC ACCHSs have had access to Smoking Cessation training provided by the Cancer Council NSW. The GP Advisory Group (GPAG) and the Deadly Doctors network have delivered a range of activities, including the Deadly Doctors Forum. The Deadly Doctors Forum has enabled their members to provide support and a forum for GPs to discuss, learn from each other and share local concerns.

“AH&MRC is proud to work in collaboration with our ACCHSs and other Aboriginal Health and non-Aboriginal health partners to address the social determinants of health and wellbeing. We have strong fundamental values of unity, loyalty, inclusion and respect and are committed to carrying out our duties with professionalism and integrity.”

Acting CEO of AH&MRC
Tania Brown.

Aboriginal Health Council of South Australia (AHCSA)

Being the peak body for Aboriginal and Torres Strait Islander health in South Australia (SA), AHCSA as an organisation has participated in a wide range of meetings, forums and conferences to provide input and advocate on behalf of AHCSA's member services and communities. AHCSA continues to have strong working relationships with funders and partners as they collaborate and work together to improve the health outcomes of Aboriginal people in SA.

AHCSA maintained solid relationships and ongoing support from key stakeholders including Wardliparingga Aboriginal Research Unit from the South Australian Health and Medical Research Institute (SAHMRI), Cancer Council SA, Heart Foundation, South Australian Council of Social Services (SACOSS), Health Consumers Alliance, Mental Health Coalition, Rural Doctors Workforce Agency (RDWA), General Practice Experts (GPEx), The Lowitja Institute, and the Adelaide and Country South Australia Primary Health Networks. AHCSA also enjoys strong links with the University sector both within South Australia and interstate.

Key Results/Outcomes 2018–2019

PUBLIC HEALTH MEDICAL OFFICER

AHCSA hosted a state-wide **Trachoma Environmental Health** workshop in October which was well attended by relevant government agencies, NGOs and affected communities. The workshop was focused on improving the environmental living conditions critical for achieving the sustainable elimination of trachoma along with reducing the impact of a range of other infectious diseases.

Phase 3 of the **Commonwealth Enhanced Syphilis Response** program is currently being implemented in SA. AHCSA and SA ACCHS' were successful in negotiating additional resourcing for a state-wide response in SA. This has resulted in funding for part-time sexual health worker positions in SA ACCHS as well as additional funding for the AHCSA Sexual Health program scaling up support for ACCHS' and communities to prevent further spread and the impacts of this preventable condition.

AHCSA has been working closely with SA Health immunisation section to advocate for a change to the current **Vaccine Administration Code** (SA Poisons Legislation) to enable Aboriginal Health Practitioners (AHPs) to independently provide vaccination in SA. There are a range of additional activities proposed to support AHPs in this role including the development of a training program and clinical guidelines.



Pictured L-R: Isaac Hill Health Informatics Coordinator AHCSA receiving 5-Year Service Award, CEO of AHCSA Shane Mohor and Chris Reksinis Eye Health Project Officer AHCSA receiving his 10-Year Service Award.



THE QUALITY SYSTEMS

The Quality Systems Team provides comprehensive clinical and organisational support to members. Applying a Continuous Quality Improvement (CQI) focus to patient information management systems, data collection and analysis, and clinical governance. Some of the projects have been:

SA ACCHS Quality Forum

AHCSA hosted the SA ACCHS Quality Forum in late June. The theme this year was Pirri-kinthi (sharing), Kangkarrinthe (caring), and Mailtyanthi (quality)*. The team wanted to emphasise the preservation of Aboriginal language, and for this reason it was important to name this annual event using Kurna language. More than 40 participants representing 10 member services attended the two-day event.

** AHCSA acknowledge and thank the Kurna Warra Karrpanthi for their permission to use Kurna Language.*

SQID cycle 2 – improving child ear health screening

SQID Cycles are state-based, three-monthly, interactive clinical quality improvement cycles that specifically

focus on one area of health. It involves the collection of de-identified baseline health data, followed by webinar presentations that explore the underpinning processes, procedures, data entry methods etc., associated with the cycle topic.

De-identified health data is collected again after three months and compared with the baseline data to assess health service improvement. SQID cycle 2 focused on improving otoscopy screening rates in Aboriginal and Torres Strait Islander children under five years of age – of which nine member services participated. Data extracted at the beginning of the cycle (June 2018) showed that SA ACCHSs had an average screening rate of 39.4%. At the end of the SQID Cycle, the sector achieved an average increase of 7.9% with the average child otoscopy screening rate now at 47.3%.

The final results were presented at the Deadly Sounds, Healthy Ears Workshop in March 2019 and led into discussion on sustaining change and caring for clients beyond Otoscopy.

Blood Borne Virus Program

The AHCSA Blood Borne Virus Program works with Aboriginal health services and the broader health sector across SA supporting the prevention and treatment of viral hepatitis. Program activity over the 2018–19 reporting period has focused on promoting hepatitis C treatments, supporting ACCHS with patient information management and clinical audits, running education workshops and health promotion activities in both the community and prison setting, and participation in the Centre for Research Excellence on Aboriginal Sexual Health and Blood-borne Viruses.

Digital health

Since October 2018, AHCSA's Digital Health Coordinator has been supporting and working closely with member services on a range of digital health initiatives. The primary focus for this year has been the My Health Record (MHR) Expansion Program. This has involved working with and supporting



AHCSA's Education and Training Team: Christine Fraser, Annie-Rose Thurnwald, Annabella Marshall, James Bisset, Hannah Keain, Tallulah Bilney.

member services with the expansion at a healthcare provider level.

ABORIGINAL HEALTH RESEARCH ETHICS COMMITTEE (AHREC)

The main purpose of the AHREC is to promote, support and monitor quality research that will benefit Aboriginal and Torres Strait Islander people in SA. In addition, AHREC provides advice to communities on the ethics, benefits and appropriateness of research initiatives.

AHREC continued to serve as a protection for the communities in SA and to advocate for the NHMRC Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research. In particular, the values that researchers are required to demonstrate in their research practice and methodologies such as spirit and integrity, reciprocity, respect, equality, responsibility, survival and protection continue to be closely scrutinised as part of the ethical review process. AHREC's guidance to researchers continues to highlight the holistic and interconnected nature of Aboriginal health and for any research activity to yield benefit for the Aboriginal communities in SA in partnerships with AHCSA's member services.

In the reporting period, AHCSA completed four major research projects working in collaboration with their member services and partners – SAHMRI, University of Canberra, Northern Adelaide Local Health Network and the Robinsons Institute.

Shedding the Smokes project was funded through the Department of Health, and three projects were funded by the Lowitja Institute titled: **The Strong Dads Strong Futures; Aboriginal Gender Study;** and the **Understanding Stress and Staying Strong in the Aboriginal and Torres Strait Islander Health and Humans Services' Workforce**. All projects were finalised by 30 June 2019. A Community Report and Final report for the Aboriginal Gender Study is available on the AHCSA website and other resources are currently in development for the Workforce Study.

The AHCSA Eye Health Program

Facilitated through the Eye Health Project Officer, the AHCSA Eye Health Program aims to enhance and increase activity and improve eye health outcomes for the SA ACCHOs through a mix of sector support and advocacy, direct member service support, and ground level service delivery.

Aboriginal Health Council of Western Australia (AHCWA)

AHCWA supports and acts on behalf of 22 ACCHOs throughout Western Australia. The last twelve months have been both challenging and rewarding for the Aboriginal health sector. At a national level, there was an historic and long-awaited change in the government's engagement with Aboriginal people during the Close the Gap Refresh and renegotiation. Welcome at the state level, was the release of the Western Australia (WA) government commissioned Sustainable Health Review (the Review) endorsing the contributions of the Aboriginal Community Controlled Health (ACCH) sector.



AHCWA
Aboriginal Health Council
of Western Australia



WA ACCHO Conference.

The ACCH sector was acknowledged repeatedly in the Review's final report to government. In line with the WA Aboriginal Health and Wellbeing Framework 2015–2030, the implementation priorities in the Review call for: the ongoing recognition and strengthening of Aboriginal Community Controlled Health Organisations (ACCHOs) as leaders in Aboriginal Primary Healthcare with sustainable funding for partnerships in prevention and early intervention programs; employment of additional Aboriginal staff in the WA health system, in particular Aboriginal nurses, allied health professionals and medical practitioners as part of multidisciplinary teams; and the expansion of mandatory system-wide cultural learning to develop knowledge and understanding of Aboriginal health and to support the growth of a capable, culturally competent, supportive and responsive health system.

Key Results/Outcomes 2018–2019

The Review stressed the need for a continued focus on strengthening collaboration between the state government and ACCHOs, including sustainable funding for partnerships and ACCHO capacity building, including governance.

The Review team noted the negative impacts of racism on the health and wellbeing outcomes of Aboriginal people is supported by a growing evidence base and the need to strive for inclusive, culturally secure and non-discriminatory care as a key social determinant of Aboriginal health. Having

a greater number of Aboriginal people in the workforce and increasing cultural awareness of all health staff will improve the knowledge and understanding of Aboriginal health issues. Care must be strongly connected to Country and cultural heritage and recognise the important role family and community play in the overall physical, mental and spiritual wellbeing of Aboriginal people and community.

The ACCHO model of care is a key example of how a holistic approach to Aboriginal health and wellbeing operates in practice. Each year, WA ACCHOs provide almost 500,000 episodes of care to over 50,000 Aboriginal and 10,000 non-Aboriginal patient. ACCHOs are the first point of contact for many Aboriginal people seeking support. ACCHOs providing a wide range of care types in addition to primary healthcare services, including mental health, suicide prevention, disability and youth support, environmental health and aged care.

The WA Minister for Health, the Hon Roger Cook MLA has committed to establishing an Oversight Committee, including an Aboriginal and Torres Strait Islander person, to track progress on the Review's "8 Enduring Strategies and 30 Recommendations".

The Review has finally provided a recognition and acknowledgement, fought for over many years, of the significant role the ACCH sector plays in delivering comprehensive primary health care to Aboriginal people throughout WA. While paying homage to Elders and those

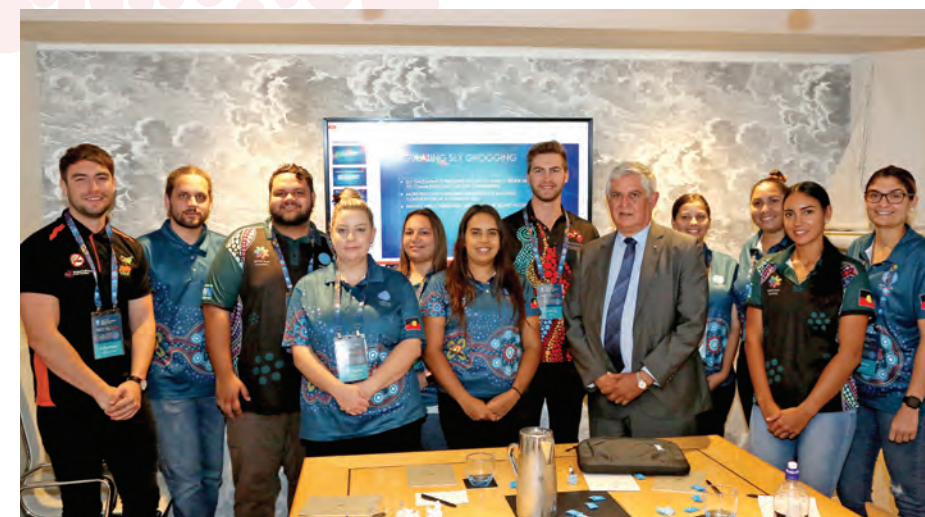
who came before who worked tirelessly to gain such recognition, AHCWA understands the importance of the work ahead to bring about change.

AHCWA is proud to be part of the National Aboriginal Community Controlled Health Organisation (NACCHO) and Aboriginal and Torres Strait Islander peak bodies who spearheaded the ground-breaking work leading to a formal Partnership Agreement between the Commonwealth and state and territory governments and the Coalition of Peaks.

Another important event during 2018–19 was a meeting hosted by the WA Department of Premier and Cabinet to consider opportunities to contribute to the Closing the Gap Refresh process and advance partnerships between Aboriginal communities and the WA government. Over 50 Aboriginal community leaders, representing approximately 30 organisations from across nine regions of WA, attended the meeting where 13 Aboriginal leaders, with a diverse range of backgrounds and expertise, were identified to establish an Interim Aboriginal Working Group (IAWG). The IAWG's purpose is to negotiate the terms and mechanisms for future partnerships with the government.

The IAWG has been formed within a complex and evolving political and historical context including a perception that the recent history of government engagement with Aboriginal communities and their leaders has not fulfilled community expectations nor supported progress. The nomination of Aboriginal leaders to represent their community's needs instead of government selected appointed representation, marks a pivotal turning point in relations between community and government.

Another achievement this year has been AHCWA's contribution to NACCHO's constitutional reform process. NACCHO has been working, for a number of years, towards amending their 2011 Constitution to a modern-day document, reflective of current funding arrangements with the Commonwealth. A lengthy consultation process has taken



AHCWA Youth Conference.

place, with the 144 NACCHO members in an endeavour to reach consensus on the reforms. The AHCWA Board and its member services have been able to reach consensus on the proposed amendments, largely through holding numerous WA members' meetings and planning days.

AHCWA has continued to push the Commonwealth government to finalise the new funding formula for the Indigenous Australian's Health Program (IAHP). The IAHP funds member services for the delivery of primary healthcare. It is important the funding formula takes account the needs of Aboriginal Western Australians, particularly those living in remote and very remote locations.

