Annual Report - 2016

From NACCHO the national authority in Aboriginal health care

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About the National Aboriginal Community Controlled Health Organisation (NACCHO)

NACCHO is proud to have a membership of over 150 Aboriginal Community Controlled Health Organisations (ACCHOs) with more than 45 years of cultural experience, knowledge and capability in the delivery of comprehensive primary health care to an estimated 316,000 clients of whom 252,000 are Aboriginal and Torres Strait Islander people. These crucial services are delivered through 302 fixed, outreach and mobile clinics in urban, rural and remote settings across Australia. Proudly our Members continue to demonstrate that they are the leading provider of health care to the largest proportion of Aboriginal and Torres Strait Islander people, exceeding Government or private providers across the Nation.

NACCHO is the national peak body for Aboriginal Health. Based in Canberra NACCHO is able to engage with the Australian Government and other national stakeholders to assist in the development and reform of the national policy for Aboriginal and Torres Strait Islander people that leads to improved health, cultural, and social wellbeing outcomes.

NACCHO is governed by 16 Board members of which the Chairperson and Vice Chairperson are elected by the NACCHO membership for a three year term.

National policy and the value we add

The health, employment, economic and housing disparities between Aboriginal and Torres Strait Islander peoples and all other Australians have been documented, measured, deplored, and protested about. Governments at all levels and of all political persuasions have committed to taking remedial action for Closing the Gap, intended to be within one generation.

This Commitment resulted in the Council of Australian Governments (COAG) assigning billions of dollars to a range of National Indigenous Partnership Agreements spread over varying periods of years, under an over-arching National Indigenous Reform Agreement (NIRA).

The NIRA frames the task of Closing the Gap in Indigenous disadvantage. It sets out the objectives, outcomes, outputs, performance indicators and performance benchmarks agreed by COAG. It also provides links to those National Agreements and National Partnership agreements across COAG which include elements aimed at Closing the Gap in Indigenous disadvantage.

All this goodwill needs to be translated into effective action. That is the role of Policy.

NACCHO provides informed advice and guidance to the Australian Government on practical policy and targeted Budget expenditures that will contribute to Closing the Gap, at least in indicators for Health.

It is able to do so because of its membership base. ACCHOs comprise the nation's largest client service delivery system for Aboriginal and Torres Strait Islander people.

Listening to the experiences of Member Services about demonstrated clinical success factors, challenges to smooth patient journeys, practical supports for organisational teams and other key issues influencing the quality and extent of local service provision is NACCHO's powerful evidence source for shaping national policy solutions with Government. As these solutions directly arise from the hands-on everyday issues facing workers as they deliver local care, NACCHO is strongly placed to confidently advocate for their take up by Government. As a result the large dollar investments in the COAG agreements and similar programmes can be more efficiently used to meet the needs of Aboriginal and Torres Strait Islander communities.

NACCHO collaborates with State and Territory peak bodies of ACCHOs, as well as with a number of prominent, reputable national organisations such as the Australian Medical Association, the Royal Australian College of General Practitioners, the Pharmacy Guild of Australia, and the Australian Healthcare and Hospitals Association.

During the year NACCHO established a Policy Partners Group to bring together policy officers from relevant organisation including the Australian Medical Association, the Pharmacy Guild, the Public Health Association of Australia, the Royal Australian College of General Practitioners and the Rural Health Alliance.

Our Members - The Aboriginal Community Controlled Health Organisation (ACCHO) Sector

Location of Member Services

The ACCHO Sector, which is principally funded by the Department of Health, is the leading and preferred provider of culturally safe and comprehensive multidisciplinary primary health care to Aboriginal and Torres Strait Islander clients, families and communities including targeted actions to Close the Gap, and is the foremost holder of expert knowledge and 'know-how' for these purposes.

Unique Models of Care

The culturally safe and multidisciplinary models of comprehensive primary care provided by the Sector that have evolved over the last 40 years represent its enduring and continuously innovating strengths. These are distinctive mixes of local community and cultural authority that are blended with a broad span of service responses ranging from the promotion of healthy life choices, chronic diseases prevention and management to enabling personally empowered and smooth client/ patient journeys which are supported by comprehensive electronic health records. The unique synthesis of these community controlled care models cannot be replicated in public or private for-profit mainstream systems of primary health care.

The ACCHO Sector Expertise and Market Challenge

This national client service system functions with strong community engagement, performs at high levels of clinical competence, possesses sophisticated professional expertise operates with cost efficient administration to direct service ratios, and has remarkably high levels of market penetration

within its surrounding population catchments. Its market challenge is to extend the supply of its proven models of care to those Aboriginal and Torres Strait Islander peoples who currently do not have ready geographic access to ACCHO services.

ACCHO Partnerships with Mainstream Services

Sector engagement with mainstream health services/systems occurs firstly to enable smooth referral pathways for client/patient journeys/care plans coordinated and managed by ACCHO clinical teams; and secondly to enable the Sector's expert knowledge and 'know-how' to be applied for clinical change management activities which make the mainstream more Aboriginal and Torres Strait Islander friendly.

Empowered Client/Patient Journeys and State and Territory Departmental Interfaces

Facilitating smooth referral pathways for Aboriginal and Torres Strait Islander clients/ patients whose assessed needs in ACCHO care plans require clinical treatment or other professional support from mainstream health services is a critical success factor for these journeys. This includes the timely acceptance of, treatment, and finalisation (discharge) of these referred episodes of care by mainstream providers. Cooperation between the ACCHO Sector, Department of Health (DoH), State and Territory Departments, the networks of public mainstream hospitals and health services, which auspice and Primary Health Networks (PHN) is required to ensure episodes of mainstream referred care for Aboriginal and Torres Strait Islander clients/patients are effective. These referred care steps need to proceed with cultural safety, clinical soundness, and with timely decision making communication between the client/ patient, their families, and mainstream and ACCHO clinicians to support optimal care planning and plan management. The use of the PCEHR/MyHealth is an important tool to achieve these goals.

A recent important exploration of ACCHOs' performance verifying these attributes was published in the June 2014 Medical Journal of Australia. [Aboriginal Community Controlled Health Services: Leading the Way in Primary Care].

This study of ACCHOs' activities generated a range of pivotal evidence based findings, including:

- Remarkable ACCHO access indicators that convey greater population market penetration than mainstream General Practice such as:
    - the number of Aboriginal patients making one visit in two years to a regional ACCHO is higher than the resident Indigenous population for;
        - the Service's surrounding geographic catchment (as defined by drive time and local government area).
        - in the case of 11 of 17 regional ACCHOs, over 60% of Aboriginal people living within a 30-minute drive had visited the Service in two years, while for six of the most remote of these ACCHOs, 100% of Indigenous people resident within a 30 minute drive used the Service in a two year time-frame plus many additional visits from people travelling longer than 30 minutes.

Treatment methodologies and care outcomes for chronic disease prevention and management compare favourably with private General Practices and out- perform the mainstream in such areas as cardio-vascular and diabetes risk management, best practice medication approaches and diagnostic coding.

Models of comprehensive primary care are consistent with the patient-centred medical home model advocated by mainstream medical reformers and demonstrate ongoing performance improvements on the range of best practice care indicators.

Chairperson's Report

Matthew Cooke

It has been a privilege and honour to have served the Membership throughout the 2014/15 financial year in my first year as Chairperson of the National Aboriginal Community Controlled Health Organisation (NACCHO). At the 2014 Annual General Meeting (AGM), I gave a commitment to focus on three areas of key importance to our members during my tenure as Chairperson; *Governance, Model of Care and Continuous Quality Improvement.*

Following the last AGM we commenced an organisational review and restructure of the Secretariat to ensure that our staffing skills and expertise best met the current needs of our Members and to position ourselves to respond to the changing political environment, whilst also building the brand of the Sector, and progressing the good work undertaken by the previous Chairperson, Mr Justin Mohammed. In building the governance capacity of the NACCHO Board of Directors (BOD) we engaged a professional Company Secretary, Mr Christopher O'Connell. I am also pleased to report that during a time of change and refocus we have improved our financial position ending the year with a nett operating surplus.

NACCHO has taken on feedback from the previous AGM and has commenced initial discussions on reviewing and enhancing the Constitution and I look forward to working with Members in this regard.

We have continued to influence and advocate in an environment of almost continuous policy uncertainty and change. NACCHO has been proactively working with the Australian Government, through the Department of Health and the respective Ministers, on a wide range of health reform issues. This year has had its share of challenges: we have witnessed changes in the Health Ministerial portfolio responsibility, from Peter Dutton MP to Sussan Ley MP; seen the announcement of several reviews by the Australian Government, including the NACCHO and Affiliates Investment Review and the Funding Allocation Methodology Review, but nonetheless during this period we've seen crucial outcomes that have been in the best interest of our Members – Aboriginal Community Controlled Health Organisations.

We are currently enjoying a robust working relationship with the Secretary of the Department of Health, Mr Martin Bowles, and acknowledge his leadership in engaging the Aboriginal Community Controlled Health Sector.

Chairperson's Report (cont.)

NACCHO strived to provide greater accountability to its Members through providing better services and support, especially in the area of health information and the use of data. This was evidenced in the partnership with the Australian Institute of Health and Welfare (AIHW) in the production of the *Healthy Futures Report Card (2015)*. This Report Card identified and reported measures of good practice in Primary Health Care, including processes of care such as an increase in the proportion of regular patients who are recorded as having an MBS Health Assessment; influenza immunisation for patients with existing conditions; and patients with Type 2 Diabetes receiving MBS General Practice Management Plans (GPMP) and MBS Team Care Arrangements (TCA). Additionally, the AIHW cited that improvements were seen in 17 of the 19 process-of-care measures. Our Sector remains front and centre in Closing the Health Gap for Aboriginal and Torres Strait Islander people.

Our Sector provides health care to the largest proportion of Aboriginal Torres Strait Islander people across the Nation, more than any other provider, including hospitals and general practices. To date we have established ourselves as a key component in the architecture of Australia's Primary Health Care system, but the journey continues and we are in the prime position to influence what that future looks like.

We have influenced government on a number of political and operational imperatives that have had a direct and positive outcome for our Sector. For example some of our achievements over the past 12 months have been:

- The success of being granted a 3 year funding agreement by the Department of Health prior to the May 2015 Budget – largely due to the successful advocacy by the Secretariat utilising key tools such as the *Healthy Futures Report Card* developed in partnership with the AIHW.
- The collective work of the Secretariat and the State and Territory Affiliates in raising strong concern with the Department of Health in relation to their proposed Terms and Conditions for the Standard Funding Agreement – in a comprehensive Analysis that described adverse risks to the Sector should the Government proceed with them – such that on the 9 June 2015 the Department withdrew the new proposed terms and conditions, accepted the recommendation of the NACCHO Secretariat and Affiliates, and offered our Members a variation to their existing Agreements.
- We have strategically positioned ourselves with key national entities such as Royal Australian College of General Practice (RACGP) and Royal Australian Air Force (RAAF) through formal Memoranda of Understanding. This provides us with opportunities to enhance our relationships and shape our policy platforms and strategic priorities.
- Issuance of a further exemption under 19 (2) and 19 (5) of the *Health Insurance Act 1973* for listed Aboriginal Community Controlled Health Services. These Directions ensure continuity of access to Medicare for ACCHOs that are funded by the Commonwealth to deliver primary health care.
- Invitation to the Chairperson to participate in the Department of Health Secretary's bi-annual Roundtable.

These achievements were great outcomes and more importantly, demonstrated that when NACCHO and the State and Territory Affiliates work together collectively in the best interest of our Members, We can move mountains.

Amongst these achievements, our Sector has been acknowledged by the Hon Sussan Ley MP, Minister for Health in official correspondence date 10 April 2015, in which she quotes:

Aboriginal Community Controlled Health Services have a proud history of delivering primary health care to Aboriginal and Torres Strait Islander people for over 40 years and I am pleased to confirm the Government's continuing commitment to support these services through my recent announcement which extended current funding arrangements.

I would like to take this opportunity to personally thank Minister Sussan Ley, the Minister for Health, and Minister Fiona Nash, Minister for Rural Health for their ongoing support and commitment to the ACCHO Sector and look forward to continuing our collective efforts and commitment to progress the health and wellbeing needs of Aboriginal and Torres Strait Islander people across Australia.

We're well on track – we can and will do more – we need to see growth across our Sector and increase our footprint if we are to continue making inroads towards Closing the Gap in life expectancy and improving the quality of life experience for Aboriginal people. Your support during the past year allows us to build and invest in a strong Aboriginal Community Controlled Health Sector now and into the future, one which will require us to challenge our thinking and constructs in order to meet both the current and future health demands of our people and communities.

In closing, I would like to take this opportunity on behalf of the Board of Directors and myself to personally thank Ms Lisa Briggs for her contribution as the Chief Executive Officer, NACCHO, during my term. Lisa was instrumental in the design and strengthening of the partnership with the AIHW which resulted in the *Healthy Futures Report Card 2015*. I wish her well in health and her future endeavours and look forward to her ongoing role and contribution to the Sector.

Yours Sincerely,

Matthew Cooke
Chairperson

NACCHO Members

Chairperson – Matthew Cooke **Deputy Chairperson** – Sandy Davies

AH&MRC Members

Aboriginal Medical Service Co-op Ltd Redfern
Albury Wodonga Aboriginal Health Service Inc.
Armajun Aboriginal Health Service Inc.
Armidale Aboriginal Health Service
Awabakal Newcastle Aboriginal Cooperative Limited
Biripi Aboriginal Corporation
Bourke Aboriginal Health Service Limited
Brewarrina Aboriginal Health Service Limited
Brungle Aboriginal Health Service
Bulgarr Ngaru Medical Aboriginal Corporation
Bullinah Aboriginal Health Service Aboriginal Corporation
Condobolin Aboriginal Service Inc
Coomealla Health Aboriginal Corporation
Coonamble Aboriginal Health Service Incorporated
Cummeragunja Housing and Development Corporation (Viney Morgan Aboriginal Medical Service)
Durri Aboriginal Corporation Medical Service
Galambila Aboriginal Health Service Incorporated
Griffith Aboriginal Medical Service Incorporated
Illawarra Aboriginal Medical Service Aboriginal Corporation
Katungul Aboriginal Corporation Community & Medical Service
Murrin Bridge Aboriginal Health Service Incorporated
Orange Aboriginal Medical Service Incorporated
Peak Hill Aboriginal Health Incorporated
Pius X Aboriginal Corporation
Riverina Medical & Dental Aboriginal Corporation
South Coast Medical Service Aboriginal Corporation
Tamworth Aboriginal Medical Service Incorporated
Tharawal Aboriginal Corporation
The Oolong Aboriginal Corporation
Tobwabba Aboriginal Medical Service Incorporated
Walgett Aboriginal Medical Service Cooperative Limited
Walhallow Aboriginal Corporation
Weigelli Centre Aboriginal Corporation
Wellington Aboriginal Corporation Health Service
Werin Aboriginal Corporation Medical Centre
Yerin Aboriginal Health Services Inc
Yoorana-Gunja Family Healing Centre Aboriginal Corporation

Victorian Members

Aboriginal Community Elders Services Incorporated
Ballarat & District Aboriginal Cooperative -CDEP
Bendigo District Aboriginal Cooperative Limited
BudjaBudja Aboriginal Cooperative Limited
Dandenong & District Aboriginal Cooperative Limited
Dhauwurd-Wurrung Elderly and Community Health Service Incorporated
Gippsland & East Gippsland Aboriginal Cooperative Limited
Goolum Goolum Aboriginal Cooperative Limited
Gunditjmara Aboriginal Cooperative Limited
Kirrae Health Services Incorporated
Lake Tyers Health and Children's Services Association Incorporated
Mildura Aboriginal Corporation Incorporated (Mallee District Aboriginal Services)
Moogji Aboriginal Council East Gippsland Incorporated
Mungabareena Aboriginal Corporation
Murray Valley Aboriginal Cooperative
Ngwala Willumbong Cooperative Limited (Telkaya Drug and Alcohol Network)
Njernda Aboriginal Corporation (Echuca Health House)
Ramahyuck District Aboriginal Corporation
Rumbalara Aboriginal Cooperative
Victorian Aboriginal Health Service Cooperative Limited
Wathaurong Aboriginal Cooperative
Winda-Mara Aboriginal Corporation

QAIHC Members

Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited
Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd
Apunipima Cape York Health Council
Cherbourg Regional Aboriginal and Islander Community Controlled Health Service(formerly Barambah Regional Medical Service Aboriginal Corporation)
Bidgerdii Aboriginal and Torres Strait Islanders Corporation Health Service Central Queensland Region
Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation Ltd
Charleville & Western Areas Aboriginal Torres Strait Islander Community Health Limited
Cunnamulla Aboriginal Corporation for Health
Darling Downs Shared Care Association Incorporated (Carbal Medical Centre
Galangoor Duwalami Primary Health Care Service
Girudala Community Cooperative Society Ltd
Gladstone Regional Aboriginal and Islander Community Controlled Health Service (formerly Nhulundu Wooribah Indigenous Health Organisation Inc.)
Goolburri Aboriginal Health Advancement Company Limited
Goondir Aboriginal and Torres Strait Islanders Corporation for Health Services
Gurriny Yealamucka Health Service Aboriginal Corporation
Injilinji Aboriginal and Torres Strait Islander Corporation for Children and Youth Services
Institute for Urban Indigenous Health Ltd
Kalwun Health Service
Kambu Aboriginal and Torres Strait Islander Corporation for Health
Mamu Health Service Limited
Mount Isa Aboriginal Community Controlled Health Service (trading as Gidgee Healing)
MudthNiyleta Aboriginal and Torres Strait Islander Corporation
Mulungu Aboriginal Corporation Medical Centre
Northern Aboriginal and Torres Strait Islander Health Alliance Limited
North Coast Aboriginal Corporation for Community Health
Townsville Aboriginal and Torres Strait Islander Corporation for Health Service
Wuchopperen Health Service Limited
Yulu Burri-Ba Aboriginal Corporation for Community Health

AHCSA Members

Aboriginal Sobriety Group Incorporated
Ceduna Kooniba Aboriginal Health Service Aboriginal Corporation
Kalparrin Community Incorporated
Nganampa Health Council Incorporated
Nunkuwarrin Yunti of South Australia Incorporated
Nunyara Aboriginal Health Service Incorporated
Oak Valley (Maralinga) Incorporated
Pangula Marnamurna Incorporated
Pika Wiya Health Service Aboriginal Corporation
Tullawon Health Service Incorporated
Umoona Tjutagku Health Service Aboriginal Corporation
Port Lincoln Aboriginal Health Service Incorporated

AHCWA Members

Beagle Bay Community Incorporated
Bega Garnbirringu Health Service Incorporated
Bidyadanga Aboriginal Community La Grange Incorporated
Broome Regional Aboriginal Medical Service Aboriginal Corporation
Carnarvon Medical Service Aboriginal Corporation
Derbarl Yerrigan Health Service Incorporated
Derby Aboriginal Health Service Council Aboriginal Corporation
Geraldton Regional Aboriginal Medical Service
Jurrugk Aboriginal Health Service
Kimberley Aboriginal Medical Services Council Incorporated
Mawarnkarra Health Service Aboriginal Corporation
Ngaanyatjarra Health Service Aboriginal Corporation
Ngangganawili Aboriginal Health Service
Nindillingarri Cultural Health Service Incorporated
Ord Valley Aboriginal Health Service Corporation
Puntukurnu Aboriginal Medical Service Aboriginal Corporation
South West Aboriginal Medical Service
Spinifex Health Service
Wirraka Maya Health Service Aboriginal Corporation
Yura Yungi Medical Service Aboriginal Corporation

TACINC Member

Tasmanian Aboriginal Centre Inc.

AMSANT Members

Ampilatawatja Health Centre Aboriginal Corporation
Amoonguna Health Service Aboriginal Corporation
Anyinginyi Health Aboriginal Corporation
Central Australian Aboriginal Congress Aboriginal Corporation
Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation
Katherine West Health Board Aboriginal Corporation
Mpwelarre Health Aboriginal Corporation (Santa Teresa Health Centre)
Malabam Health Board Aboriginal Corporation (MHBAC)
Miwatj Health Aboriginal Corporation [also managing Ngalkanbuy Health Service]
Mutitjulu Health Service
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation
Pintubi Homelands Health Service Aboriginal Corporation
Red Lily Health Board Aboriginal Corporation
Sunrise Health Service Aboriginal Corporation
Urapuntja Health Service Aboriginal Corporation
Utju Health Service Aboriginal Corporation (Areyonga)
Western Aranda Health Aboriginal Corporation (WAHAC)
Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation (Western Desert Dialysis)
Wurli Wurlinjang Health Service Aboriginal Corporation

ACT Member

Winnunga Nimmityjah Aboriginal Health Service

NACCHO's Four (4) Strategic Challenges

The Aboriginal Community Controlled Health Sector faced four strategic challenges during 2014-2015.