AHCWA has also focused its advocacy efforts, policy and resources on the My Health Record; National Disability Insurance Scheme; West Australian Aboriginal Health Partnership Forum; sustained funding for Youth, Social and Emotional Wellbeing Programs; Environmental Health; Climate Change; Water Quality; and the ongoing development of the Mappa data tool.

Two restructures of the AHCWA Secretariat during 2018–2019 led to a significant reduction in the resources available to operate and AHCWA's capacity to assist services of concern.

In response, AHCWA has developed a member service Booklet to ensure members are aware of services AHCWA is funded to provide and services offered

on a fee-for-service basis. AHCWA is also in the process of implementing a new member portal to expand the resources available to member CEOs and staff.

During 2018–2019 AHCWA also added a Youth Advisory position to the Board. Co-Chair of the Aboriginal Youth Council, Mr Wade Garwood filled this role, providing a valuable fresh perspective to the Board on state and federal matters.

The work of AHCWA has received continued support during the past twelve months from the AHCWA Board and AHCWA staff who have worked hard to implement the strategic intent of the Board and meet the needs and expectations of all stakeholders.



Aboriginal Medical Services Alliance Northern Territory (AMSANT)

The past year has seen AMSANT complete a new five-year strategic plan. AMSANT has also undertaken an organisational review and is currently developing a business plan to ensure AMSANT is well placed to meet its objectives.

Closing the Gap emerged as a focus this year with the CEO of AMSANT leading the Aboriginal Peak Organisations Northern Territory's (APO NT's) engagement as a member of the Coalition of Peaks national body

AMSANT continued to engage on the Royal Commission into the Protection and Detention of Children in the Northern Territory's reforms. Through its membership of the APO NT, AMSANT has represented the Children and Families' Tripartite Forum that brings together the Commonwealth and the NT governments with peak Aboriginal and community representatives. The Tripartite Forum has an oversight role on the implementation of reforms that will complement the existing NT Aboriginal Health Forum.



AMSANT Chair and CEO of Anyinginyi Health Aboriginal Corporation Barb Shaw with AMSANT CEO John Paterson.

paediatricians and nutritionists also presented to those online, sharing their expertise in the field.

AMSANT continues to support services in becoming trauma-informed and culturally responsive through system change and the education of staff in how intergenerational and current trauma affects our people and how to deliver services that support healing and recovery. AMSANT has an experienced Aboriginal and Torres Strait Islander-led team and is in demand providing training to members as well as government, external agencies and partner organisations. AMSANT is exploring options for long term funding for this critical work.

The workforce team has undertaken a new approach with its Indigenous leadership program and recently delivered its first regional leadership workshop in partnership with the Central Australian Aboriginal Congress to provide a more supported and intensive leadership development experience. The workshop was a huge success and more regional workshops are being planned for 2019 – 2020.

AMSANT and its members are supporters of electronic sharing of health records and have advocated the My Health Record (MHR) expansion opt-out process and the framework for the secondary use

of MHR data. AMSANT plays a crucial role in supporting its members and working with key stakeholders who liaise with communities and their health service providers to understand the MHR rollout.

Following a 2016 workshop, AMSANT continues to advocate on the ongoing syphilis outbreak in the NT. The Commonwealth Government has committed to fund an enhanced response to the syphilis outbreak, which is being rolled out in the Darwin, Katherine, East Arnhem and Maningrida regions.

AMSANT's membership of the APO NT alliance is a vital cross sectoral partnership that advocates on the social

determinants of health. AMSANT has led on the APO NT's engagement on the reforms from the youth justice and child protection Royal Commission. The implementation of the Local Decision Making policy of the NTG will see ACCHSs delivering greater services.

The development of the Aboriginal Housing NT (AHNT) committee supported by APO NT, to become the peak Aboriginal and Torres Strait Islander housing body for the NT. APO NT continues to advocate for a widely supported alternative model for remote employment seeking to replace the failed Continuous Development Program (CDP).

In May 2019, the AMSANT Board decided to lift its moratorium on responding to health research projects. The moratorium was implanted in response to the pressures created by the large volume of research projects requesting information and the need to review AMSANT's research priorities in conjunction with its new strategic plan.

AMSANT is committed to ensuring that health research involving communities is culturally safe and directed by the community with better engagement with the health researchers.

The organisation partnered with many research projects including the Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing and the national workforce research project on career pathways for Aboriginal and Torres Strait Islander health professionals, which was funded through the Lowitja Institute.

The CEO also chairs the Central Australian Academic Health Science Network (CA AHSN), which has become an important conduit for commissioning community-led research. Through CA AHSN, AMSANT is partnering with three new research projects addressing social and emotional wellbeing, non-clinical indicators for Aboriginal primary health care and a remote community survey.

Key Results/Outcomes 2018–2019

This year, AMSANT developed a service model for Early Intervention Family Support Services (EIFSS) to be provided by ACCHSs. Territory Families funded the work and the model will be trialled in two ACCHSs.

Transition to community control continues as a priority for AMSANT, who have been supporting several members with transition processes. This includes the Red Lily Health Board, which is preparing for the transition of NT Government (NTG) clinics. AMSANT also supports the Mala'la Health Board which has begun transitioning some of its services to Maningrida. Miwatj Health Service successfully completed the transition of a further two NTG clinics to Milingimbi and Gapawiyak.

AMSANT provides support to its members across a range of areas including HR, finance, workforce development, patient information records systems (Communicare), eHealth and IT, CQI and public health. This year, AMSANT established a members' Finance Network and the first meeting was well-attended by member services and productive.

AMSANT's staff time is mostly taken up with engaging donors and assisting member services with a range of Commonwealth and Northern Territory Governments and NT Primary Health Networks (NT PHN) programs. The Health Care Homes trial involved six ACCHSs'. Good progress was made during the year in recruiting a lot of participants to the trial. Over 90% of those enrolled come from NT ACCHSs.

A significant initiative this year was running a clinical workshop on child health, incorporating CEOs, board members and senior clinicians. The aim of the workshop was to garner a shared understanding of critical child health issues and how to address them. The workshop resulted in several actions being taken, including the establishment of a childhood anaemia collaborative.

In the 18-month collaborative process, clinical staff and CQI facilitators from several services participated in monthly video conferences and shared clinical data and work addressing childhood anaemia. Clinicians including



AMSANT and Australian Indigenous Leadership Centre enter leadership development partnership and sign a two-year Memorandum of Understanding.



AMSANT's CQI Collaborative Workshop.

Queensland Aboriginal and Islander Health Council (QAIHC)

In 2018 – 2019 QAIHC focussed on maintaining sector performance and increasing the profile of the Aboriginal and Torres Strait Islander Community Controlled Health Services Sector in Queensland (QLD). QAIHC advocated for systems change, increased funding and coordinated sector support by engaging with a diverse range of stakeholders. QAIHC developed innovative support tools for members and coordinated a variety of forums across the state, supporting greater consultation, training and development.

The year was defined by positive change, commencing with the induction of a new Board of Directors (Gail Wason (Chair), Suzanne Andrews (Deputy Chair), Thalep Ahmat (Central QLD), Gary White (South West QLD) and Steve Hambleton (Independent, skills-based)). A new office in South Brisbane has provided QAIHC with a professional space for core operations and high-quality facilities for the delivery of training support for members and other stakeholders.



Key Results/Outcomes 2018–2019

Capitalising on their growth and organisational restructure in 2017–18, QAIHC was able to deliver more for its members. Some of QAIHC's key achievements are:

POLICY AND RESEARCH

Partnerships: rejuvenated the Queensland Aboriginal and Torres Strait Islander Health Partnership (QATSIHP), agreeing to new strategic priorities, and efficiently managing a network of key stakeholders.

Innovative consultations: implemented the QAIHC Policy Network to seek more meaningful and frequent engagement with the sector on key topics.

Submissions: advocated on a number of high-level issues including the National Disability Insurance Scheme (NDIS), the Medical Benefits Scheme Review, Primary Health Care Data Asset proposal and the Practice Incentive Program – Indigenous Health Incentive.

Federal Election Campaign: developed an election campaign which included social media, print media, face-to-face meetings and election resources for its member services.

NDIS solutions: hosted a member workshop with key stakeholders, designed to develop regionally relevant, culturally appropriate solutions to current NDIS program barriers.

Supported better birthing outcomes: influenced the design of the Queensland Health 'Growing Deadly Families' Maternity Action Plan and secured funding for a state-wide maternity services integration project.

Data improvement: modernised the data offering to member services by developing new data governance protocols, services deeds and data consent forms.

Evidence-based service planning: delivered Service Profile Reports (including member, Regional and State-wide data) that were designed in consultation with members.

Increased research capacity: engaged in 28 research projects which includes leading three major evaluations as a result of increased research expertise and capability.

Increased evaluation expertise: developed and delivered Rheumatic Heart Disease (RHD) and Sexually



QAIHC CEO Neil Wilmett and Chairperson Gail Wason.

Transmitted Infections (STI) or Sexual Health Worker project evaluations, co-designed with the sector.

SECTOR DEVELOPMENT

Developed innovative resources: developed innovative workforce tools such as the 'Accreditation Our Way' 7-stage accreditation manual and the Social and Emotional Wellbeing (SEWB) electronic training needs analysis.

New training partnerships: coordinated Diploma of Professional Practice Leadership for members, securing \$64k from Health Workforce Queensland to address cost barriers



'Breakthrough Our Way' facilitator training held in partnership with Apunipima at QAIHC in February 2019.

New Workforce Strategy: developed the first Queensland Aboriginal and Torres Strait Islander Community Controlled Health Sector Workforce Management Strategy (in draft).

Customised training: customised training programs (e.g. Breakthrough for Families, My Health for Life) to integrate Aboriginal and Torres Strait Islander ways of understanding including 'train-the-trainer' support for staff and community members.

Cultural safety: continued to provide cultural safety support to General Practitioners and relevant training institutions.

Supported families: secured funding for AOD Our Way phase 2 (providing support to Aboriginal and Torres Strait Islander people, families and communities to respond to the growing impact of problematic use of Ice).

Supported sexual health responses: established a Sexual Health Worker Network with funding from the North Queensland (NQ) STI Action Plan.

Supported hearing health: advocated for member services to be treated as priority sites for the new national Hearing Assessment Program and elevated the sector as a priority for the National Hearing Health Training program.

Improved Immunisation: continued to support members to increase immunisation knowledge and rates by delivering regular on-site support and the development of culturally appropriate resources.

COMMERCIAL SERVICES

Increased additional revenue streams (fee for service): Human Resources, Communication and Marketing, Information Technology and commercial printing.

New IT Help Desk: designed and implemented IT Help Desk System for new full-service clients.

Enterprise Resource Program (ERP): designed, negotiated and implemented a fully integrated Enterprise Resource Program (ERP) including an Employee Self Service (ESS) portal module and Single Touch Payroll (STP) compliant payroll module.

Forums: introduced new Finance and Human Resource Forums for QAIHC members.

CELEBRATING OUR MEMBERS

QAIHC continued to celebrate its members in a variety of ways.

QAIHC Members' Conference and Awards: a two-day event showcasing how QAIHC members continue to innovate, respond to community priorities and deliver services within challenging policy and funding environments. The conference also celebrated the QAIHC Awards for

Excellence, rewarding the achievements of the sector.

QAIHC Member CEO Forums: QAIHC continued to work closely with member service Executive by hosting dedicated forums supporting information sharing, consultation and development.

Sector Leader Magazine:

The continuation of QAIHC's very own bi-monthly magazine provided the sector with current news information and advice. Sector Leader showcases the successes of the QAIHC members and includes good news stories, events and CEO/Chairperson profiles.

In 2019–2020 with the guidance of the Board, QAIHC will continue to deliver for its members with priority focus on:

- implementing the QAIHC Workforce Strategy
- developing the QAIHC Youth Strategy 2019–2022
- valuing evidence-based models of care
- leveraging the enhanced capability of the Research division (including formalising QAIHC's Aboriginal and Torres Strait Islander ethical research expertise)
- advocating for fairer and more equitable funding allocation for members
- increasing QAIHC's commercial activity.

Tasmanian Aboriginal Centre (TAC)

The Tasmanian Aboriginal Centre (TAC) has continued to keep aboriginal health issues at the front and centre of policy and planning at all levels across 2018-19. This has been achieved by strategic engagement with governments and non-government organisations, and by the high-quality support the TAC delivers to the aboriginal community controlled health organisation, now operating out of five locations.



Key Results/Outcomes 2018–2019

MY HEALTH RECORD EXPANSION PROJECT

The TAC has been instrumental in rolling out the 'My Health Record' (MyHR) program to the ACCHO sector in Tasmania, on behalf of the Australian Digital Health Agency. The program was promoted through individual health service outlets and at community events, such as the Putalina Festival, which attracted over 500 attendees this year.

Funding for this project has been renewed. This will see the employment

of two digital health coordinators to continue educating and empowering community members about the management of their health information at community events and through a home visiting program. The MyHR project has worked with ACCHO clinicians to enable them to better support clients' understanding of their health information, and their use of MyHR and will continue to upskill Aboriginal Health Workers and Aboriginal Health Practitioners around the state.

TASMANIAN ABORIGINAL HEALTH PARTNERSHIP FRAMEWORK

The Tasmanian Aboriginal Health Forum has continued to progress the Forum's key priorities of mental health, the early years, and data quality improvement. TAC chairs the Mental Health, and Early Years Working Groups.

Following the work around the patient journey through Tasmanian mental health services, the Mental Health Working Group has been exploring options for the development of social and emotional wellbeing for Tasmania.