1. The Australian Government and some State Governments accelerated and extended their related policies of 'commissioning' and creating 'markets' of contracted service providers.

At the Commonwealth Government level, this challenge was most evident in three major nation-wide changes to funding for Aboriginal Health Programmes, namely:

- The decision was taken to abolish the unsatisfactory Medicare Locals and replace them on 1 July 2015 with geographically much larger Primary Health Networks, responsible for "commissioning" wide-ranging primary health care service delivery from "service providers". Primary Health Networks (PHNs) are designed to be led by private, for-profit General Practitioners (GPs) and a key objective is to reduce avoidable hospital admissions and thereby drive down the overall costs to the Budget bottom-line of medical care. In calling for consortia to submit tenders for approval as PHNs, the then Minister for Health, Hon Peter Dutton MP, did not make any provision for Aboriginal or ACCHO Sector representation on PHN Boards, their Clinical Councils or their Community Advisory Committees. A serious concern which NACCHO vigorously advocated against was the automatic transfer of scores of millions of dollars in Aboriginal and Torres Strait Islander "health programme grant funds" from Medicare Locals to Primary Health Networks for PHNs to distribute without any public guidelines to protect probity, ensure fairness, and encourage value for money or consultation with the ACCHO Sector.

- The decision was taken to use a nation-wide, open, competitive "commissioning" process to allocate grants under the five Programmes of the Indigenous Advancement Strategy (IAS), which includes the "Safety and Wellbeing Programme", Social and Emotional Wellbeing, mental health and substance misuse (AOD). This process was authorised by the Minister for Indigenous Affairs, Senator Nigel Scullion. The resulting round of applications was widely condemned and was the subject of an Inquiry by the Senate Standing Committees on Finance and Public Administration. The Minister committed in August 2014 that the IAS "will look to channel funds through the organisations that can best work closely with Indigenous people, families and communities, particularly those organisations that employ Indigenous people and understand what needs to be done to improve outcomes for Indigenous people." But in announcing the "winners" of the IAS commissioning round, in May 2015, Minister Scullion advised that in total only "46 per cent of funded organisations are Indigenous and 55 per cent of funds under the IAS round is going to Indigenous organisations."

  ACCHOs fared especially unfavorably. From the NACCHO member survey, ACCHOs applied for 186 programmes. Of these 186 programmes, 83 were for new funding and 103 were for continuity of existing funding. 67 funding applications for new programmes were unsuccessful, that is, 80% of the 83 new programme funding applications were rejected. Of the remaining 103 programmes that had previously been funded, 68 programmes had their funding continued and 16 other programmes were continued but with funding cuts, which is a success rate of 81.5%. 19 existing programmes were defunded – 18.5%. With 80% of new programme applications being rejected and 81.5% of existing programmes receiving either full or partial refunding, it seems fair to suggest that innovation was not a high priority.

  NACCHO made representations to the Senate Standing Committees against the policy dictate from the IAS that Aboriginal organisations receiving grants in excess of $0.5M had to be incorporated under the *Commonwealth Aboriginal and Torres Strait Islander Act 2006* to be regulated by the Office of the Registrar of Indigenous Corporations – which is in no way comparable to the independent statutory regulator ASIC (Australian Securities and Investments Commission) under the superior mainstream legislation, the *Corporations Act (Cth) 2001*.

NACCHO also advocated that the components of the "Safety and Wellbeing Programme" should not have been included in the IAS and NACCHO consistently advocated for these components to be returned to the Commonwealth Department of Health.

- In the 2014-2015 Budget introduced in May 2014, the Government announced the establishment of a new "Indigenous Australians' Health Programme" (IAHP). The IAHP continued to evolve, slowly, during 2014/2015 – eventually new *Programme Guidelines* were promulgated in July 2015. The original IAHP *Programme Guidelines* and their July 2015 update both announced that the Department of Health would introduce a "new funding allocation methodology". By 30 June 2015, no approach had been made to NACCHO to work on this new funding allocation methodology. There are serious questions about the criteria for allocating new grant monies under the IAHP between regions and the weightings given to each of the criteria, and the proportions of the $3.1 billion allocated from 2014-2015 to 2017-2018. [Source: Original *Programme Guidelines*]

A satisfactory outcome to the "commissioning" and the apparent free-for-all "service provider" challenges is necessary for the sustainability of the ACCHO Sector and its expansion to contribute further to *Closing the Gap*.

2. Applying data analysis to support the competitive positioning of ACCHOs.

NACCHO realised that one of the effective ways to deal with new and often inexperienced, 'entrants into the new regional and local 'service provider markets' – and with existing competitors in the private sector and mainstream public sector – was to make much better use of data analysis.

Reports, publications, "dashboard" graphics and geo-coded maps could be developed and produced using both publicly available information as well as de-identified service performance information from ACCHOs on a local and a regional scale.

The NACCHO Board commissioned the development of a comprehensive Health Information Strategic Plan to provide a programme of action that NACCHO could implement to support Member ACCHOs to apply data analytics to strengthen their positioning for capturing resources in their own "markets". A complementary review of NACCHO's own ICT infrastructure and capability was set up by the Chief Executive Officer. In early May 2015, a national "ICT/IM Workshop" was convened by NACCHO in Canberra of representatives from jurisdictional Affiliates and selected ACCHOs, which was helpful in building a broad understanding of optional positioning strategies and tactics.

The NACCHO Board of Directors met on 13 May 2015 and endorsed the directions recommended for the NACCHO Health Information Strategic Plan.

3. Improving the patient journey and therefore health outcomes by applying CQI practices to practical partnerships between the public sector and the ACCHO sector.

The decision of the Commonwealth Department of Health to invest specifically in "CQI" – continuous quality improvement –opened up new possibilities to address the challenges of inter-sectoral patient journey coordination.

The Department's injection of additional new grant funds into ACCHOs to enable them to develop their own, "local CQI Action Plans" by 31 December 2015 was a welcome initiative. So, too, was the decision to fund capacity building in state-based Affiliates to provide guidance, support and assistance to ACCHOs for their CQI Action Plans.

NACCHO contributed to the development of a "National CQI Primary Health Care Framework" which addressed the three sectors – ACCHOs, private General Practices, and public hospitals and community health facilities. One of NACCHO's value-add contributions was in the area of inter-sectoral patient coordination.

In 2014 the Australian Health Ministers' Advisory Council (AHMAC) "Aboriginal and Torres Strait Islander Health Performance Framework" provided compelling evidence of breakdowns in referral pathways, coordinated care arrangements, and patient handovers between the public hospital sector and the ACCHO Sector.

NACCHO's solutions to rectify these breakdowns continued into 2015/2016, building on shared patient electronic health records and the potential to leverage off Aboriginal and Torres Strait Islander "Partnership Forums" established under jurisdictional multi-party Framework Agreements.

4. Protecting the integrity of the ACCHO "Brand" through Governance support.

Through its national level advocacy programme, NACCHO became aware early in the 2015 calendar year that successive public revelations of governance inadequacies in a number of ACCHOs and other Aboriginal corporations in areas of substance misuse, training and child protection had begun to impact negatively on the "brand" of Aboriginal Community Controlled Health Organisations.

Significant political figures made it clear that the Sector had a window of opportunity to reform its own governance or reforms would be imposed externally. Some of the statements emanating from the Minister for Aboriginal Affairs confirmed this understanding.

Accordingly, the NACCHO Chairperson and Board began a review and reform program of NACCHO itself, starting with its own Constitution, Governance Charter, and governance and meeting practices.

Concurrently, they addressed the strategic challenge of "self-regulation", that is, of NACCHO and state-based Affiliates taking the lead in pro-actively sorting out governance and financial management problems in ACCHOs to reduce the risk of the Department of Health imposing often non-Indigenous and always expensive consultant administrators to take over from elected Boards.

NACCHO also developed a template model ACCHO Constitution that addressed the principal causes of governance failure; and a complementary template Charter of Corporate Governance.

Confidence in the integrity of the governance systems of ACCHOs is a logical determining consideration for funding decisions by agencies entrusted with a 'commissioning' responsibility by the Australian and State Governments.

The NACCHO Board

NACCHO's Board of Directors is comprised of:

- The Chairperson and the Deputy Chairperson who are elected by delegates from Member Organisations at an Annual General Meeting, for terms of three years each; and
- 14 Directors who are elected by delegates of Member Organisations at Annual General Meetings in their individual States and Territories – two each from NT, Qld, NSW, Vic, SA, and WA, and one each from Tasmania and the ACT.

Matthew Cooke – Chairperson Elected 13 November 2014

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

Matthew was elected as Deputy Chair of the National Aboriginal Community Controlled Health Organisation (NACCHO) in 2011, then appointed as Chairperson in November 2014. He was previously the CEO of Nhulundu Wooribah Indigenous Health Organisation Inc., the Aboriginal Medical Service in Gladstone, for more than six years. During this time Matthew served as the Deputy Chair and Secretary of the Queensland Aboriginal and Islander Health Council (QAIHC). In 2012 Matthew was appointed as the Indigenous Affairs Manager for Bechtel Australia, a renowned worldwide engineering, procurement and construction company. Recently, Matthew stood down from the QAIHC Board of Directors to fulfil the acting CEO role of QAIHC.

In 2007 Matthew was named Young Leader in Aboriginal and Torres Strait Islander Health and in 2008 received the Deadly Vibe Young Leader award.

Matthew's active involvement spans all four levels of our Aboriginal and Torres Strait Islander Community Controlled Health Sector – national, state, regional and local.

Current Leadership roles within the Aboriginal and Islander Community Controlled Health Sector:

- Chairperson of the National Aboriginal Community Controlled Health Organisation (NACCHO), including the Chair role of the Finance & Audit Committee.
- Chief Executive Officer of the Queensland Aboriginal and Islander Health Council (QAIHC, State Affiliate Body).
- Former Deputy Chairperson and long-serving Director of Queensland Aboriginal and Islander Health Council (QAIHC).
- Former CEO and current Director of Nhulundu Wooribah Indigenous Health Organisation Incorporated (Gladstone AMS).
- Inaugural Chairperson and current Director of Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation (CQRIACCHO).

Other Leadership roles;

- Native Title Applicant and Trustee Director for the Port Curtis Coral Coast Native Title Claimant group, in Central Queensland.
- Director of Bailai Aboriginal Corporation for Land & Culture.
- Committee Member of the Regional Development Australia – Fitzroy Central West Queensland.
- Committee Member of the Commonwealth Department of Health OCHRE streams Advisory Committee.

The NACCHO Board (cont.)

Sandy Davis - Deputy Chairperson Elected 13 November 2014

Arthur (Sandy) Davies is a proud Nanda man of the Amati region and has an extensive history in Aboriginal affairs which dates back some 30 years. Between 1979 to 2007, Sandy has either been a Board Member, Chairperson or CEO of the Geraldton Regional Aboriginal Medical Service (GRAMS) and is currently the Chairperson of GRAMS and Deputy Chairperson of NACCHO.

Sandy has long been involved in Aboriginal politics, representing the Murchison Gascoyne on numerous local, state and regional forums. He has been instrumental in the establishment of various committees, forums and Aboriginal agencies for the Amati region, such as Aboriginal Justice Forums, Land and Sea Council, Streetworker Aboriginal Corporation and the Bundiyarra Aboriginal Resource agency.

Sandy has also been an inaugural member of many of the Aboriginal services and is passionate about social justice and making sure our people have a voice and the right to be heard, advocating for improvement in Aboriginal health and have equal rights for all our people when they are accessing health services and other services provided by government agencies.

Sandra Bailey - New South Wales Commenced 30 May 2015

Sandra Bailey is the Chief Executive Officer of the Aboriginal Health and Medical Research Council of NSW (AHMRC).

A graduate of Melbourne Law School, Sandra was Head of the Victorian Aboriginal Issues Unit of the Royal Commission into Aboriginal Deaths in Custody, and gained extensive experience working in partnership with Aboriginal community organisations in the areas of advocacy and support of Aboriginal self-determination, building on the strengths of Aboriginal community development, legal and health inequalities and the preservation of cultural heritage.

In recognition of her service in the Aboriginal Health Sector, Sandra was awarded the Australian Government Centenary Medal for Contribution to health in 2003. In 2014 Sandra was again acknowledged for her service to the Aboriginal Health Sector, being inducted into the Hall of Fame at the NSW Aboriginal Health Awards held 13 November 2014. She was presented with the Award by NSW Minister of Health Jillian Skinner.

The NACCHO Board (cont.)

Christine Corby - New South Wales Until May 2015

Christine is a Gamilaraay woman from north-western New South Wales, born in Sydney and returned to her mother's country, living in Walgett for the past 40 years.

She was the Legal Secretary for the NSW Aboriginal Legal Service for 11-years in the Walgett Office. When funding was announced in 1986 for the establishment of a local Aboriginal Medical Service in Walgett, Christine commenced as CEO, a position she has held 29 years. Christine is also CEO of the Brewarrina Aboriginal Health Service; former Chairperson of Bila Muuji Aboriginal Health Service, representing 11-member services of the Aboriginal Health and Medical Research Council (AHMRC) in the (former) Greater Western Area Health Service (GWAHS) region and the Chairperson of AHMRC.

Christine is a Justice of the Peace, holds a Graduate Diploma of Health Management, a Diploma of Management, a Diploma of Health Sciences and a Diploma of Business Management. In 2005 Christine was awarded the Order of Australia Medal (OAM), the Centenary Medal in 2003, and received the NSW Health Hall of Fame Award in Aboriginal Health in 2005.

Val Keed – New South Wales Commenced 30 May 2015

Val Keed was born in Peak Hill, NSW and is descended from a long line of proud Wiradjuri people in this area. She was a founding member of the AH&MRC since its establishment (initially as the Aboriginal Health Resource Committee) in 1985. Val has held the position of AH&MRC Lower Central West Regional Director on many occasions over the years, most recently having been re-elected in 2009, and is currently the Chairperson of the Peak Hill Aboriginal Medical Service. She is also involved in many community-based organisations in the region, including the Peak Hill Local Aboriginal Land Council, Warrainunga Aboriginal Advancement Co-operative, Mid Lachlan Aboriginal Housing Management Association, Weigelli Drug and Alcohol Centre (Cowra), and the National Parks Peak Hill/Hogan River Aboriginal Reference Group. As an AH&MRC Director, Val also holds the Chairperson position on the AH&MRC Ethics Committee.

The NACCHO Board (cont.)

Marcus Clarke –Victoria Until May 2015

Marcus Clarke, Victorian NACCHO Director since 2014 is a Gunditjmara and Kirrae Whurrong man born and raised in Warrnambool Victoria. He is also currently the CEO of Gunditjmara Aboriginal Cooperative Ltd (Gunditjmara), a non-profit Aboriginal Community Controlled Health Organisation (ACCHO) in Warrnambool, who commenced in the role on July 2010.

Marcus has broad experience and association within the ACCHO sector including eight years as a Board Member of Gunditjmara (Chair for two years of the eight). Marcus is the current Chair of VACCHO, and Chair of Regional Aboriginal Justice Advisory Committee for Barwon South West.

Prior to joining Gunditjmara, Marcus worked as a Fisheries Officer for eight years and was stationed at the Warrnambool Department of Primary Industries Office. Marcus has formal qualifications and experience in Compliance/Enforcement, Fraud/Compliance Investigations, Governance and Business Management.

Jason B King – Victoria

Jason B. King has worked in Aboriginal health and affairs since 2002. Jason's first taste of Aboriginal Health employment was at Gippsland and East Gippsland Aboriginal Co-operative (GEGAC) in 2002 as the HACC Coordinator.

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

Jason has been the CEO of GEGAC since April of 2008. GEGAC has grown from a $6m organization to a $10m organisation and has an exciting building programme for the 21st century. He is very passionate about Governance and strengthening all Aboriginal Community Controlled Health Organisations (ACCHOs) to better serve their communities and provide the best of health care to Aboriginal Australians.

The NACCHO Board (cont.)

Elizabeth Adams – Queensland

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

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

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

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

Janice Elizabeth Burns – Queensland

Current Director of Townsville Aboriginal and Torres Strait Islander Corporation for Health Services, Janice has over 30 years active involvement in various community organisations in Townsville, Mt Isa and Cairns with experience covering community engagement, governance and providing advice. Janice is a Murri Court Elder and has a strong connection with the local and regional Aboriginal and Torres Strait Islander community, and is committed to the continual improvement of Aboriginal and Torres Strait Islander health.

Janice's work history includes 23 years as a Project Officer with the Australian Government. This entailed the extensive monitoring of grant funds to various organisations across a range of programmes. This experience enabled acquiring the relevant skills to analyse and assess financial reports and to determine correct use of grant funding. In addition Janice worked as a Legal Secretary for 17 years and also possesses management skills. Having attended various Governance Workshops Janice not only possesses but applies the relevant knowledge and skills to her work.

The NACCHO Board (cont.)

John Singer - South Australia

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

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

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

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

Vicki Holmes – South Australia

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

Vicki has been with Nunkuwarrin Yunti for 34 years. She has had many roles in the organisation, her first position was the Medical Receptionist, 1986 and she became the Health Co-ordinator of programmes such as Women's Health, HIV, Diabetes, Mental Health, Social/Welfare support which were expanding and developing.

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

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

Vicki has always been passionate about the Social and Emotional Well Being of the Aboriginal Community.

The NACCHO Board (cont.)

Neil Fong, Western Australia Until 13 November 2015

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

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

Neil went on to undertake the role of Chief Executive Officer of the South West Aboriginal Medical Service, located in Bunbury WA and left in March 2015 to pursue another role as CEO of Yawoorroong Miriuwung Gajerrong Yirrgeb Noong Dawang Aboriginal Corporation in Kununurra.

Marelda Tucker - Western Australia

Marelda Tucker (nee Humphries) has been the Aboriginal Health Council WA chairperson for the past 9 months.

Family background – Marelda Tucker (nee Humphries) is from the Nyoongar of Ballardong/Yued tribes. (Humphries/Taylor/Bennell Families), born in Kellerberrin 1966 and raised in Perth WA. She is married to Wongatha Fabian Tucker from the Goldfields, Kalgoorlie WA.

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

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

The NACCHO Board (cont.)

Michelle Nelson-Cox - Western Australia
Commenced 13 November 2014

Michelle is the elected Chairperson of the Aboriginal Health Council of Western Australia. A Noongar woman from the Ballardong region east of Perth, Michelle has been a passionate campaigner for the Aboriginal Community Controlled Health Sector for over 30 years.

Michelle is a current member of the NACCHO Board of Directors, the previous President of Derbarl Yerrigan Health Service, is a Director of Noongar Radio and a Member of Western Australian Reference Group. Michelle holds a Batchelor of Arts for Community Management and Adult Education and Bachelor of Social Science Indigenous Services.

Michelle has worked in Community Controlled Organisations, Native Title, Medicare, Housing and Education and is committed to ensuring the future of the Aboriginal Community Controlled Health Sector as the leading provider of quality primary health care essential to the cultural needs of our people and improving the life expectancy of our people.

Dave Warrener – Tasmania

Dave Warrener is a Palawa man from Tasmania. Dave's people originate from Cape Barren Island which is situated amongst the remote Furneaux Group of Islands on Bass Strait. Dave has been Chair of the Tasmanian Aboriginal Centre for 2 years and has just been re-elected for another 2 years.

Dave is employed as an Aboriginal counsellor and consultant. Dave holds a degree in a Bachelor of Social Work and is also a member of Relationships Australia Aboriginal Executive Group. Dave lives in Launceston, which is in the north of Tasmania and has an 8 year old daughter named Matilda.

The NACCHO Board (cont.)

Donna Ah Chee - Northern Territory Resigned 15 June 2015

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

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

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

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

Marion Scrymgour – Northern Territory Resigned 15 June 2015

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

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

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

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

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

The NACCHO Board (cont.)