The Data Quality Improvement Working Group continues to actively consider the means by which data collection in Tasmania can be improved so that TAC and other partners can provide stronger advice that leads to improved outcomes in Aboriginal health across the board.

CLOSING THE GAP REFRESH – COALITION OF PEAKS

The TAC is the Tasmanian representative on the Coalition of Peaks and has been very proactive in ensuring that a refreshed Closing the Gap framework reflects the needs of the Tasmanian Aboriginal community. The CEO of TAC has met regularly with the Tasmanian Government to promote a deeper understanding of the issues affecting the Tasmanian community, and to drive accountability on the part of the government as the other key service provider to Aboriginal people in the state.

SHAPING THE FUTURE OF DISABILITY POLICY FOR 2020 AND BEYOND

On behalf of the Department of Social Services, TAC undertook an engagement exercise with community members living with disability, and their families and carers, to inform the development of a new National Disability Strategy beyond 2020. The engagement revealed five key themes, including the NDIS, disability, culture, service access, and discrimination, with participants generously sharing their knowledge and experience with the TAC.

GENERAL PRACTICE TRAINING TASMANIA RECONCILIATION ACTION PLAN

TAC worked with General Practice Training Tasmania (GPTT) to develop a Reconciliation Action Plan to support the work between GPTT & the TAC. The partners work closely to ensure medical registrars have access to and participate in cultural awareness training. The multi-layered training approach has had fantastic results with increased participation in training and registrar placements in the Aboriginal Health Service.



Dewayne Everettsmith and Sharnie Reid sharing Tasmanian Aboriginal history to staff at General Practice Training Tasmania.



Michelle Thompson ehealth project officer TAC and Luke Press at the Putalina festival in Southern Tasmania, January 2019.

Victorian Aboriginal Community Controlled Health Organisation

As the peak body for Aboriginal health and wellbeing in Victoria, VACCHO continues to champion community control and health equality for communities. With 30 Aboriginal Community Controlled Organisations (ACCO) member organisations providing support to more than 25,000 Aboriginal and Torres Strait Islander people across Victoria, VACCHO continues to grow as a centre of expertise, policy advice, training and innovation and leadership in Aboriginal health.

Underpinning VACCHO's core functions is the work it does to systematically improve outcomes for Aboriginal people in Victoria so they can reach their aspirations in line with the Aboriginal and Torres Strait Islander definition of health. It includes creating systemic change to increase access to services, identifying and implementing evidence-based best practice models of service delivery and supporting workforce professional development and research.



Key Results/Outcomes 2018–2019

VACCHO continued to cement its leadership role through the implementation of its Strategic Plan 2018–2022. This period saw both State and Federal elections take place with VACCHO playing a pivotal role in developing two election platforms. Supported by the ACCHO membership and Board, VACCHO advocated for a multi-partisan commitment from all parties to improve the health and wellbeing of Aboriginal people in Victoria.

During the Victorian State election, VACCHO advocated for four key areas of policy reform:

Keep walking with us: continue support by the State Government in developing reforms based upon self-determination.

Long-term gains need long-term funding: the full investment in Korin Korin Balit Djak and all other strategies.

Improve the capacity of mainstream services to provide culturally safe care: a review of racism in mainstream tertiary health services led by an Aboriginal Health Commissioner.

Investment in prevention rather than detention: raising the age of criminal responsibility from 10 to 14 years of age.

At the Federal election, VACCHO advocated for reform in sustainability, prevention and accountability.

Sustainability: develop an ACCHO designed Infrastructure and Workforce Plan, reform the PHN Model for Aboriginal Health, and implement long term needs-based funding model for ACCHOs.

Prevention: increase primary health care funding, integrate mental health and Social and Emotional Wellbeing (SEWB) teams in all ACCHOs, and quarantine 5% of Medical Research Future Fund (MRFF) funding specifically for community-led research into Aboriginal health.

Accountability: review current funding models with geographically based funding limitations, and a Parliamentary Inquiry into Institutional Racism experienced by Aboriginal peoples in mainstream health systems.

After the Federal and State elections, VACCHO has continued to advocate for these policy reforms, meeting with both local Members of Parliament and Ministers for key portfolios, to ensure policy reforms are part of the government's agenda.

Importantly, VACCHO's strong balance sheet continued to reflect the

organisations' strategic priorities and continued to support its members. In 2019 – 2020 the Board and VACCHO, will be looking towards embedding these election platforms, identifying the significant funding gaps across many Aboriginal and Torres Strait Islander communities, and implementing a self-determining model for investment in a strategic and sustainable way.

During this financial year, the implementation of an organisational review commissioned by VACCHO commenced. This review was initiated in response to the exponential growth of VACCHO over the years, and a lack of concurrent focus on changing the organisations' structure. VACCHO is committed to being more responsive to member concerns raised during this review which indicated they were looking for VACCHO to provide a strategic, structured and coordinated response to member support in a rapidly changing, complex environment of almost unprecedented growth and policy reform across many areas.

Implementation of this review commenced with the creation of a Chief Operating Officer position and four new Executive Director positions. Supported by the development of a new 'pay parity' policy, VACCHO aims to become a more attractive employer of choice in a highly competitive workforce environment in the coming years.



VACCHO Office Building.



Pictured in centre L-R: Keynote speaker Senator Patrick Dodson, Ballarat AMS CEO, and NACCHO board member Karen Heap with VACCHO Acting CEO Trevor Pearce.

Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga AHCS)

Winnunga AHCS aims to provide a culturally safe environment in which health and community services are delivered that support the achievement of optimal health and social outcomes for Aboriginal and Torres Strait Islander peoples.

The Winnunga AHCS has the following objectives:

- improve Winnunga AHCS's capacity and capability with a focus on clinical governance
- improve Winnunga AHCS's capacity and capability with a focus on clinical governance
- support Winnunga AHCS to maintain clinical and organisational accreditation
- aid and technical advice on use of data to analyse, evaluate and report on the organisation's activity
- support and implement CQI approaches, research and evaluation
- strengthen service level responses to public health issues such as chronic disease, communicable disease and substance abuse
- improve care pathways and coordination to improve patient outcomes
- improve the cultural competence of local health services, including hospitals, and address racism in the Australian health care system
- advocate for the health and wellbeing of Aboriginal peoples
- contribute to the ACT and national policy development and program reforms
- represent the sector on forums and committees
- facilitate partnerships and improve collaboration and communication between stakeholders to support the delivery of comprehensive and culturally appropriate health services

The Winnunga AHCS achieves these objectives through active engagement with its management, health service staff and programs; direct support in data analysis, reporting, CQI, research and evaluation; monitoring and acting on external developments relevant to Winnunga AHCS and Aboriginal health; engagement and advocacy with external stakeholders; and participation in multiple committees, working groups and consultations.

Key Results/Outcomes 2018–2019

PROGRAM EVALUATIONS AND CQI

Two Winnunga AHCS program evaluations led by external academic evaluators were completed in late 2018. The first was an evaluation of the Justice Reinvestment Trial and the second an evaluation of the Winnunga AHCS Healthy Weight Program.

The Justice Reinvestment Program Trial provided intensive case management to 10 clients and their families who had recently been in contact with the justice system and have children. The Program was externally evaluated by researchers from the Australian National University (ANU) with findings proving very positive. Winnunga AHCS has been funded by the



ACT Government to continue the Justice Reinvestment Program until the end of December 2019, with recurrent funding expected for future years.

The Healthy Weight Program evaluation carried out by University of Canberra, found the program was associated with an average weight loss of 2.5 kg for clients completing the core three-month program. The qualitative evaluation identified multiple evidence-based and culturally based program strategies that predisposed, enabled and reinforced behaviour change and contributed to clients' weight loss. Despite the positive evaluation, Winnunga AHCS has yet to find more funding to continue the Healthy Weight Program.

Winnunga AHCS continues to undertake research projects and continuous quality improvement processes. A focus on influenza vaccination has resulted in an increase in influenza vaccines administered of 38% in 2019 compared with 2018. Planned research projects for 2019–2020 include looking at client perspectives on influenza vaccinations and client experience at the Alexander Maconochie Centre. Winnunga AHCS triage and client flow pathways through clinical services have been modified to maximise efficiency and enable improved Medicare claiming.

CONSULTATIONS AND ADVOCACY

Winnunga AHCS continued to provide substantial advice to Government and key stakeholders by participating in committees, networks and consultations. Winnunga AHCS is actively engaged in the ACT Aboriginal and Torres Strait Islander Health Forum. The Winnunga CEO is a NACCHO Board member and a member of the National Aboriginal

and Torres Strait Islander Health Plan (NATSIHP) Implementation Plan Advisory Group. The Winnunga AHCS Primary Health Medical Officer is an affiliate representative member of the Health Services Data Advisory Group.

Winnunga AHCS publishes a monthly newsletter which provides information to the community, stakeholders and the media on what is happening at the service, including information about programs and success stories. The newsletter also highlights broader issues of concern and provides a mechanism for advocacy. Recent topics raised have included multiple corrections and prison issues, Stolen Generations-compensation, housing and substantial problems with ACT child protection and out-of-home care.

ACT ABORIGINAL COMMUNITY FACILITIES

There is a severe gap in substance misuse services in the ACT, particularly the lack of a residential Aboriginal drug and alcohol rehabilitation facility. The gap has been compounded by the absence of Aboriginal community controlled involvement in the delivery of drug and alcohol treatment services.

Winnunga AHCS has reiterated that a major cause of offending within the community is related to drug misuse and addiction and to address the level of offending and subsequent incarceration, greater effort must be put into treating drug misuse and addiction.

They have advocated for two responses: the development of an Aboriginal and Torres Strait Islander drug and alcohol residential rehabilitation facility where offenders could be referred to as an alternative to imprisonment or upon exiting prison post-sentence.

The 2019 ACT Government Budget allocated \$300,000 for co-design and planning for an Aboriginal and Torres Strait Islander alcohol and drug residential rehabilitation facility. Winnunga AHCS is pleased to play an integral role.



Canberrans walk together across Commonwealth Avenue Bridge in recognition of National Sorry Day, commemorated nationally on 26 May, organised by Winnunga AHCS.



Winnunga Nimmityjah Aboriginal Health and Community Services truck.

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"> created and promoted throughout member services a Governance Support Program in partnership with Aboriginal and Torres Strait Islander Information and Communications Technologies (ATSI ICT) assistance provided to member services to support a better understanding of Medicare through education of Medical Benefits Scheme (MBS) items and recommendation of processes required for effective chronic disease management during site visits, AH&MRC team submitted Patient Information Management System (PIMS) review reports to identify areas where care plans and follow up services were deficient and provided CQI systems to guide improved clinical service delivery.
AHCSA	<ul style="list-style-type: none"> AHCSA's Clinical Governance Toolkit was used to structure aspects of the quality forum, inform clinical audits and systems improvement in health services and has resulted in aspects of improved clinical governance. facilitated monthly meetings via teleconference between all ACCHOs in SA that enable communication to strengthen primary health care systems and support a focus on prevention and public health activities in ACCHOs Medicare Access Improvement Program successfully advocated for the resourcing of sexual health (SH) worker positions in ACCHOs and additional capacity building resourcing to the AHCSA SH program as part of the Enhanced Syphilis Response supported ACCHOs to deliver SA Health funded Meningococcal W vaccination programs including community-wide programs in three locations with a total of 773 young people vaccinated.
AHCWA	<ul style="list-style-type: none"> training program to upskill and train AHCWA staff to develop resources and deliver Governance training to ACCHOs Boards and roll out the delivery on a needs basis. supported ACCHOs regarding CATSI Act changes and ORIC reviews AHCWA's Public Health and CQI, previously Clinical Support Service Unit (CSSU), provides one on one advice and education, and regular updates via the clinical leadership group related to strategies in increasing income through MBS billing and Practice Incentives Program eHealth Incentive (ePIP) AHCWA's policy team have arranged for a CEO Network Skills Building Workshop to take place.
AMSANT	<ul style="list-style-type: none"> four Northern Territory Aboriginal Health Forum (NTAHF) meetings were held during the reporting period. Expert representatives from AMSANT (and sometimes ACCHOs as well) are active participants on every NTAHF working group support provided to member services in relation to HR, budgets, clinical advice and governance support assisted members on governance matters including recruitment of Independent Board Directors for member services. Governance training on rule books provided to members and assisted by ORIC

Affiliate	Strategies/Activities
QAIHC	<ul style="list-style-type: none"> development of a workforce strategy (supporting growth, recruitment, retention, changed model of care and succession planning), salary guideline development, strategic planning support, risk management advice and a Board induction program Increased member communication of learning and development opportunities through Sector Leader, the QAIHC website and regular CEO communiques maintained active representation on the Health Industry Training Advisory Committee and on the Health and Community Services Workforce Council Board.
TAC	<ul style="list-style-type: none"> CQI focus to improve data collection and evaluation for funded activity. work within, and outside of the Health Forum Partnership to improve data collection process for State Government hospital admissions, including the Data Working Group of the Tasmanian Aboriginal Health Forum, and the Cultural Respect Framework Implementation Plan Working Group. the Registered Training Organisation (RTO) arm of the Affiliate delivered Alcohol and Other Drug Worker training to 29 participants working in both the mainstream and community controlled sectors. Cultural awareness training included a significant cultural safety competency element.
VACCHO	<ul style="list-style-type: none"> contributed extensively to the National CQI Framework, including providing a case study and participating in all CQI Network meetings worked with key government and other agencies involved in General Practitioner's (GP) recruitment and retention, to address critical GP shortages VACCHO's Health Evidence team responded to 74 Member requests for support during the six-month reporting period VACCHO has been ISO accredited for over eight years under the ISO 9001 Standard. VACCHO is adapting its current CQI processes required for ISO 9001:2008 to transfer to the new ISO 9001:2015 Standards as implemented.
WNAHCS	<ul style="list-style-type: none"> commenced a stand-alone health and wellbeing service in the Alexander Maconochie Centre (AMC, ACT adult prison) for detainees, within their model of care. The service provides high quality holistic care for Aboriginal and Torres Strait Islander people in prison two program evaluations led by external academic evaluators were completed. The first was an evaluation of the Justice Reinvestment Trial and the second an evaluation of the WNAHCS Healthy Weight Program. Both evaluations demonstrated the programs were highly successful and effective in improving health outcomes. the Public Health Medicine Registrar and Public Health Medical Officer (PHMO) have developed a Protocol and Plan-Do-Study Act (PDSA) templates for WNAHCS to use in CQI cycles. MBS claiming, client numbers and encounter numbers have been monitored monthly and progress fed back to managers. This assists with clinical governance, staffing and financial management triage and client flow pathways through clinical services have been modified to maximise efficiency and enable improved Medicare claiming.