Julie Tongs - Australian Capital Territory

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

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

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

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

Number of Board Meetings Held	
9 – 10 September 2014	Canberra
16 November 2014	Cairns
12 February 2015	Canberra
19 June 2015	Canberra

The 2014 Members Meeting was held on the 18 – 19 November 2014.

The Annual General Meeting convened at the Cairns Convention Centre in Cairns Queensland on 20 November 2014.

Chief Executive Officer's Report

Lisa Briggs

Firstly I would like to acknowledge this land that we gather on as the traditional homes for the Darkinyung Guringai people. I pay my respects to the Elders past, present and future and to the Darkinyung Guringai people, custodians of this land and thank them for allowing us to do business on this land. Congratulations to Yerin Aboriginal Health Service for their 20th Anniversary and inviting us to join you to celebrate your achievements.

In this year's Annual Report we have reported on the significant national policy challenges that we are currently facing as well as the highlights and achievements both of the NACCHO secretariat and our Member Services. Our national programmes have increased workforce capability amongst the membership, raised greater awareness and worked at the grassroots level alongside our Members to provide practical solutions.

Our national Male Health Leadership continues to go from strength to strength with NACCHO Ochre Day led by John Singer and Mark Saunders.

Furthermore I would like to congratulate the NACCHO Members on another great year of performance, NACCHO's "Healthy Futures Aboriginal Community Controlled Health Services Report Card" demonstrated improvements in 2 out of the 5 outcomes areas with the remaining three on a stable trend. These outcomes add to the NACCHO Members' existing contribution towards the Commonwealth Closing the Gap targets by;

- 66% reduction in Child Mortality rates
- 33% reduction of overall mortality rates

On the national political front the Commonwealth Minister for Health Hon. Sussan Ley MP opened and spoke at our annual Parliamentary Friends' event with the launch of the NACCHO and Royal Australian Air Force (RAAF) MOU Kummandoo Initiative, with Assistant Minister for Health Senator Fiona Nash publicly congratulating NACCHO on our innovation for practical approaches. NACCHO continues to strengthen our bipartisan relationship which has been reflected within national policy decisions outlined in this Report.

On a final note this will be my last meeting with the Members as the NACCHO CEO and I have been truly humbled, and privileged to represent you all within the national arena. I leave knowing that the NACCHO secretariat is financially sound, NACCHO Members have 3-year funding certainty valued at $448mil annually, $1.4 billion over 3 years. Department of Health Funding Agreements will be improved. Continuation of the QUMAX initiative amongst 76 NACCHO members with 218,549 Aboriginal and Torres Strait Islander people benefiting, our Aboriginal Health Workers remain recognised through the provision of MBS 715 Health Assessments, and CTG PBS valued at $85mil will be ongoing.

I would like to thank Matthew Cooke NACCHO Chair, Sandy Davies NACCHO Vice Chair and Chris O'Connell Company Secretary for all their support they have provided, the NACCHO Board and in particular the Staff, what a wonderful team they are. I wish NACCHO Chair, Board, Staff and members all the best in ensuring Health Equality and Equity is achieved for our people.

Yours in solidarity,

Lisa Briggs
NACCHO CEO

3 Year Funding Agreements for ACCHOs

The discussions around the proposed 2014-2017 Standard Funding Agreement (SFA) terms and conditions and Supplementary Conditions commenced in July 2013 where the Department of Health (DoH) engaged with NACCHO and State Affiliates. Since this time there has been great debate over proposed changes which significantly re-wrote the 3-year SFA that was due to expire on 30 June 2015. The newly proposed SFA was re-writing the funding administration landscape for ACCHOs and Primary Health Networks (which came into existence on 1 July 2015). The Terms and Conditions of the SFA together with the Supplementary Conditions seemed to be a contradiction to the message that DoH and the Commonwealth Government were conveying during 2012-2015 which was the reduction of "Red Tape", and the removal of "Micro-Management" and the "Burden of Reporting" as identified in the many Government reviews/reports at the time.

The new SFA Terms and Conditions and Supplementary Conditions in fact increased the burden of reporting and micro-management of all NGOs that were funded under this one Agreement. There has been a great deal of correspondence and discussion by the ACCHO Sector led by NACCHO and the jurisdictional Affiliates which prompted the Commonwealth to finally take action after 2 years of debate.

In late May 2015, the DoH attempted to push through the new SFA Terms and Conditions and Supplementary Conditions providing the funded NGOs with little choice but to agree to these Terms and Conditions and Supplementary Conditions if they wanted to secure funding for the 2015-2016 year and beyond.

NACCHO and the jurisdictional Affiliates then undertook a series of reviews and analysis of these SFA Terms and Conditions and Supplementary Conditions in comparison to the current Agreement in place. Each analysis was essentially independent of each other but resoundingly identified the same issues and highlighted serious concerns that resulted in NACCHO negotiating a stay of execution for the implementation of the new SFA. This culminated in and was confirmed at a meeting held in Adelaide on 9 June 2015. DoH was heavily represented by all Branches and Assistant Secretaries demonstrating that the concerns of NACCHO and the jurisdictional Affiliates had been taken seriously to prompt a full review at the Department level of the SFA. DoH also confirmed that the newly formed Primary Health Networks had also identified and raised the same concerns. The DoH agreed to withdraw the proposed SFA for a period of 12 months to enable the process for review and negotiation to take place and instead provided a variation to the 2012-2015 SFA which extended this until 30 June 2016.

The outcome of the 9 June 2015 meeting in Adelaide was that DoH would review and respond to the full collective of concerns and issues as identified by NACCHO and the jurisdictional Affiliates. This response was to be coordinated through NACCHO via Jason Dalton as an independent consultant to ensure quality control and efficiencies as a single point of contact for the ACCHO Sector. His role is to work with NACCHO and the jurisdictional Affiliates to ensure that all information is communicated and the position of the Sector is effectively represented to DoH during this process.

A specific agreement at the 9 June 2015 meeting was that DoH would prepare a written response to NACCHO and the jurisdictional Affiliates in time for the NACCHO Strategy Workshop, scheduled to be held in Adelaide on 5 August 2015. This would be nearly 2 months after the meeting in June. At the date of the Annual Report publication responses from DoH had been received and have been

incorporated into a National Analysis and Comparison Paper. This paper has been further expanded to include a draft ACCHO Sector response and recommendations for next steps aligned to the contents of both of the DoH responses.

The intention is for the National Analysis and Comparison Paper to be the authoritative "Working Document" which tracks all ongoing inputs and responses from both the DoH and the ACCHO Sector until a resolution and agreement can be reached resulting in a new draft SFA Terms and Conditions to be considered by the ACCHO Sector. It is expected that a newly drafted Standard Funding Agreement and Interpretive Guide are available for review by the sector early in 2016.

18 Month Funding Agreements for NACCHO & Affiliates

Assistant Minister Fiona Nash commissioned a Review of NACCHO and Affiliates in the context of NACCHO's advocacy for three year funding Contracts for all Member ACCHOs. While NACCHO was successful in securing three-year funding for Member ACCHOs as well as continuity of the existing terms and conditions of the Standard Funding Agreements (subject to further joint discussions), funding for NACCHO itself and for the eight jurisdictional Affiliates was provided for only 18 months – until 31 December 2016 – with funding after that end-date subject to the report arising from the Review. This report is due to be provided in July 2016; so the duration of the Review is nine months.

The rationale for this Review is said to be that:

> *"Despite significant changes in the policy and programme environment for Aboriginal and Torres Strait Islander health service delivery, the role and function of these organisations have not been reviewed since funding commenced."*

Assistant Minister Nash did insist that the Review be undertaken jointly with NACCHO and the jurisdictional Affiliates, which are separately incorporated legal entities and are not Members of NACCHO. Hence, NACCHO refers to this as the "Joint Review".

Assistant Minister Nash delegated accountability for implementation of her Joint Review to the Indigenous Health Division (IHD) in the Department of Health (DoH), with operational accountability given to the Health Programmes and Sector Development Branch.

The Purpose

The current version of the Terms of Reference make it clear that this Joint Review is an 'investment review'.

> *"This review will examine how the investment that the Commonwealth makes in these peak bodies contributes to strengthening the health system's delivery of quality, culturally appropriate primary health care services to the Aboriginal and Torres Strait Islander population."*

This is consistent with allocating only 18 months' funding to NACCHO and to Jurisdictional Affiliates.

The Scope

DoH makes it clear that it accepts the World Health Organization (WHO) definition of a health system consisting of "all organizations, people and actions whose primary intent is to promote, restore or maintain health" (WHO, 2007, Everybody's Business: Strengthening Health Systems to Improve Health Outcomes).

Accordingly, when DoH talks in the Joint Review about Australia's health system, DoH means that this encompasses both Aboriginal community controlled and mainstream health sectors and includes the organisations and activities supported by all levels of government, private sector providers, non-government and community organisations.

The Focus

The current version of the Terms of Reference make it clear that this Joint Review will:

> *"… entail a comprehensive analysis of current sector support arrangements and their appropriateness in meeting the Commonwealth's objectives and the support requirements of Aboriginal Community Controlled Health Services (ACCHSs) now and into the future."*
>
> *The outcomes and recommendations from the Review will be used to inform:*
>
> - *an agreed national work programme utilising Commonwealth funding with an associated monitoring framework that will contribute to and strengthen capacity to achieve the Closing the Gap (CTG) targets; and*
> - *how and where the Commonwealth could direct investment so NACCHO and the state/territory peak bodies can contribute most effectively to the Commonwealth's objectives including supporting the ability of the health system to deliver high quality, accessible and culturally safe care to Aboriginal and Torres Strait Islander people."*

Objectives of the Review

There are six (6) objectives for the Joint Review.

Objective 1 is to understand how NACCHO and Jurisdictional Affiliates contribute to strengthening the organizational capacity of ACCHOs in five dimensions: performance; issues management; government; viability; and financial.

Objective 2 is to understand how current activities of NACCHO and the state/territory peak bodies align with the needs of the Commonwealth government, ACCHSs and the broader health system, and consider the capabilities required to deliver these activities. Since there is nothing said about the needs of the Commonwealth government and the broader health system, it is difficult to see how this objective will be operationalized.

Objective 3 is really two completely separate objectives which logically bear no practical relationship to each other: (a) consider how NACCHO and the state/territory peak bodies function as a national network and (b) the principal issues regarding health system integration with which NACCHO and the state/territory peak bodies could engage. Item (b) is the red flag about making our Sector accountable for failures of 'integration' by the mainstream providers.