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"> developed a three-year action plan to assist in providing the service delivery that members require. In the first-year action plan AH&MRC delivered on all the outcomes including a mapping exercise to better understand member support requirements Deadly Doctors' Program delivers a range of activities including forums, newsletters and consultation to ensure the sector benefits from Deadly Doctors' expert input and advice partnership with NSW Rural Doctors Network (RDN) to run workshops on Aboriginal health for mainstream GPs (approx. 200 participants) partnership with RACGP to develop a webinar series on Aboriginal health showcasing the ACCHO sector. Topics included: Syphilis, Hepatitis C, Tobacco Control and Influenza Preparedness.
AHCSA	<ul style="list-style-type: none"> developed a framework for undertaking a SA ACCHS' health profile aimed at mapping population, risk factor, and chronic disease trends for Aboriginal clients accessing ACCHOs participation in the END RHD Indigenous Advisory Group and Indigenous Engagement Working Group including the writing group for the END RHD Strategy.
AHCWA	<ul style="list-style-type: none"> working with the ABS to better utilise data as it relates to, and impacts, the ACCHO sector and Aboriginal communities. AHCWA consistently participate in consultative mechanisms at the national level including the Closing The Gap (CTG) Joint Council, CTG Partnership Working Group and the Coalition of Peaks (CoP) workshops and teleconferences.
AMSANT	<ul style="list-style-type: none"> analysed pooled ACCHS data and disseminated a summary to CEOs and senior clinicians every six months. This also identifies services/regions with a high burden of disease as well as indicators of concern across the ACCHO sector successful sector workshop held focusing on child health – with follow up actions prioritised including advocating for iron enriched bread to be stocked at stores and dissemination of resources. Anaemia in pregnancy indicator currently being piloted and will be introduced in December 2019 community meetings in Central Australia over transition to community control.
QAIHC	<ul style="list-style-type: none"> facilitated training for MyHealth Record (digital health training) and Electronic Records system functionality and communicating cultural considerations to Australian Digital Health Agency delivered the Aboriginal and Torres Strait Islander curriculum for South East Queensland (SEQ) General Practice Training Queensland (GPTQ) developed a Maternity Services Integration Proposal to streamline maternity services delivery participated in the Queensland Aboriginal and Torres Strait Islander Health Worker Working Group (QATSIHWWG) meeting to expand the scope of practice of Aboriginal and Torres Strait Islander Health Practitioners.

Affiliate	Strategies/Activities
TAC	<ul style="list-style-type: none"> continued to be involved in the Cultural Respect Framework (CRF) Implementation Plan Working Group to improve cultural safety in the Tasmanian Health Service. Working Group partners include: Ambulance Tasmania, Oral Health Services, the Office of the Chief Nurse and Midwife, Aboriginal Health Liaison Officers (from each of the three Tasmanian hospitals), Mental Health and Alcohol and Other Drug (AOD) Services, Primary Health Tasmania, University of Tasmania, Commonwealth Department of Health undertaking a review of clinical data collection to support work under the Alcohol and Other Drugs program funded by the Department of the Prime Minister and Cabinet through the Indigenous Advancement Strategy
VACCHO	<ul style="list-style-type: none"> VACCHO's members contributed to workshops and consultations to inform policy positions and advice on 27 different subjects across the VACCHO members' meetings and VACCHO CEO Professional Network forums 533 primary health data dashboards developed and distributed to contributing members employment of state-wide GP Workforce Strategy Coordinator to consult and develop recommendations to improve GP retention and recruitment participated in all NACCHO policy subcommittees and provided advice on the 2019-20 Federal Budget proposals through this subcommittee and the Closing the Gap Steering Committee.
WNAHCS	<ul style="list-style-type: none"> delivered cultural training to GPs engaged in the RACGP accredited Focussed Psychological Strategies Skills Training (FPS ST) program re psycho-counselling skills provides training placements for Australian National University medical students, GP Registrars and Psychiatry Registrars. This experience in a culturally safe ACCHO setting gives students better understanding and skills for when they return to mainstream health service settings. triage and client flow pathways through clinical services have been modified to maximise efficiency and enable improved Medicare claiming.

Outcome 3:

National positions from the ACCHO sector that deliver high quality expertise and advice to Government

Affiliate	Strategies/Activities
AH&MRC	<ul style="list-style-type: none"> represented NACCHO at the stakeholder workshop for End of Life and Palliative Care Framework consulted on proposed amendments to the Corporations (Aboriginal and Torres Strait Islander Act 2006 reviewed and responded to Indigenous Medicines Review Services, Arthritis National Action Plan, National Primary Health Care Data Asset and Data Plan, National Women's Health Strategy, Aboriginal and Torres Strait Islander MBS Taskforce submission into the Inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW
AHCSA	<ul style="list-style-type: none"> membership on the National Trachoma Surveillance and Control Reference Group guiding Government response to Trachoma elimination program from an ACCHO perspective. Hosted and facilitated Trachoma Environmental Health Workshop in SA and co-chaired the newly formed SA cross-sectoral environmental health working group participated in NACCHO submission to the review of the Indigenous Pharmacy Program.
AHCWA	<ul style="list-style-type: none"> AHCWA hold the WA Aboriginal Health Partnership Forum quarterly AHCWA's PHMO and CQI Unit provide leadership in the strategies related to the MBS, including advocating with Medicare for GP telehealth claims.
AMSANT	<ul style="list-style-type: none"> working with Northern Institute to develop funding submissions for video conferencing in remote communities.
QAIHC	<ul style="list-style-type: none"> actively maintained membership on the END RHD Coalition, designed to collaborate and share resources on prevention and intervention of acute rheumatic fever (ARF)/RHD met with Department of Health Hearing Health Team to consult on the engagement process for Phase 1 Services in the Hearing Assessment Program. Participated in the Deadly Kids, Deadly Futures Steering Committee and the Medicare Benefits Schedule Review Aboriginal and Torres Strait Islander Subcommittee provided policy responses to the MBS Review; the Primary Health Care Data Asset – Draft Development Plan; chronic disease topics such as Kidney Health, blood borne viruses (BBV), sexually transmitted infections (STI), and submitted proposals for funding to undertake initiatives that strengthen the sector, specifically in relation to maternity services, cancer, NDIS, Medicare and mental health.

Affiliate	Strategies/Activities
TAC	<ul style="list-style-type: none"> ongoing CQI activity; successful transition to the new DoH Health Data Portal.
VACCHO	<ul style="list-style-type: none"> participated in all CEO Forums, policy subcommittee meetings, and called for the re-establishment of CQI, PHMO, Information and Communication Technology and Information Management (ICTIM) and NDIS working groups led national advocacy on NDIS and Aged Care identified ACCHOs and supported Fecal Occult Blood Test (FOBT) screening research (Cancer Australia, Menzies and NACCHO) within Victorian ACCHOs supported NACCHO and participated in IPAC research – identified Victorian ACCHOs for participation, supported baseline data collection, contributed to project evaluation.
WNAHCS	<ul style="list-style-type: none"> service planning for Aboriginal and Torres Strait Islander Health.

States and Territory

Aboriginal Health and Medical Research Council of NSW

Address: Level 3, 66 Wentworth Avenue, Surry Hills, NSW 2010

PO Box 1565 Strawberry Hills, NSW 2012

T (02) 9212 4777

F (02) 9212 7211

E ahmrc@ahmrc.org.au

W www.ahmrc.org.au

Aboriginal Health Council of South Australia Limited

Address: 220 Franklin Street, Adelaide SA 5000

PO Box 719 Adelaide SA 5001

T (08) 8273 7200

F (08) 8273 7299

E ahsca@ahsca.org.au

W www.ahsca.org.au

Aboriginal Health Council of Western Australia

Address: 450 Beaufort Street, Highgate WA 6003

PO Box 8493 Business Centre WA 6849,
Sterling Street Perth WA 6000

T (08) 9227 1631

F (08) 9228 1099

E reception@ahcwa.org

W www.ahcwa.org.au

Aboriginal Medical Services Alliance Northern Territory

Address: MOONTA HOUSE 43 Mitchell Street, Darwin NT 0800

GPO Box 1624, Darwin NT 0801

T (08) 8944 6666

F (08) 8981 4825

E reception@amsant.org.au

Queensland Aboriginal and Islander Health Council

Address: Level 2, 55 Russell Street, South Brisbane QLD 4101

PO Box 3205 South Brisbane QLD 4101

T (07) 3328 8500

F (07) 3844 1544

W www.qaihc.com.au

Tasmanian Aboriginal Centre

Address: 198 Elizabeth Street, Hobart TAS 7001

GPO Box 569 Hobart TAS 7001

T (03) 6234 0700

F (03) 6234 0799

E hobart@tacinc.com.au

W www.tacinc.com.au

Victorian Aboriginal Health Community Controlled Health Organisation

Address: 17-23 Sackville Street, Collingwood VIC 3066

PO Box 1328 Collingwood VIC 3066

T (03) 9411 9411

F (03) 9411 9599

E enquiries@vaccho.org.au

W www.vaccho.org.au

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

Address: 63 Boolimba Crescent, Narrabundah ACT 2604

T (02) 6284 6222 or free call 1800 120 859
or 1800 110 290

F (02) 6284 6200

W www.winnunga.org.au

4

NACCHO Members Case Studies



CASE STUDY 1

Wuchopperen Health Service Cairns: Australian Nurse-Family Partnership Program

First Time Mums Program celebrates ten years and emphasises the importance of direct health outcomes for mothers and their babies.



Pictured is Malitta and her daughter Alyssa with the Wuchopperen Health Service Nurse, Helen.

Operated by Cairns' Wuchopperen Health Service, the First Time Mums Program is a client-centred, home visiting program that provides care and support to mums throughout their first pregnancy with an Aboriginal or Torres Strait Islander baby, and up until the child turns two.

The program aims to assist first-time mums and their families to develop knowledge and skills to improve the long-term health and social and economic future of Aboriginal and Torres Strait Islander families.

The dedicated team of Nurse Home Visitors and Aboriginal and Torres Strait Islander Family Partnership Workers have completed over 5,000 home visits to clients in the past ten years, providing a

culturally safe service to Aboriginal and Torres Strait Islander families.

The Family Partnership Workers help to promote trust and respect between the clients and their families, the broader Aboriginal and Torres Strait Islander community and local health providers.

Nurse Supervisor of the First Time Mums Program at Wuchopperen, Helen Moss, says the program has made a huge difference to the lives of over 350 families since its inception in Cairns.

"Over the past ten years, we have seen the program grow dramatically and help hundreds of mums and bubs, with fantastic results. While the clinical results speak for themselves, the relationships

we see our team form with the clients, the mums with their babies, and the mums with each other is the most incredible part of the program.

"It is rewarding to be a part of such a program. The whole team really get to know the mums and bubs on a very personal level and seeing the mothers creative positive change for themselves and their families is deeply heart-warming. Ultimately we feel their success is our success!" said Helen.

The First Time Mums program has shown the importance of ongoing support and community in the direct health outcomes of mothers and their babies.

"100% of the babies who have come through the program were fully immunised by the time they turned two, which has had a significant impact on the long-term health of the babies, and 97% of our babies were within a healthy birth weight range. This is a huge achievement and sets up a solid base for the rest of the child's life," said Helen.

Birth weight is a crucial aspect of newborn health, with data from Queensland Health showing in 2015-2016, Aboriginal and Torres Strait Islander babies were 1.8 times as likely to be low birth weight compared with non-Indigenous babies.

CASE STUDY 2

Danila Dilba, creating pathways to a future in health

At Danila Dilba Health Service (DDHS) in Darwin, professional development and a strong learning culture are central strategies for strengthening staff, offering career development and providing high-quality services.

As an Aboriginal Community Controlled Organisation (ACCHO) which continues to expand clinics and services in the greater Darwin region, DDHS is growing its workforce and invests heavily in staff and their professional development.

Through support provided by DDHS, their staff excel in their chosen career pathways, which has resulted in an impressive record of long-serving staff members. A significant milestone was met last year as 11 staff members were celebrated for reaching between 10 and over 25 years working for DDHS.

These long service awardees included GPs, including one GP who has been with DDHS for 27 years when it first began operation, as well as Aboriginal Health Practitioners, support workers and other staff working across clinics, in community and corporate services.

"Long-serving staff are a great asset to the organisation," said CEO, Olga Havnen. "Their dedication is reflected in the way we provide quality care for our clients, and there is a shared passion and a sense of purpose, together with pride to work with this dynamic organisation."