Objective 4 requires the consultant to make recommendations to inform the ongoing delivery of required support to ACCHSs. The example that the Terms of Reference offer seem to address the NACCHO Board's policy of "self-regulation" for sustainable governance.

Objective 5 is to understand how Commonwealth and State/Territory Government investment interacts to address jurisdictional need. There is no requirement on the consultant to come forward with recommendations but the fact that this is a specific objective would imply that DoH will make use of what 'understandings' the consultant produces.

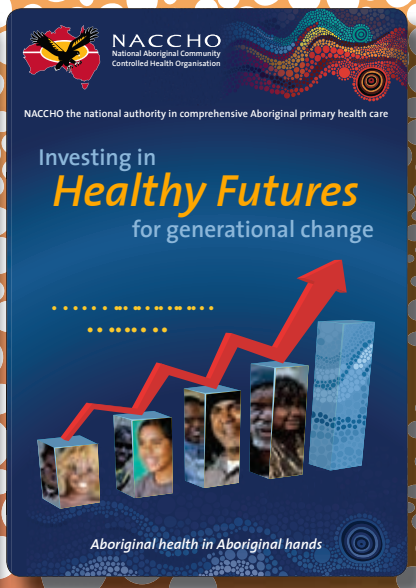
Objective 6 in fact picks up on this point. Consider the range of Commonwealth investment that could be made in NACCHO and the state/territory peak bodies, what that range of investment could purchase and where it could be best targeted to achieve best value for money, having regard to factors such as geographical size, Aboriginal and Torres Strait Islander population, and number of ACCHSs in each jurisdiction.

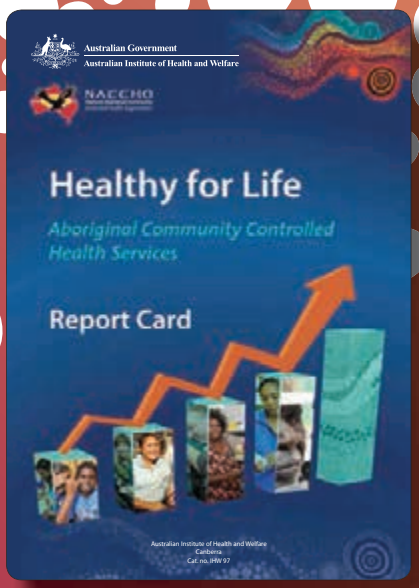
Advisory Forum

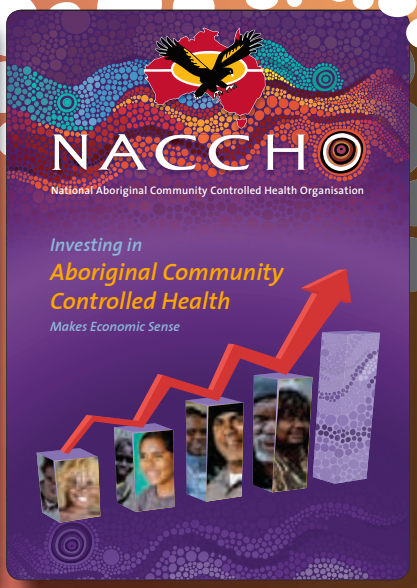
There are Terms of Reference for an Advisory Forum.

NACCHO wants a representative from the supervisory body oversighting Primary Health Networks (the Australian Healthcare and Hospitals Association) to be a member of the Advisory Forum to secure input from the 'mainstream' providers.

NACCHO Report Card Series







Medicare Reform

Medicare Benefits Schedule Review

Medicare, formerly known as Medibank, was introduced in 1984 as Australia's national health insurance scheme[1] and governed by the Health Insurance Commission (HIC). The MBS tax levy partly funds Medicare. Medicare provides universal health care to all Australian residents for hospital services and some medical services. Medicare rebates 85% of the fee for out-of-hospital service (medical and optometry). Private patients receive 75% rebate for professional medical services.

The Commonwealth Minister for Health, Hon Sussan Ley MP announced the establishment of a Medicare Benefit Schedule (MBS) Review Taskforce as part of the current Governments "Healthier Medicare" initiative that would review three priority areas:

- Medicare Benefits Schedule (MBS) 5,500 items to reflect contemporary best clinical practice;
- Investigate options to provide: better care for people with complex and chronic illness; innovative care and funding models; better recognition and treatment of mental health conditions; and greater connection between primary health care and hospital care;
- Medicare compliance rules and benchmarks.

The review will be conducted over two years and NACCHO will continue to liaise with the department on this matter. NACCHO has participated in scheduled review meetings and well as meeting with the Department of Health, Dr Steven Hambleton (Vice Chair MBS Taskforce) to discuss ACCHO model of care, MBS Section 19(2), MBS 715 Health Assessments and Aboriginal Health Workers as well as key issues such as After Hours items/services and incentive payments currently under MBS Practice Incentive Payments as part of chronic disease management.

There have been two previous extensive reviews commissioned by the Department of Health for access to major health programs for Aboriginal and Torres Strait Islander people conducted by Keys Young 1997 and Urbis Keys Young 2006. Both of these documents have been provided to the Department of Health for review and contribution.

3-year commitment for ACCHOs' MBS Section 19.2

Aboriginal Community Controlled Health Organisations have had access to the Directions under section 19(2) of the Health Insurance Act 1973 as part of a previous Commonwealth Government's commitment under the then Minister for Health, Hon Michael Woolridge. The Department of Health issued a 12 month extension for ACCHOs in 2013/14 as part of the DOH funding agreement. This financial year, NACCHO lobbied to ensure that the extension was granted for 3 years to align with the 3 year DOH Funding announcement. The lobbying was successful.

Formal correspondence from Senator the Hon Fiona Nash, Assistant Minister for Health at the time, was received on 27 May 2015 providing financial certainty for NACCHO Members to delivery, comprehensive primary health care to Aboriginal and Torres Strait Islander people nationally.

Non-Registered AHWs continue to assist in the delivery of MBS:715 Health Checks

NACCHO was notified by the Department of Health that there would be an amendment to the Medicare Benefits Schedule (MBS) Item 715 Health Assessment. The amendment would remove Aboriginal Health Workers being able to assist a General Practitioner in performing a health assessment for Aboriginal and Torres Strait Islander people (MBS item 715 – under the Explanatory Note A33) within the National Registration and Accreditations Scheme (NRAS).

NACCHO, QAIHC and VACCHO were quick to respond back to the Department of Health highlighting the impacts/change/amendments associated with the removal of Aboriginal Health Worker:

- The ACCHO Sector model of care to Aboriginal and Torres Strait Islander people surrounding their health, social and emotional wellbeing and the role of the Aboriginal Health Worker as part of the clinical team is critical for ensuring key health issues or concerns are raised and managed appropriately.
- National implementation for registration of Aboriginal Health Workers to Aboriginal Health Practitioners has not reached the policy target outside of the Northern Territory.
- Health Insurance Regulation policy instrument only outlines the change of name.
- Qualification/s level for a suitable qualified Aboriginal and Torres Strait Islander Health Professional.
- Minimum qualification level for a non-registered AHW would be a Certificate III Aboriginal & Torres Strait Islander Primary Health care consistent with requirements.
- Current criteria for an Aboriginal and Torres Strait Islander Health Assessment refers to "suitably qualified health professionals such as practice nurses or Aboriginal and Torres Strait Islander health practitioners employee and/or otherwise engaged by a general practice or health service may assist medical practitioners in performing this health assessment MBS 715.
- Such assistance is in accordance with accepted medical practice and under the supervision of the medical practitioner.
- There was a collaborative approach between NACCHO, QAIHC and VACCHO to the Commonwealth Minister for Health, Hon Sussan Ley MP, calling for a reinstatement and resolution to the amendments and proposed changes of the MBS 715.

On the 18 June 2015 Department of Health responded formally to inform NACCHO, Affiliates and Member Services that, due to the extensive feedback opposing the amendment and the possibility of reducing the access to health assessments by Aboriginal and Torres Strait Islander people, the Minister for Health, the Hon Sussan Ley MP changed the qualification level back to a Certificate III in Aboriginal and Torres Strait Islander Primary Health Care which would take effect from the 1 September 2015, allowing Aboriginal Health Workers to assist a GP in the delivery of health assessments.

1 Australian Bureau of Statistics: Medicare: the first ten years
http://www.abs.gov.au/AUSSTATS/abs@.nsf/2f762f95845417aeca25706c00834efa/867467e96d7f7e47ca2570ec0073d9eb!OpenDocument

The Draft National Continuous Quality Improvement (CQI) Framework for Aboriginal and Torres Strait Islander Primary Health Care 2015-2025

During the 2014-2015 year NACCHO had an active role in supporting the development of the Commonwealth sponsored Draft National Continuous Quality Improvement (CQI) Framework for Aboriginal and Torres Strait Islander Primary Health Care 2015-2025.

NACCHO welcomed the prospect of this Australia wide, long term, multi service sector and inter-governmental reform enhancing the quality of service provision to Aboriginal and Torres Strait Islander People. Similarly NACCHO appreciated the open and consultative approach adopted by the Commonwealth Health Portfolio Ministers and their Department towards the Framework's development and their intention to invest significant funds in the Sector for Framework implementation with a priority focus on Member Services.

The project arose from the Department of Health (DoH) commissioning, via open tender processes, the Lowitja Institute to prepare a nationally structured policy and program approach for enabling continuous quality improvement within Aboriginal and Torres Strait Islander primary health care services provision.

At the 30 June 2015 this project had occurred via two-stages. Stage 1 was a synthesis and analysis of International CQI activity and evidence. Stage 2 which was still in progress required the development of a recommended National CQI Framework.

The initiative reflected collaborative stakeholder participation in project management and advisory processes principally from NACCHO, all jurisdictional Affiliates, the Menzies School of Health Research, Flinders University of South Australia, The University of Melbourne, the Royal Australian College of General Practitioners (RACGP), the Australian College of Rural and Remote Medicine (ACRRM), the Australian Indigenous Doctors Association (AIDA), The National Aboriginal and Torres Strait Islander Health Standing Committee and DoH. NACCHO chaired the Stakeholder Advisory Committee.

During 2014-2015 NACCHO's engagement with the Project occurred in two main ways.