Deputy CEO Rodger Williams said, "We aim to make Danila Dilba an employer of choice, attract and retain talented staff and increase professionalism and capability at every level of the organisation."

Malcolm Darling, who has worked with Danila Dilba for thirteen years, began as an Aboriginal Health Practitioner (AHP) trainee. He said, "After graduating, I started as Aboriginal Health Practitioner at the Darwin clinic, then progressed to become Men's Clinic Coordinator, and today I am General Manager. I wanted to

make a difference in the community and the organisation I work with."

Emma Fitzsimons is a GP who has worked with DDHS for 17 years, where she found a fulfilling and diverse career. "I was a newly qualified GP when I started. I have had a varied experience working with many specialised clinics within Danila Dilba over the years – children's clinic, aged care, renal, women's clinic and of course the general clinics encompass all of these," said Emma.

"What keeps me here primarily are the clients - so diverse, with different life stories. Many have complex health needs, so the work is always interesting and challenging. There are great teams to work with and I like working alongside AHPs especially, RNs, pharmacists and others. There is a two-way learning process here. I might be passing on knowledge to students, but also learning all the time about Aboriginal and Torres Strait Islander culture and experiences," said Ms Fitzsimons.

DDHS is dedicated to providing accessible, holistic healthcare and is always seeking professionals who have the skills, work ethic and personality to help us deliver the highest standard of care.



Danila Dilba Staff Awards.

CASE STUDY 3

Why 715 Health Checks are important?

Leading Aboriginal health professional, Dr Mark Wenitong, says ACCHO's 715 Health Checks are vital in improving Aboriginal and Torres Strait Islander health outcomes.



Dr Mark Wenitong doing a 715 Health Check at his clinic in Cairns.

“You need to understand cultural sensitivities to get a proper medical history – you can’t diagnose if you don’t know what’s going on with a patient. Aboriginal and Torres Strait Islander people have the worst health outcomes of any community in Australia,” said Dr Wenitong of Cairn’s Apunipima Health Service.

“We have a responsibility as health professionals to take care of this community, the same way that we take care of any part of our community. Our people can take care of themselves if they have the education and the information in their hands.”

Descending from the Kabi Kabi tribal group of South Queensland, Dr Wenitong was one of the first Aboriginal men to graduate as a doctor from the University of Newcastle in 1995. Over two decades later, he now stands as a powerful advocate for improving Aboriginal and Torres Strait Islander health outcomes in his role based in Cairn’s at the Apunipima Health Service.

He is working with the local Aboriginal and Torres Strait Islander communities in Cairns, both in the clinic and out in communities.

“The importance of 715s can’t be overstated – it’s one of the most important innovations that Medicare, and the Government, has brought in. We needed to do it because we needed to get an understanding of what people’s health profile was before they were unwell. Why wait until patients come to us with a chronic disease? Let’s start screening early,” says Dr Wenitong.

“There’s a couple of aspects to a 715 that are important. The first is the screening – there are lots of people that are asymptomatic – meaning they aren’t showing symptoms yet – that could have an early disease like diabetes, hypertension. These patients may not come in until they get symptoms because people still think they must be sick to come to a clinic. It’s an important way to engage the community, so they know they can come to a clinic whenever they need do.

“We work with the local Elders groups to deliver 715 health check days out in the community, and screen people that otherwise wouldn’t come to the clinic. We can then look at broader issues that affect the whole community like immunisation, dementia, mental health and social wellbeing and work to develop appropriate programs that tackle specific issues a community might be experiencing,” said Dr Wenitong.

The 715 Health Check is available annually to Aboriginal and Torres Strait Islander people of all ages, however nationally less than 30 per cent of patients are accessing the check. Further information, including resources for patients and health practitioners, is available at www.health.gov.au/715-health-check.

CASE STUDY 4

KAMS Suicide Prevention Program

In April 2019, as part of the Kimberley Aboriginal Medical Service (KAMS) Suicide Prevention Trial’s ‘Empowered Young Leaders Project’, a group of Aboriginal and Torres Strait Islander health and social workers aged between 18 and 30, united in Broome WA to discuss youth mental health strategies.

The Kimberley Aboriginal Suicide Prevention Trial was launched by the Federal Government in 2016 in response to the high rate of suicide in the region.

The group of young people who participated in the trial’s Empowered Young Leaders Project (EYLP), were selected as representatives and role models from all corners of the Kimberley region. They were brought together in this event to exchange ideas, brainstorm and be empowered to drive change in destigmatising discussions of mental health among young people.

The event was led by the WA Primary Health Alliance and Country WA Primary Health Networks in partnership with Kimberley Aboriginal Medical Services and the region’s working group.

The seminar-style event consisted of a diverse range of activities, including a panel discussion about the unique challenges faced by Aboriginal and Torres Strait Islander people in the region, several inspiring speakers including Senator Pat Dodson, and a variety of team building and self-care exercises.

The Empowered Young Leaders Project (EYLP) working group member Jacob Smith said the event took a very positive approach and left many feeling ready to create change.

“The forum focused more on the strengths of us as young people and not just on the negatives, such as the statistics around suicide. The goal was to build the people here up and empower

them to recognise themselves as leaders and celebrate the role they can play in the community.

“It was put together by young people for young people and I think there are a lot of people leaving feeling very motivated with the tools and techniques to drive change.”

Soleil White, also a member of the working group, said self-care was a significant topic highlighted throughout the three days.

“The realities of suicide can be very heavy and daunting and so it is important for us as young leaders to take care of ourselves before taking care of family and community,” she said.

“This includes coping mechanisms and skills to deal with the issues we are being faced with to have a strong body, spirit and mind.

“Overall I think this forum has been a success and a number of the delegates have expressed that it has been beneficial for them.”

The Kimberley Aboriginal Suicide Prevention Trial was launched by the Federal Government in 2016 in response to the high rate of suicide in the region.



Young Aboriginal and Torres Strait Islander leaders driving change in the Kimberley at the Empowered Young Leaders Forum 2019 in Broome.

CASE STUDY 5

“Your health is in your hands” says Acting CEO of Awabakal ACCHO from Newcastle

Born and bred Newcastle local, Rod Smith says the 715 Health Check has helped him look after his mental health.

“A 715 Health Check is critical to the overall health of our Aboriginal and Torres Strait Islander community. We need to make sure that our community are coming in, accessing the service and getting their health check completed.

“It is important GP’s build rapport with our patients and our community to get them the health support that they need. We want to get to know you, as a person. Your health is a key part of that,” said Toni Johnston, Acting CEO Awabakal Medical Service ACCHO in Newcastle, NSW.

“The 715 Health Check is an essential part of how we keep our mob healthy. It’s a good health assessment that checks on physical, social and emotional health to keep us all as healthy as we can be.

After a 715 Health Check we see that people are more aware of what their health is like, as it is. They’re more aware of what they need to do to improve their health, and we have a better connection in terms of medical staff and patients to work together to help health improve,” said Dr Joyce Hyde, General Practitioner, Awabakal Medical Service ACCHO in Newcastle, NSW.

The New South Wales mid-north coast region is home to one of the largest populations of Aboriginal and Torres Strait Islander peoples in Australia. For more than 40 years, Awabakal has been looking after the health of the Newcastle mob.



Pictured is Rod Smith, Awabakal Health Promotions Officer and Dr Joyce Hyde of Awabakal Aboriginal Medical Service in Newcastle.

The 715 Health Check is a preventative health assessment designed specifically to support the health needs of Aboriginal and Torres Strait Islander peoples. It is free at Aboriginal Medical Services and bulk billing clinics and is available annually to Aboriginal and Torres Strait Islander people of all ages.

“Like many Aboriginal and Torres Strait Islander men, I grew up thinking that men don’t cry – that men have to be tough. I’d always been a happy go lucky person, but as I got older, I experienced a few hurdles in life. I got to a point one day where I started thinking negative,” said a born and bred Newcastle local – Rod Smith.

“Like most men out there, I thought, if I go and talk to a doctor about mental health, does that mean I’m crazy?

“That’s a big reason why a lot of Aboriginal and Torres Strait Islander people don’t go for a health check, the fear of what they’re going to find out.

“But I did it! I got the 715 Health Check and I found the mental health aspects of the 715 so valuable. I’m now a member of the Awabakal team myself, looking after our promotions,” said Rod.

Simone Jordan, Community Relations Manager, helps people like Rod to overcome the fear and other barriers of going to a doctor and getting a health check.

“There are different barriers for people. I think the main one is making time. Reminding people to look after themselves, have that self-care. As Aboriginal and Torres Strait Islander mothers, we tend to look after everyone else and forget ourselves. So, we’re trying to instil that first, your health is important.

“I can’t stress how important 715 Health Checks gives us a whole range of options than to refer you to our other services. We look at how we can make looking after your health, part of everyday life,” said Simone.

Patients that complete the 715 Health Checks can access a range of support services to manage conditions better and stay in good health. At Awabakal, this includes nutrition and diet programs, dental care and family and youth support services.

CASE STUDY 6

Port Augusta community are passionate about the Pika Wiya (no sickness) ACCHO for mums and bubs

300km north-west of Adelaide, the Port Augusta community are passionate about helping their mums and bubs stay healthy and strong.

Pika (meaning ‘sickness’) and Wiya (meaning ‘no’) is derived from the Pitjantjatjara language, one of the many Aboriginal and Torres Strait Islander languages spoken in the local area.

Pika Wiya is a fitting name for the Aboriginal Community Controlled Health Organisation (ACCHO) that has been helping locals stay free from sickness for nearly 50 years.

At Pika Wiya ACCHO, the annual 715 Health Check is helping residents understand and better manage their health. The local service runs a range of support programs, from birth right through to parenthood, encouraging residents to undertake their regular checks.

The Kinderling’s program run by the Pika Wiya ACCHO provides incentives to help encourage mums and bubs to undertake 715 Health Checks.

Amy Walters runs the Kinderling’s program designed for babies from birth through to six years old. Amy says an essential part of the program is undertaking the 715 Health Check, right from birth.

“715 Health Checks on our babies are very important. It gives us a benchmark on where they are at birth and makes sure they’re growing healthy and meeting development milestones throughout their childhood,” says Amy.

“Women are busy, so we look for ways to help encourage mums to bring their bubs in for the 715 Health Check. We give them or their babies free clothing – we have little onesies, t-shirts, dresses – the mothers love the dresses! It provides a positive incentive to keep coming into the clinic and ensure their babies



Aboriginal Health Practitioner Kerryn Dadleh of Pika Wiya Health Service Aboriginal Corporation with Lynette and her bub at the Well Women’s House. They provide baby onesies like the one pictured as part of their mums and bubs program on completion of a 715 Health Check.

and their health checks are up-to-date. While they’re here, we talk to the mums, making sure it’s a safe environment for them to come to talk about health.”

While at the ACCHO clinic, mums are provided with information and encouraged to join the Pika Wiya Well Women’s program, offering three weekly group education sessions, counselling and support services to help the mums look after their own health too.

Kerryn Gardner is an Aboriginal and Torres Strait Islander health practitioner and team leader for the Well Women’s program. She’s been with Pika Wiya ACCHO for nearly 30 years and is passionate about helping the community, especially local mums, stay in good health.

“Mums have to be healthy to look after their babies. We want the babies healthy, so they can grow and thrive. Having the

715 Health Checks is so important for early detection and prevention of illness,” says Kerryn.

“At the Well Women’s House, we offer a veggie pack when mums complete their 715. We check blood pressure, glucose levels, height and weight, smoking and talk about diet and their social and emotional wellbeing. It is a safe and welcoming environment.

Local GP, Dr Julia Nook, said the 715 Health Check is a critical first step to engage with patients about their health needs.

“It’s not just about having a 715 Health Check. We use the initial screening consultations to build trust with our patients, getting to know them and their family. We work together to try and look at issues identified in the health check, like tackling smoking or weight, and when people are ready, we refer them to follow up services like a dietician,” said Dr Nook.