Structural Content Development

NACCHO was an active participant in formulating the emerging Framework's foundation of 15 core components to drive quality for Aboriginal and Torres Strait Islander primary health care. The project indicated four geographic levels of responsibility, being national, state and territory, regional and local, which could be applied for implementing the respective core components. This innovative design envisaged the core components being common to the three main Australian Service Sectors with delivery roles in the provision of Indigenous primary health care. These Sectors were the national ACCHO system, Private General Practice and State and Territory Government Auspiced Services. While the emerging structure encouraged inter-sectoral collaboration it was intended that each Sector would be responsible for its own implementation of the Framework.

The core components identified were: (C1) Cultural Safety and Competence,(C2) Government Policy, (C3) Coordination and Facilitation of Implementation of Core Components,(C4) Client and Community Participation,(C5) Organisational Partnerships,(C6) Professional Training,(C7) Access to CQI Skills,(C8) Clinical Data Infrastructure and Functionality for CQI, (C9) Managed CQI Networks, (C10) CQI Data Sharing and Sense-Making, (C11) Research and Knowledge Translation,(C12) Service Support, (C13) Clinical Governance,(C14) CQI Leads, and (C15) Plan-Do-Study- Act or PDSA cycles.

Strategic Review for Implementation

In the latter period of the draft Framework's emerging format, NACCHO also undertook a strategic analysis of enabling issues surrounding the effective implementation of the Framework within the ACCHO Sector. Significant issues identified included:

(a) how smooth client/patient referral pathways between the ACCHO Sector and the other partner Sectors of the Framework (especially the State and Territory public health care networks) could be best supported;

(b) how ACCHO Sector access to quality focussed MBS generated services and revenues could be enhanced;

(c) how the 'knowhow' of the ACCHO Sector could be applied to support the other partner Sectors to enhance their cultural safety and competence; and

(d) how the long history of quality development in the ACCHO Sector could be more fully recognised as the starting and building-on points for the Framework's long term implementation.

These issues and other aspects of the draft Framework were being consolidated into a NACCHO CQI Discussion Position Paper. The aim of the Position Paper was to provide a discussion basis for a Round Table consultation with Member Services and Affiliates with the intention of reaching an agreed understanding of how the Framework should be implemented in the ACCHO Sector.

316,000

clients, 252,000 are Aboriginal & Torres Strait Islander increasing by 6% annually

150

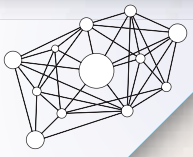
Aboriginal Community Controlled Health Organisations with 302 sites

2.4 million

Episodes of care which is a visit to the ACCHO seeing multiple health professionals

3.7 million

Client contacts – patient journey and referral pathway of comprehensive primary health care



5,829

Workers and the largest employer of Aboriginal and Torres Strait Islander people (3,215)

NACCHO: Investing in Aboriginal Community Controlled Health

NACCHO

Aboriginal Community Controlled Health Organisations profile

134 Commonwealth funded NACCHO members are Clinically Accredited to Australian Quality Standards

76 ACCHO's deliver the Quality Use of Medicines Programme Maximised for Aboriginal and Torres Strait Islander people (QUMAX) to an eligible client base of 218,549 Aboriginal and Torres Strait Islander people

36 ACCHOs deliver the Indigenous Chronic Disease Package through Tackling Smoking & Healthy Lifestyles (getting checked) which has contributed to a 4% national reduction in smoking rates

49 NACCHO members delivering New Directions Mothers and Babies Services (NDMBS)

Aboriginal Community Controlled Health makes Economic Sense

$448 million

annually or 1.4bil over 3 years fund 134 ACCHOs – 33% overall reduction in mortality rates of Aboriginal and Torres Strait Islander people

http://www.indigenous.gov.au/news-and-media/announcements/minister-ley-14-billion-boost-primary-care-indigenous-communities

$2.5 million

annually for Quality Use of Medicines Programme Maximised for Aboriginal and Torres Strait Islander people (QUMAX) initiative

Letter from Minister of Health, Sport & Ageing, Hon Sussan Ley MP, 13/10/15

$116.8 million

Indigenous Chronic Disease Package reduction by 4% in smoking rates amongst Aboriginal and Torres Strait Islander people

http://www.health.gov.au/internet/main/publishing.nsf/Content/D2046EAB2B87A70DCA257F370017F288/$File/Tackling-Indigenous-Smoking-Grants-Guidelinesv1.pdf

$94 million

to improve child and maternal health – 66% reduction in child mortality rates by ACCHOs

https://www.health.gov.au/Indigenous

NACCHO Bipartisan Engagement Strategy

NACCHO's Bipartisan Engagement Strategy aims to provide national leadership towards the Australian Government's national policy on Aboriginal Health, the cultural and social determinants of health and to ensure that policy makers and influencers understand who the Aboriginal Community Controlled Health Organisation Sector are, what we do, and why we are better placed than any other health organisation to deliver these services to the Aboriginal and Torres Strait Islander community.

Mechanisms that facilitate NACCHO engagement are through our annual Parliamentary Friends' Group held at the Australian Parliament House, Canberra, NACCHO Board Meetings and by participating in other stakeholder events within the national arena such as the Close the Gap Campaign, AMA or Vision 2020 events. Additional individual meetings are held with Members of Parliament, Ministers and Shadow Ministers on a regular basis and NACCHO participates in other parliamentary processes such as inquiries by the House of Representatives or Senate Committees Hearings. This process is extremely important as recommendations provided by the House of Representatives or Senate Committees are usually adopted in the Australian Parliament.

NACCHO Bipartisan Engagement expands to other national organisations such as the Australian Medical Association, Royal College of General Practitioners, Australian Health & Hospitals Association, and Public Health Association to name a few, in a shared national policy vision of improving the health and wellbeing of Aboriginal and Torres Strait Islander people by improving the responsiveness of the health system and the Australian Government Health Reform agenda.

With a federal election due in the second half of 2016, NACCHO will be aiming to meet with as many of our Parliamentarians as possible next year, and is in the process of preparing kits to assist ACCHOs to engage with their local MPs.

This engagement is undertaken at a number of different levels. The Ministers in the Health and Indigenous Affairs portfolios ultimately have the final say on many decisions made by their Departments that affect our Sector. We need to ensure they are armed with the facts in order to argue on our behalf both with their own Department on policy and with the Treasurer when the Budget comes to be written. The Shadow Ministers are engaged with, not only because they could become the Ministers following an election, but also so that our Sector is influencing the alternate government's policy as it is being written in Opposition.

Personal relationships are important and, when we need assistance with something, it is a great advantage if we have already met and know the politicians in question. As the local representatives of their respective Parties, we are endeavouring to connect MPs with Services in their electorates, so they can see first-hand what it is the Services do and understand the problems they face. Not only are many Backbench MPs the future Ministers, they also have considerable influence with their own Ministers. Requests for support, funding, or changes in policy that come from local Services have a better chance of success if they arrive in the Minister's office with the backing of the local MP. Many MPs come to Parliament with previous experience in the health sector, or with a history of engagement with

Aboriginal people. They can become very articulate advocates for our Sector within government given the chance to understand what we do.

Governments face pressures from many different areas to continually cut expenditure. An understanding of what our Services are about, a chance for us to dispel some myths that MPs may hold about them, and to demonstrate the value for money which our Sector provides to the Government, are the strongest ways we can ensure that the Government of the day supports our policy objectives and maintains or increases our Sector's current level of funding.

Key areas of discussion:

- Funding Agreements of ACCHOs, NACCHO and Affiliates
- Standard Funding Agreements
- Indigenous Chronic Disease Package – Chronic Care Supplementary Services (CCSS), ATAPS
- Primary Health Networks
- Impacts of ICE on our people and communities
- The Department of Prime Minister & Cabinet Indigenous Advancement Strategy

Parliament House Close the Gap Campaign

The signing of the Close the Gap Statement of Intent by the Australian Government in 2008, was a watershed moment. The aim of the campaign is to close the health inequality gap between Aboriginal and Torres Strait Islander people and other Australians by 2030. The significance for NACCHO, Affiliates and our Members are the health service delivery CTG Statement of Intent Commitments such as;

> *"To supporting and development of Aboriginal and Torres Strait Islander community controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing"*

The Coalition of Australian Governments (COAG) set two Closing the Gap Health Targets:

- Achieving Aboriginal and Torres Strait Islander health equality within a generation
- Halving the under-five year olds' mortality rate gap within a decade);

As part of the Australian Government's Commitment, the Prime Minister of Australia on the first sitting day of Parliament delivered a report on the Australian Government's progress towards the Closing the Gap targets. The Closing the Gap campaign also delivers a "CTG Shadow Report," known as "CTG Progress and Priorities Report 2014" which is presented to the Australian Government. This Report also provides an opportunity for NACCHO to showcase our Members within the Report to highlight successes, challenges and gaps.

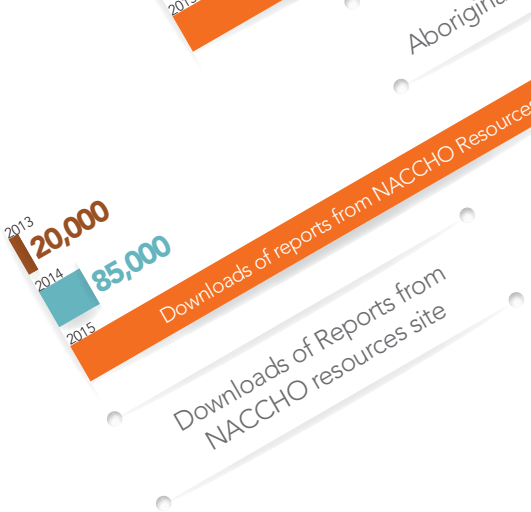
The Close the Gap Campaign Steering Committee calls for the Australian Government to strengthen the national effort to close the gap by focusing on expanding health services to meet need, particularly in the areas of mental health, maternal and child health and chronic disease. This should include a systematic inventory of service gaps, and planning to close these gaps on a region by region basis with a focus on Health Services in all areas of Australia. Further steps could also be taken to improve access to medicines. E-health systems should be utilised to enhance continuity of care.