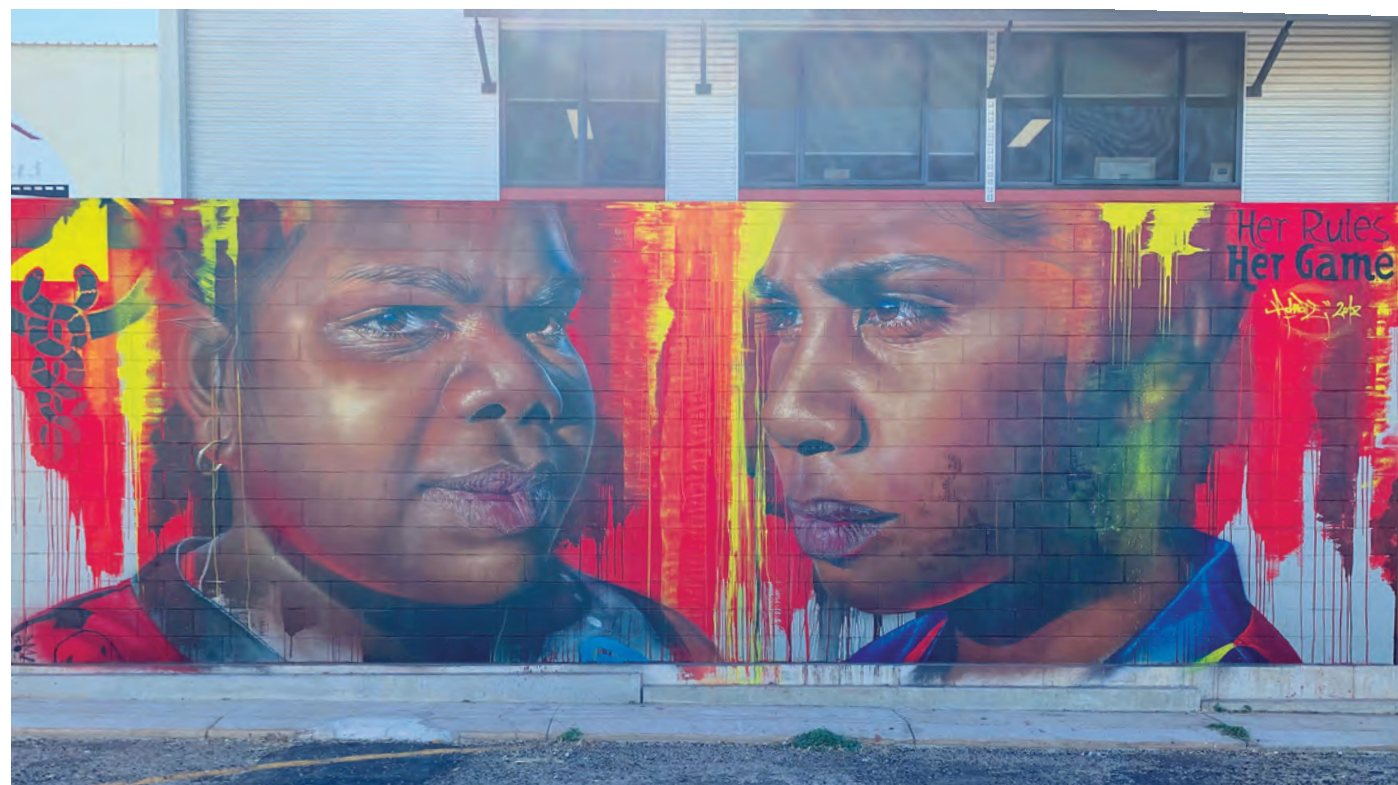
CASE STUDY 7

'Her Rules Her Game', Campaign by KAMS

The social media campaign for 'Her Rules Her Game' has already seen over 8,500 people engage with posts and stories. Women are sharing the journey to a healthier life through improved fitness, quitting smoking and the social benefits of belonging to a team.

In 2018 the Kimberley Aboriginal Medical Service (KAMS) entered into a partnership with the West Kimberley Women's Football League. With the rapid rise of women's AFL in communities, this partnership was a unique opportunity for KAMS to think outside of the box and engage with the community away from traditional settings. The primary aim of the partnership was to encourage young Aboriginal women to be physically active. It also provided a platform for health message delivery, in particular sexual health issues.

The project was branded "Her Rules Her Game" by local players and a campaign was launched. A social media strategy was developed based on marketing principles and community feedback. KAMS also developed a TV commercial featuring strong, positive images of local female Aboriginal players. On game days health staff had a presence with themed rounds promoted on social media and at the field. This online platform was used to share sexual health content and run engaging and educational sexual health competitions.



West Kimberley Women's Football League players: Sanchez Augustine and Erin Victor. KAMS has commissioned world renowned artist "ADNATE" to paint a mural celebrating women in football.

5

Financial Statements



NACCHO Digital Communications Officer, Ethan French at the Galambila Aboriginal Health Service, Coffs Harbour attending a cultural knowledge tour 'Journey of Knowing for Wellbeing'.

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 2019.

Directors

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

Donnella Mills (Acting Chair)
 LaVerne Belleair
 Scott Monaghan
 Gail Wason
 Gary White
 Olga Havnen
 Donna Ah Chee
 Wilhelmine Lieberwirth
 Leeroy Bilney
 Karen Heap
 Michael Graham
 Raylene Foster
 Julie Tongs
 Lesley Nelson
 Chris Bin Kali
 John Singer (resigned 1 November 2018)
 Adrian Carson (retired 2 November 2018)
 Kieran Chilcott (retired 2 November 2018)
 Vicki Holmes (retired 5 December 2018)
 Rod Jackson (retired 2 November 2018)
 John Mitchell (retired 2 November 2018)
 Mark Lovett (retired 5 December 2018)

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

Note: following John Singer's resignation on 1 November 2018, Scott Monaghan was interim chair until conclusion of the AGM. Donnella Mills became Acting Chair from 2 November and the Deputy Chair position remained vacant.

Operating Results

The profit of the company for the 2019 financial year after providing for income tax amounts to \$96,211 (2018 loss of \$73,175).

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

The most significant changes in the state of affairs of the company is the implementation of the 3-year network funding agreement which commenced 1 July 2017. From said date, reporting to the Department of Health has moved away from Activities Reporting to Outcome Based Reporting.

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-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.



Meetings of Directors

DIRECTORS	DIRECTORS' MEETINGS	
	No. eligible to attend	No. attended
Donnella Mills (Acting Chair – Appointed 2 November 2018)	5	5
LaVerne Belleair	5	4
Scott Monaghan	5	3
Gail Wason	3	2
Gary White	3	3
Olga Havnen	5	2
Donna Ah Chee	5	1
Wilhelmine Lieberwirth	3	2
Leeroy Bilney	3	3
Karen Heap	3	3
Michael Graham	3	3
Raylene Foster	5	5
Julie Tongs	5	5
Lesley Nelson	5	5
Chris Bin Kali	5	2
John Singer (resigned 1 November 2018)	2	2
Adrian Carson (resigned 2 November 2018)	2	1
Kieran Chilcott (resigned 2 November 2018)	2	2
Vicki Holmes (resigned 5 December 2018)	2	2
Rod Jackson (resigned 2 November 2018)	2	1
Mark Lovett (resigned 5 December 2018)	2	1
John Mitchell (resigned 2 November 2018)	2	2

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 2019, 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 2019 has been received.

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

Director 
Donnella Mills

Director 
Chris Bin Kali

Date: 4 September 2019

Date: 4 September 2019

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 2019

	Note	2019 \$	2018 \$
Revenue			
Revenue from Ordinary Activities	3	7,072,109	5,398,202
Expenses			
Employee benefits expense	4	3,391,228	3,079,866
Depreciation and amortisation expense	4	640,011	597,411
Other expenses	4	2,944,659	1,794,100
		<u>6,975,898</u>	<u>5,471,377</u>
Profit/(loss) from ordinary activities		<u>96,211</u>	<u>(73,175)</u>
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		<u>96,211</u>	<u>(73,175)</u>

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

National Aboriginal Community Controlled Health Organisation

ABN: 89 078 949 710

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2019

	Note	2019 \$	2018 \$
ASSETS			
Current assets			
Cash and cash equivalents	5	3,260,594	2,433,619
Cash held in trust	6	-	1,270,458
Investments	7	263,000	263,000
Receivables/Other receivables	8	461,346	100,934
TOTAL CURRENT ASSETS		<u>3,984,940</u>	<u>4,068,011</u>
Non-current assets			
Property, plant and equipment	9	873,865	1,554,667
TOTAL NON-CURRENT ASSETS		<u>873,865</u>	<u>1,554,667</u>
TOTAL ASSETS		<u>4,858,805</u>	<u>5,622,678</u>
LIABILITIES			
Current liabilities			
Payables	10	492,410	460,324
Employee Provisions and other liabilities	11	286,523	126,746
Other	12	2,288,452	2,916,389
TOTAL CURRENT LIABILITIES		<u>3,067,385</u>	<u>3,503,459</u>
Non-current liabilities			
Employee Provisions and other liabilities	11	5,969	12,760
Non-Current Lease Liability	12	109,761	538,247
Provision for Make Good	12	167,102	155,837
TOTAL NON-CURRENT LIABILITIES		<u>282,832</u>	<u>706,844</u>
TOTAL LIABILITIES		<u>3,350,217</u>	<u>4,210,303</u>
NET ASSETS		<u>1,508,588</u>	<u>1,412,375</u>
EQUITY			
Retained profits		1,508,588	1,412,375
TOTAL EQUITY		<u>1,508,588</u>	<u>1,412,375</u>

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



National Aboriginal Community Controlled Health Organisation

ABN: 89 078 949 710

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2019

	Retained surpluses \$	Total equity \$
Balance at 1 July 2017	1,485,550	1,485,550
Net profit/(loss) for the year	(73,175)	(73,175)
Balance at 30 June 2018	1,412,375	1,412,375
Balance at 1 July 2018	1,412,375	1,412,375
Rounding adjustment (prior year)	2	2
Net profit/(loss) for the year	96,211	96,211
Balance at 30 June 2019	1,508,588	1,508,588

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

National Aboriginal Community Controlled Health Organisation

ABN: 89 078 949 710

CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2019

	2019 \$	2018 \$
Cash flows from operating activities		
Receipts from customers	982,637	2,039,776
Operating grant receipts	9,348,532	4,711,998
Payments to suppliers and employees	(9,440,375)	(6,016,153)
Interest received	58,106	46,259
Interest paid on lease liability	(51,229)	(52,307)
Net cash provided by operating activities	897,671	729,573
CASH FLOWS FROM INVESTING ACTIVITIES		
Payments for property, plant and equipment	(70,696)	(853,678)
Proceeds from sale of property, plant and equipment	-	13,083
Investment in Term Deposits	-	(163,129)
Net cash used in investing activities	(70,696)	(1,003,724)
Net increase/(decrease) in cash held	826,975	(274,151)
Cash at beginning of financial year	2,433,619	2,707,770
Cash at end of financial year	3,260,594	2,433,619

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



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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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. These changes have had no material effect on the operating statement or statement of financial position for year ended 30 June 2018.

New or amended Accounting Standards and Interpretations adopted

The company has adopted all the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period. The company early adopted AASB 15 *Revenue from Contracts with Customers*, AASB 16 *Leases*, and AASB 1058 *Income of not-for-profit Entities* in the 2017-18 financial year. The Modified retrospective method was used, and there was no impact to the net assets as at 1 July 2017 due to the early adoption of said standards.

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

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.

Revenue Recognition:

NACCHO recognises revenue as follows:

Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which the consolidated entity is expected to be entitled in exchange for transferring goods or services to a customer. Revenue is recognised when the performance obligation to the customer is met, being either when the customer obtains control of the goods, which is generally at the time of delivery, or when any service to be provided under the contract are rendered.

Sales revenue

Events, fundraising and raffles are recognised when received or receivable.

Donations

Donations are recognised at the time the funds are received, or a commitment becomes contractually enforceable.

Grants

Grants are recognised at their fair value where there is a reasonable assurance that the grant will be received, and all attached conditions will be complied with.

Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

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.

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 is 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:

Buildings	3 years
Freehold improvements	3 years
Plant and equipment	3-8 years
Motor vehicles	5-7 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.

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.



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 the inception of a contract, the company assess whether a contract is, or contains, a lease.

Where a lease is present, the company recognises a right-of-use asset and a corresponding lease liability at the date of the commencement of the lease. The right-of-use asset is initially measured at cost, which comprises the initial amount of the lease liability, together with any payments made prior to the lease commencement date, any initial direct costs, and an estimate of any costs associated with the requirement to restore the leased asset to its original condition. Any lease incentives received are deducted from the cost of the asset.

The right-of-use asset is subsequently depreciated on a straight-line basis over the term of the lease or, if shorter, the useful economic life of the asset. The estimated useful economic life of the asset is determined on the same basis as similar assets within property, plant and equipment.

The lease liability is initially measured at the present value of the lease payments, discounted using the interest rate implicit in the lease, or, if that rate cannot be readily determined, the company's incremental borrowing rate. Lease payments include any fixed payments, any variable lease payments that depend on an index or a rate, any amounts expected to be payable under a residual value guarantee, and any payments relating to optional renewal periods which the company is reasonably certain to exercise.

The lease liability is measured at amortised cost using the effective interest method. The lease liability, and the corresponding right-of-use asset, is remeasured when there is a change in future lease payments arising from a change of index or rate, or if there is a change in the company's assessment of whether it is reasonably certain to exercise any renewal or termination option. If the carrying amount of the right-of-use asset has been reduced to zero, any change to the lease liability is recorded in profit or loss.

Right-of-use assets that do not meet the definition of investment property are presented within property, plant and equipment, and lease liabilities are presented within other borrowings within the statement of financial position. Lease liabilities are classified as either current or non-current depending on the contractual terms of the lease.

The company has elected not to recognise right-of-use assets and lease liabilities for short-term leases with a term of less than 12 months, or for low value assets with a value of less than \$5,000. Lease payments associated with these leases are recognised as an expense on a straight-line basis over the term of the lease.

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.



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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 3. REVENUE

	2019 \$	2018 \$
Grant Funding	6,252,453	4,711,998
Other income	761,550	639,945
Interest income	58,106	46,259
	<u>7,072,109</u>	<u>5,398,202</u>

Grant funding consists of:

Funding from Government	5,578,848	4,655,607
Funding from Non - Government	673,605	56,391
	<u>6,252,453</u>	<u>4,711,998</u>

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 4. EXPENSES

	2019 \$	2018 \$
Employee Expenses		
Wages and Salaries	2,915,286	2,492,362
Superannuation	419,270	346,032
Leave Entitlements	56,672	241,472
	<u>3,391,228</u>	<u>3,079,866</u>

Depreciation of non -current assets

Plant and equipment	4,435	6,506
Motor Vehicle	-	1,570
Office equipment	15,729	28,497
Leasehold Improvements	277,356	204,406
Intangibles/Computing	201	2,797
Right -of -use assets - leased property	342,290	353,635
	<u>640,011</u>	<u>597,411</u>

Other expenses from ordinary activities

Advertising and Promotion	48,671	58,313
Auditor Remuneration	69,441	46,808
Board remuneration (refer Note 14)	86,050	111,113
Computer expenses	151,896	77,347
Contractors and Consultants	661,861	218,122
Interest	58,153	59,392
Management fees	100,593	46,675
Meetings, workshops and seminar costs	717,860	268,756
Minor Equipment	3,039	5,940
Provision for Bad Debts	48,854	3,506
Postage, printing and stationary	31,464	34,325
Publications	54,231	19,839
Occupancy costs	73,867	75,066
Repairs and maintenance	5,768	36
Staff costs	18,700	25,817
Telephone	44,619	51,579
Training and development	17,377	8,295
Travel expenses	676,637	546,084
Workers Compensation	8,714	11,861
Other expenses	66,864	125,226
	<u>2,944,659</u>	<u>1,794,100</u>

Auditor remuneration:

External Audit Services	30,000	28,000
Internal Audit Services	39,441	18,808
	<u>69,441</u>	<u>46,808</u>



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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 5. CASH AND CASH EQUIVALENTS

	2019 \$	2018 \$
Cash on hand	525	564
Cash at bank	3,260,069	2,433,055
	<u>3,260,594</u>	<u>2,433,619</u>

NOTE 6. DEPOSITS HELD IN TRUST

	2019 \$	2018 \$
Deposits held in trust	-	1,270,458

NACCHO receives funding under a confidential National Network Funding Agreement which it on-passes to affiliate organisations, (Amounts paid - 2019: \$17,583,904; 2018: \$14,820,684), 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 2019.

NOTE 7. INVESTMENTS

	2019 \$	2018 \$
Term deposits	<u>263,000</u>	<u>263,000</u>

NOTE 8. TRADE AND OTHER RECEIVABLES

	2019 \$	2018 \$
Trade and other debtors	342,453	66,850
Provision for doubtful debts	(56,832)	(12,176)
Prepayments	175,725	46,260
	<u>461,346</u>	<u>100,934</u>

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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.

	2019 \$	2018 \$
Plant and equipment		
At cost	123,110	115,709
Less accumulated depreciation	(98,227)	(93,792)
	<u>24,883</u>	<u>21,917</u>
Office equipment		
At cost	207,325	202,113
Less accumulated depreciation	(173,804)	(158,075)
	<u>33,521</u>	<u>44,038</u>
Computer equipment		
At cost	13,409	13,409
Less accumulated depreciation	(13,409)	(13,208)
	<u>-</u>	<u>201</u>
Leasehold improvements		
At cost	864,859	817,704
Less accumulated depreciation	(481,761)	(204,406)
	<u>383,098</u>	<u>613,298</u>
Right-of-use Asset - Land and Buildings (Leases)		
At cost	1,123,788	1,228,848
Less accumulated depreciation	(695,925)	(353,635)
	<u>427,863</u>	<u>875,213</u>
Capital Works in Progress		
	4,500	-
Total property, plant and equipment	<u>873,865</u>	<u>1,554,667</u>



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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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 \$	Computer equipment \$	Total \$
Balance at the beginning of the year	875,213	613,298	21,917	44,038	201	1,554,667
Adjustment to fair value	(105,060)	-	-	-	-	(105,060)
Additions	-	47,156	7,401	5,212	-	59,769
Disposals	-	-	-	-	-	-
Depreciation expense	(342,290)	(277,356)	(4,435)	(15,729)	(201)	(640,011)
Carrying amount at end of year	427,863	383,098	24,883	33,521	-	869,365
Add Work In Progress	-	4,500	-	-	-	4,500
Total Property, Plant and Equipment	427,863	387,598	24,883	33,521	-	873,865

As disclosed in Note 1 and Note 13, the Company early adopted AASB 16 at 30 June 2018.

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 term of the lease or in this case the term of the grant funding agreement.

NOTE 10. CURRENT LIABILITIES - TRADE AND OTHER PAYABLES

	2019 \$	2018 \$
Trade creditors and accruals	153,439	323,185
Sundry creditors incl ATO	338,971	137,139
	492,410	460,324

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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

	2019 \$	2018 \$
Current		
Employee benefits - annual leave	159,323	106,980
Employee benefits - long service leave	11,373	-
Employee benefits - time in lieu	-	19,766
Accrued salaries and other employee benefits	115,827	-
TOTAL CURRENT	286,523	126,746
Non-current		
Employee benefits - long service leave	5,969	12,760
TOTAL NON-CURRENT	5,969	12,760

NOTE 12. CURRENT LIABILITIES - OTHER

	2019 \$	2018 \$
Grants Received in Advance	1,872,033	1,173,694
Revenue Received in Advance	-	29,887
Unspent Grants	-	1,270,458
Lease liability (see Note 13)	416,419	442,350
	2,288,452	2,916,389

NOTE 12 - NON CURRENT LIABILITIES - OTHER

	2019 \$	2018 \$
Lease liability (see Note 13)	109,761	538,247
Provision for Make Good	167,102	155,837
	276,863	694,084

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 13. LEASE LIABILITIES

The company leases its premises at 2 Constitution Avenue, Canberra ACT. The lease runs for three years with an option to renew the lease for an additional period of two years. Under the lease terms, the rent payable under the lease increases each year by 3.75%. The company has entered into a lease with an option in order to enhance operational flexibility. The company has not included the option to renew the lease within its estimate of the lease liability, since the option is not considered reasonably certain to 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 2019:

	2019 \$
Current	416,419
Non-current	109,761
	<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.

	2019 \$
Less than one year	440,165
One to five years	111,045
Less finance charges	(25,030)
	<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.

	2019 \$	2018 \$
Short term benefits	750,886	620,353
Post-employment benefits	90,945	86,384
	<u>841,831</u>	<u>706,737</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 \$75,000 and Company Secretary \$11,050.
 Other directors do not receive any form of remuneration.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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 2019.

NOTE 17. EVENTS AFTER THE REPORTING PERIOD

No matter or circumstance has arisen since 30 June 2019 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 2019 commenced on 16 June 2017 and expires on 15 June 2020. NACCHO is currently working with the Department of Health regarding an extension of this grant funding.



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 2019 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

Director 
Chris Bin Kali

Date 4 September 2019

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 2019, 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: 5 September 2019

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

RSM Australia Partners is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

RSM Australia Partners ABN 36 965 185 036

Liability limited by a scheme approved under Professional Standards Legislation





RSM Australia Partners

Equinox Building 4, Level 2, 70 Kent Street Deakin ACT 2600
GPO Box 200 Canberra ACT 2601

T +61(0) 2 6217 0300
F +61(0) 2 6217 0401

www.rsm.com.au

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 2019, 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 2019 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards 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 2019, 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.

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

RSM Australia Partners is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

RSM Australia Partners ABN 36 965 185 036

Liability limited by a scheme approved under Professional Standards Legislation



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

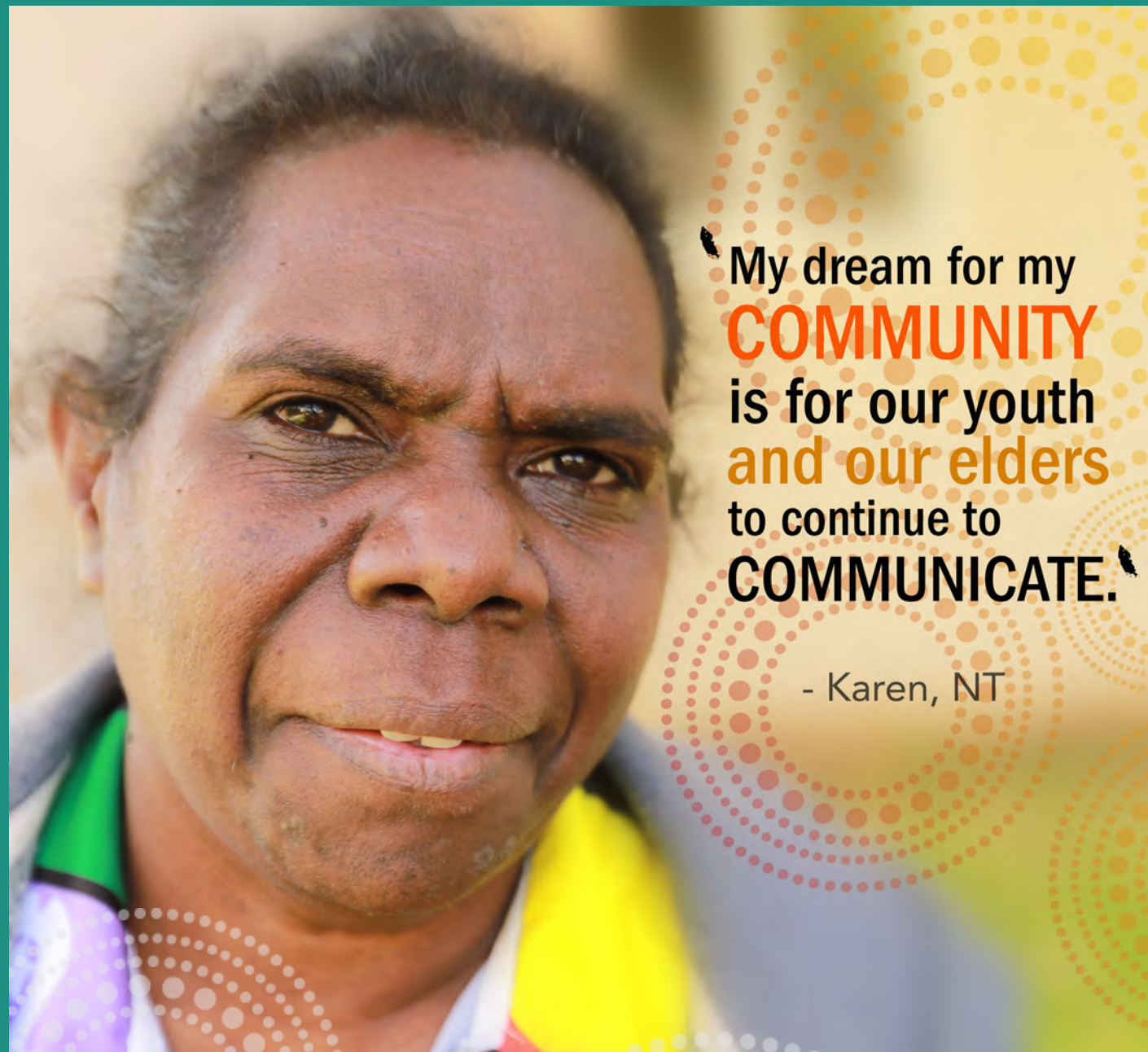
Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that 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: 5 September 2019



My dream for my
COMMUNITY
is for our youth
and our elders
to continue to
COMMUNICATE.

- Karen, NT

youngdeadlyfree.org.au



@youngdeadlyfree

Appendices



APPENDIX A

Organisation Name	State
Winnunga Nimmityjah Aboriginal Health and Community Services Ltd.	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
Illawarra Aboriginal Medical Service Aboriginal Corporation	NSW

Organisation Name	State
Katungul Aboriginal Corporation Community & Medical Services	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
Wellington Aboriginal Corporation Health Service	NSW
Werin Aboriginal Corporation	NSW

Organisation Name	State
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
Mpwelarr 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
Red Lily Health Board (Aboriginal Corporation)	NT
Sunrise Health Service Aboriginal Corporation	NT
Urapuntja Health Service Aboriginal Corporation	NT

Organisation Name	State
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
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

Organisation Name	State	Organisation Name	State
Injilnji Aboriginal & Torres Strait Islander Corp for Children & Youth Services	QLD	Oak Valley (Maralinga) Aboriginal Corporation	SA
Institute for Urban Indigenous Health Ltd	QLD	Pangula Mannamurna Aboriginal Corporation	SA
Kalwun Development Corporation Limited	QLD	Pika Wiya Health Service Aboriginal Corporation	SA
Kambu Aboriginal and Torres Strait Islander Corporation for Health	QLD	Port Lincoln Aboriginal Health Service Inc	SA
Mamu Health Service Limited	QLD	Tullawon Health Service Incorporated	SA
Mount Isa Aboriginal Community Controlled Health Services Limited	QLD	Umoona Tjutagku Health Service Aboriginal Corporation	SA
Mudth-Niyleta Aboriginal & Torres Strait Islander Corporation	QLD	Tasmanian Aboriginal Corporation	TAS
Mulungu Aboriginal Corporation Primary Health Care Service	QLD	Aboriginal Community Elders Services Incorporated	VIC
NPA Family and Community Services Aboriginal & Torres Strait Islander Corporation	QLD	Ballarat and District Aboriginal Co-operative Limited	VIC
The North Coast Aboriginal Corporation for Community Health	QLD	Bendigo and District Aboriginal Co-operative	VIC
Townsville Aboriginal and Torres Strait Islander Corporation for Health Services	QLD	Budja Budja Aboriginal Co-operative Limited	VIC
Wuchopperen Health Service Limited	QLD	Cummeragunja Housing & Development Aboriginal Corp	VIC
Yulu-Burri-Ba Aboriginal Corporation for Community Health	QLD	Dandenong & District Aborigines Co-operative Limited	VIC
Aboriginal Sobriety Group Indigenous Corporation	SA	Dhauwurd-Wurrung Portland & District Aboriginal Elderly Citizens Inc	VIC
Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)	SA	Gippsland & East Gippsland Aboriginal Co-operative Ltd	VIC
Kalparrin Community Inc	SA	Goolum - Goolum Aboriginal Co-operative Limited	VIC
Moorundi Aboriginal Community Controlled Health Service Inc	SA	Gunditjmara Aboriginal Co-operative Limited	VIC
Nunkuwarrin Yunti of South Australia Incorporated	SA	Kirrae Health Services Inc	VIC
Nunyarra Aboriginal Health Service Incorporated	SA	Lake Tyers Health & Childrens Services Association Inc.	VIC

Organisation Name	State	Organisation Name	State
Lakes Entrance Aboriginal Health Association Inc	VIC	Geraldton Regional Aboriginal Medical Service	WA
Mallee District Aboriginal Services Limited	VIC	Jurrugk Aboriginal Health Service Aboriginal Corporation	WA
Moogji Aboriginal Council East Gippsland Inc	VIC	Kimberley Aboriginal Medical Services Limited	WA
Mungabareena Aboriginal Corporation	VIC	Mawarnkarra Health Service	WA
Murray Valley Aboriginal Co-operative	VIC	Ngangganawili Aboriginal Community Controlled Health & Medical	WA
Ngwala Willumbong Co-operative Ltd	VIC	Nindilingarri Cultural Health Services Inc	WA
Njernda Aboriginal Corporation	VIC	Ord Valley Aboriginal Health Services Aboriginal Corporation	WA
Ramahyuck District Aboriginal Corporation	VIC	Paupiyala Tjarutja Aboriginal Corporation	WA
Rumbalara Aboriginal Co-operative Limited	VIC	Puntukurnu Aboriginal Medical Service	WA
The Victorian Aboriginal Health Service Co-operative Limited	VIC	South-West Aboriginal Medical Service Aboriginal Corporation	WA
Wathaurong Aboriginal Co-operative Ltd	VIC	Wirraka Maya Health Service Aboriginal Corporation	WA
Winda-Mara Aboriginal Corporation	VIC	Yura Yungi Aboriginal Medical Service	WA
Beagle Bay Community Inc	WA		
Bega Garbiringu 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		

APPENDIX B

Glossary of Terms

Aboriginal Community Controlled Health Organisations (ACCHOs): in some contexts, the terms ACCHOs and ACCHSs are interchangeable. In this CQI Framework the acronym ACCHSs is used to describe the organisations delivering health care; ACCHOs describe the regional, statewide or national Aboriginal community controlled organisations that support the efficacy of ACCHSs to achieve improved health outcomes for Aboriginal and Torres Strait Islander people.

Aboriginal Community Controlled Health Services (ACCHSs): Aboriginal organisations initiated and based in a local community, governed by an Aboriginal body, elected by the local Aboriginal community, and delivering a holistic and culturally- appropriate health service to the community that controls it.

Aboriginal health: understood to include the physical, social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.⁸

Accreditation: 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, also known as NACCHO Affiliates or as Sector Support Organisations: provide support for CQI, clinical, financial and operational governance of the ACCHO sector.

Australian Commission on Safety and Quality in Health Care: a government agency that leads and coordinates national improvements in safety and quality in health care across Australia.

Clinical governance: defined by ACSQHC as ‘the set of relationships and responsibilities established by a health service organisation between its state or territory department of health, governing body, executive, workforce, patients, consumers and other stakeholders to ensure good clinical outcomes. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services. Clinical governance is an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving.⁴

Closing the Gap: a commitment made by Australian governments in 2008 to improve the lives of Aboriginal and Torres Strait Islander people. COAG agreed to seven specific targets and timelines regarding health, education and employment.

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: 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”.³

Cultural safety: the provision of care that is respectful of a person’s culture and beliefs and that is free from discrimination.

Dashboard: an infographic or visual representation of meaningful and relevant data.

Governance: see clinical governance and organisation governance.

National Aboriginal Community Controlled Health Organisation (NACCHO): the peak body representing Aboriginal Community Controlled Health Services (ACCHSs) across Australia.

Organisational governance: the system by which an organisation is governed, run and held accountable. It includes clinical governance as well as strategic and service planning, risk management, financial, human resources and performance management.

Plan–Do–Study–Act (PDSA) cycle: a change management tool used used for quality improvement in health care.

Primary Health Care (PHC): in the Australian context PHC is provided in community-based settings including general practices, ACCHSs, community health centres and small office-based practices. There is a large variation in the range of services provided by different PHC professionals and organisations. This CQI Framework has been designed for comprehensive models of PHC as provided by Aboriginal health services and many general practices.

Primary Health Networks (PHNs): regional organisations established by the Australian Government to increase efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes, and improve coordination of care to ensure patients receive the right care in the right place at the right time.

Quality assurance: in health care refers to services and programs aimed at guarantee of improvement in quality of care in a defined setting.

Sector Support Organisations (SSOs): include NACCHO and Affiliates, Primary Health Networks and State/ Territory government Local Health Networks. The NACCHO Affiliates provide support for CQI, clinical, financial and operational governance of the ACCHO sector.

APPENDIX C

Abbreviations and Acronyms

ABS	Australian Bureau of Statistics
AC	Aboriginal Corporation or Congress
ACCHRTOs	Aboriginal Community Controlled Health Registered Training Organisations
ACCH	Aboriginal Community Controlled Health
ACCHs’	Aboriginal Community Controlled Health Services
ACCHO	Aboriginal Community Controlled Health Organisation
ACCO	Aboriginal Community Controlled Organisation
ACNC	Australian Charities and Not-for-profits Commission
ACRRM	Australian College of Rural and Remote Medicine
ADNs	Aboriginal Disability Networks
AF	Asthma Foundation
AGM	Annual General Meeting
AHAC	Aboriginal Health Advisory Committee
AHCSA	Aboriginal Health Council of South Australia
AHCWA	Aboriginal Health Council of Western Australia
AHMRC	Aboriginal Health and Medical Research Council of NSW
AHMAC	Australian Health Ministers Advisory Council
AHS	Aboriginal Health Service
AHW	Aboriginal and Torres Strait Islander Health Worker
AHHA	Australian Healthcare and Hospitals Association
AIHW	Australian Institute of Health and Welfare
AIDA	Australian Indigenous Doctors Association
AIDS	Acquired Immune Deficiency Syndrome
AMA	Australian Medical Association
AMSS	Aboriginal Medical Services
AMSANT	Aboriginal Medical Services Alliance Northern Territory
APHC	Aboriginal Primary Health Care
APHCRI	Australian Primary Health Care Research Institute
BBV	Blood-Borne Viruses
ATA	Australian Trachoma Alliance

CCHS	Community Controlled Health Services
CEO	Chief Executive Officer
COAG	Council of Australian Governments
CS&HISC	Community Services and Health Industry kills Council
CSTDA	Commonwealth, State and Territory Disability Funding Agreement
DAAs	Dosage administration aids
DoH	Department of Health
DSS	Department of Social Services
EPC	Enhanced Primary Care
FASD	Fetal Alcohol Spectrum Disorders
GP	General Practitioner
IMRS	Indigenous Medicines Review Service
IPP	Indigenous Pharmacy Programs
IPP Review	Indigenous Pharmacy Programs Review
KPI	Key Performance Indicators
MA	Medicare Australia
MAAPs	Medication Access and Assistance Packages
MBS	Medical Benefits Schedule
MOU	Memorandum of Understanding
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
NCHECR	National Centre for HIV Epidemiology and Clinical Research
NCIRS	National Centre for Immunisation Research and Surveillance
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Service
NHMRC	National Health and Medical Research Council
NIDAC	National Indigenous Drug and Alcohol Committee
NIHEC	National Indigenous Health Equality Council
NKPIs	National Key Performance Indicators
NPS	National Prescribing Service
NRHA	National Rural Health Alliance
NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health

OATSIH	Office of Aboriginal and Torres Strait slander Health
PBAC	Pharmaceutical Benefits Advisory Committee
PBS	Pharmaceutical Benefits Scheme
PSA	Pharmaceutical Society of Australia
PCEHR	Personally Controlled Electronic Health Record
PGA	Pharmacy Guild of Australia
PHCAP	Primary Health Care Access Program
PIP	Practice Incentive Payment
PIRS	Patient Information Recall System
PM&C	Prime Minister and Cabinet
PSA	Pharmaceutical Society of Australia
QAIHC	Queensland Aboriginal and Islander Health Council
QUM	Quality Use of Medicine
QUMAX	Quality Use of Medicines Maximised for Aboriginal peoples and Torres Strait Islanders
RAAF	Royal Australian Air Force
RACGP	Royal Australian College of General Practitioners
RACP	Royal Australian College of Physicians
RDAA	Rural Doctors Association of Australia
SFA	Standard Funding Agreement
SEWB	Social and Emotional Well Being
SFA	Single Funding Agreement
STI	Sexually Transmitted Infection
TAC	Tasmanian Aboriginal Centre
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
WACRRM	Western Australian Centre for Remote and Rural Medicine
WSF	Aboriginal and Torres Strait Islander Health Workforce Strategic Framework

APPENDIX D

NACCHO

Corporate Directory
Australian Business Number
ABN 89078949710

Directors 2017-2018

John Singer (Chair), Donnella Mills (Deputy Chair), Donna
Ah Chee, Adrian Carson, Kieran Chilcott, Raelene Foster,
Olga Havnen, Vicki Holmes, Rod Jackson, John Mitchell,
Scott Monaghan, Lesley Nelson, Julie Tongs, Chris Bin Kali,
LaVerne Belleair and Mark Lovett.

Company Secretary

Chris Chenoweth

Principle place of business

Level 5, 2 Constitution Avenue,
Canberra City ACT 2601
P.O. Box 130, Civic Square ACT 2608

Contact details

T (02) 6246 9300
E reception@naccho.org.au
W www.naccho.org.au

Bankers

Westpac

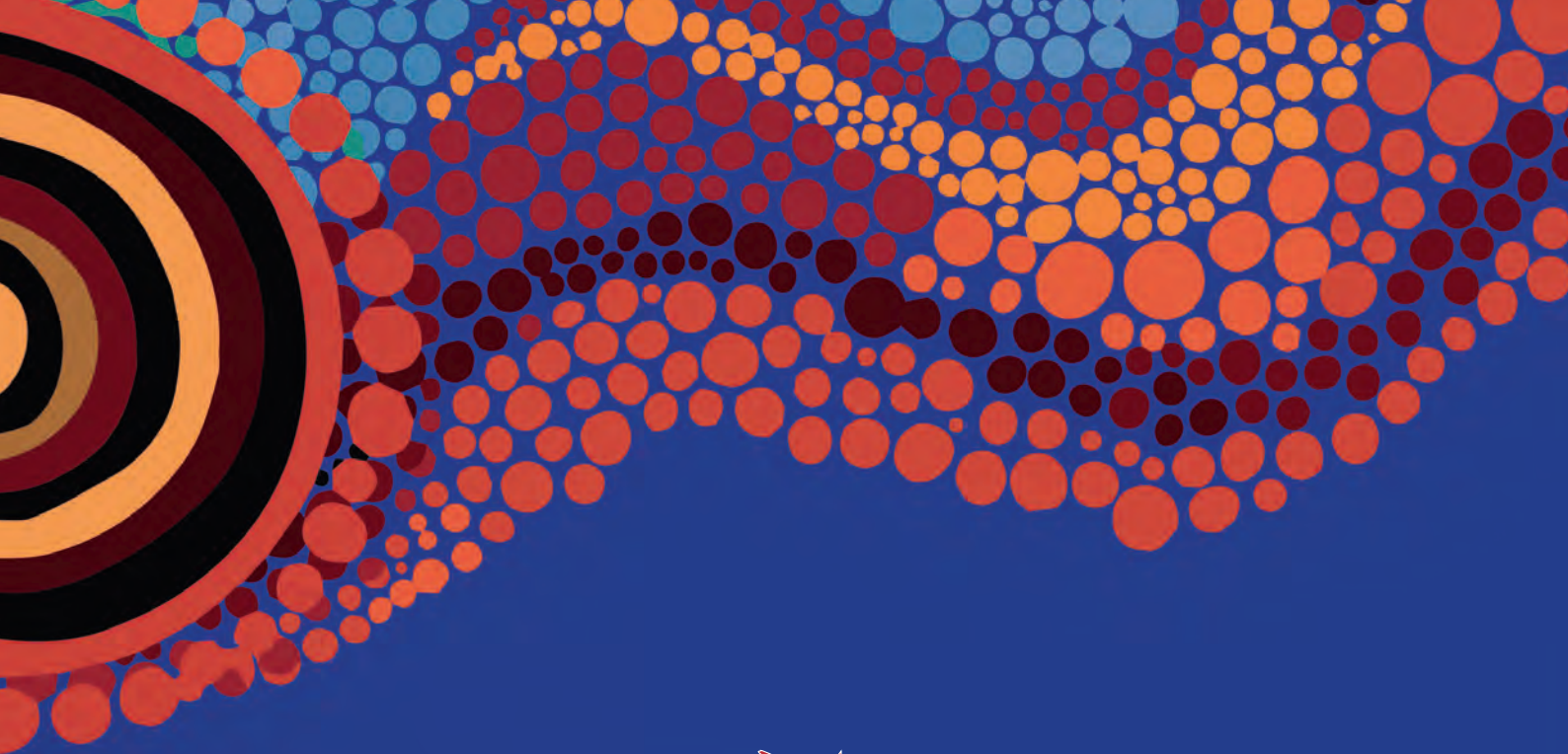
Auditors

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

Level 5, 2 Constitution Avenue,
Canberra City ACT 2601
P.O. Box 130, Civic Square ACT 2608

T (02) 6246 9300

E reception@naccho.org.au

W www.naccho.org.au

ABN 89078949710