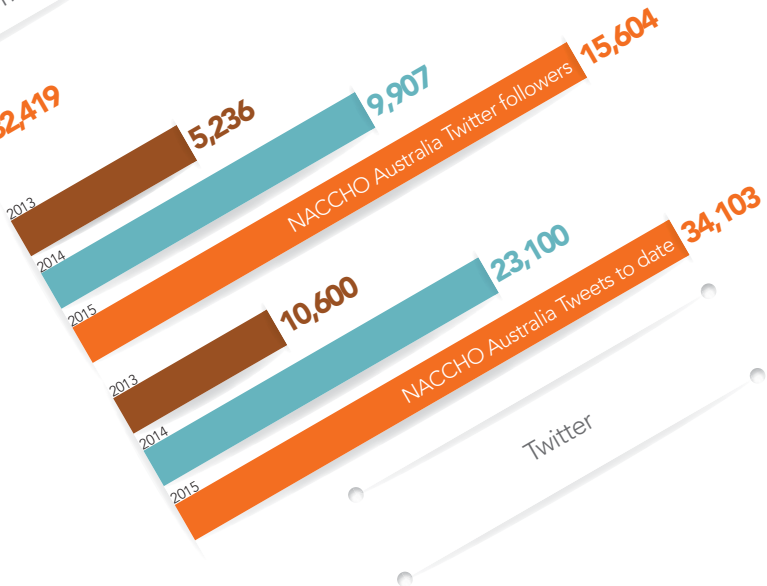
The continued action agenda that NACCHO supports to be adopted for the Health Targets in the Closing the Gap Campaign include:

- Developing specific COAG Closing the Gap Targets in relation to incarceration rates and community safety in partnership with Aboriginal and Torres Strait Islander peoples and their representatives, as well as state and territory governments.
- Developing formal mechanisms that ensure long-term funding commitments, including the national partnership agreements, are linked with progress in closing the health in equality gap.
- Developing a new funding allocation methodology to determine the appropriate Aboriginal and Torres Strait Islander share of mainstream health programs on a basis that reflects demographic, epidemiological and evidenced-based need data.
- Introducing and passing legislation to formalise a process for national monitoring and reporting on the national effort to close the gap in accordance with benchmarks and targets. This legislation should include a requirement for this process to be undertaken in partnership with Aboriginal and Torres Strait Islander peoples and their representatives. It should also have a sunset clause of 2031 – the year after the date by which all parties have committed to close the gap in health equality.

NACCHO Communications

Keeping our mob Informed





In 2014-2015 NACCHO's strategic media and communications continued to be employed to good effect supporting NACCHO's goals and to ensure Aboriginal health issues were elevated in the national arena.

These goals were achieved by

- Press releases and media Interviews
- Publishing a daily online Aboriginal Health News Alert
- Extensive Social media engagement
- Publishing 3 NACCHO Aboriginal Health Newspapers
- Starting production on a 20 part "Aboriginal Health In Aboriginal Hands for Healthy futures" Video series
- Establishing a major national touring photographic and video exhibition to celebrate the 10th anniversary of Close the Gap.

ACCHO National Key Performance Indicators

Building the capability and capacity within our membership

Ear & Hearing Training – 115 Aboriginal Health Workers trained to improve & prevent hearing loss within Aboriginal & Torres Strait Islander people.

Eliminate Trachoma Eye Disease in 3 Aboriginal communities

MEDIA-Print and Electronic (EMC)

NACCHO has had another busy year in the media. Throughout the year NACCHO attracted considerable national media coverage for its activities and events in print, broadcast and radio outlets.

One of the highlights included the proposed introduction of a GP Co-payment. National media coverage that helped to raise the profile of issues around the proposed introduction of a GP Co-payment and its implications for Aboriginal people.

NACCHO distributed a number of media releases on the issue in the middle and late 2014 such as:

- Aboriginal health services welcome GP co-payment exemption but many Aboriginal people would still be out of pocket
- Aboriginal health services concerned about lack of transparency in GP co-payment discussions
- Close the Gap health targets at risk under GP co-payment

The ensuing media coverage in The Australian, Tthe Guardian and on a range of Indigenous media programs, alongside other strong voices in the health sector, helped deliver a back-down by the government on this policy.

Overcoming Indigenous Disadvantage

NACCHO's quick response to the release of this report in November 2014 ensured NACCHO was one of the most prominent voices on this issue. NACCHO's position was featured in the AAP story, in Tthe Guardian and in the radio news bulletins of ABC, 2UE (and affiliated national stations), 2GB (and affiliated national stations), Croakey and on NITV, National Indigenous Times and the Koori Mail.

MOU with RAAF

The landmark agreement signed between the NACCHO and the Royal Australian Air Force was another great opportunity to raise the profile of NACCHO activities in the mainstream press.

NACCHO media/Social media impacts			
	2013	2014	2015
NACCHO Aboriginal Health Communique Subscribers	850	1,203	3,740
NACCHO Aboriginal Health Communique Views	156,000	245,599	375,804
NACCHO Australia Twitter followers	5,236	9,907	15,604
NACCHO Australia Tweets to date	10,600	23,100	34,103
NACCHO Facebook followers	2,320	3,131	5,154
NACCHO Facebook Max weekly reach	65,000	76,500	846,848
Downloads of reports from NACCHO Resources sites	20,000	85,000	1,032,419

Changes to Section 18C of Racial Discrimination Act

NACCHO was able to make the argument through the media that the proposed changes to the Racial Discrimination Act could result in poorer health outcomes for Aboriginal and Torres Strait Islander people. NACCHO also distributed a media release welcoming the fact that the Government had decided not to further pursue the issue.

Media releases

- To mark Gough Whitlam memorial day (5 November) - The Prime Minister who walked the talk for Aboriginal people
- NACCHO welcomes new Chairperson
- Vision roadmap Closes the Gap on Aboriginal sight
- Long term funding certainty needed to Close the Gap
- Andrew Forrest - Aboriginal Community Controlled Health Sector is the single largest employer of Aboriginal people
- Cabinet urged to reconsider cuts to Aboriginal affairs
- Aboriginal male health needs continued focus
- NACCHO welcomes new service to North West Queensland
- Aboriginal health must remain the priority to Close the Gap
- NACCHO welcome Senate Report on Health
- Invest more in Aboriginal health programmes that work, say Aboriginal Health Services
- Call for long term, coordinated, community controlled focus to protect the rights of Aboriginal children
- Aboriginal Community Controlled Health Services are the key to reducing Hep C rates
- Aboriginal people to benefit from funding security for Aboriginal Health Services
- Closure of WA Aboriginal communities repeats historic failure
- Aboriginal Health Services still waiting for funding agreements
- Indigenous anti-smoking programmes must be run by local Aboriginal communities.
- Social Media Engagement

NACCHO continued to engage Colin Cowell an external consultant who 24/7 regularly communicates with Members, stakeholders and community via NACCHO's Aboriginal Health News Alert Communique and social media delivering a steady stream of information about health issues and NACCHO activities. Social media engagement with stakeholders also continued to grow, offering a range of ways supporters could interact with NACCHO.

NACCHO Aboriginal Health Newspaper

In partnership with the Koori Mail, NACCHO continues to publish Australia's first Aboriginal Health News newspaper 3 times a year. This 20-24 page supplement is inserted and distributed nationally in all 14,000 Koori Mails, with an extra 1,500 copies being sent to NACCHO Member Organisations. Our NACCHO Newspaper reaches an audience of 100,000 readers and is also available now as a download on the Koori Mail App. Communications objectives include educating ACCHO staff about NACCHO, sharing success stories between members and educating our sector and broader community on NACCHO successes.

NACCHO's Partnerships

Memorandum of Understanding with the Royal Australian Air Force (RAAF)

The purpose of the MoU with the Royal Australian Air Force (RAAF) was to add to the number of partnerships to deliver ongoing affordable and accessible health care to Aboriginal and Torres Strait Islander people.

The signing in March 2015 of the MoU with the RAAF signified NACCHO's efforts in bolstering our commitment towards Closing the Gap. The five (5) year commitment is another step forward addressing joint health priorities.

Acting Chief of Air Force, Air Vice-Marshal Leo Davies AO CSC, said *"that the MoU was part of the Air Force's commitment to improving health outcomes for Aboriginal Australians. The Air Force is committed to playing our part in closing the gap for Aboriginal Australians. This partnership with NACCHO will facilitate RAAF Dental personnel to work alongside Aboriginal Health Workers in Aboriginal Community Controlled Health Organisations. This will help reduce waiting time for Aboriginal health services and allow more Aboriginal people to access the care they need. It will also provide benefits for RAAF dentists who will be able to use their skills in different health settings and patients with complex needs."*

Our Health Services, run by Aboriginal people for Aboriginal people, are the preferred provider of primary health for Australia's Aboriginal population and demand is growing at around 6% per year. In many locations we have waiting lists for our services, especially in high demand specialities like dentistry. We have a chronic shortage of health specialists, especially in some of our regional and remote areas. This is why this partnership with the RAAF is so important. Getting more Aboriginal people into dental services means we can have an impact not just on oral health but in other health areas too.

RAAF Kummundoo Programme

The programme with the RAAF is described in the following extract.

"As part of our NAIDOC Week celebrations last year, the Chief launched an Air Force Indigenous Handbook. The idea was to provide basic information about our Aboriginal and Torres Strait Islander peoples and about Air Force Indigenous programs. It was in that handbook that we first announced Kummundoo as part of our vision for the Air Force Indigenous Strategy: *Our Place – Our Skies.*

To my mind, Kummundoo is a very good choice of name for at least three reasons:

- First, to choose an Aboriginal word that honours an ancient language (in this case the language of the Queensland Kalkadoon people).
- Second, the word Kummundoo translates as "eagle" – and as I'm sure most of you are aware, the eagle is a very important part of our Air Force culture.
- Finally, Kummundoo, to my ear sounds very much like the phrase "Come-and-Do" – it has an active dimension to the sound. And I think that's appropriate.

We, in Air Force, have greatly admired the work that has been done by Army's Aboriginal Community Assistance Program over the years. I am pleased that through the Kummundoo initiative, we too will have the opportunity to partner with communities across Australia.

In essence, Kummundoo will create opportunities for small teams of Air Force people to be deployed to assist communities on agreed local issues. And the scope of potential opportunities is very broad. That's because we have such a wide cross section of workforce skills – in particular our trades and professions.

Memorandum of Understanding between the National Aboriginal Community Controlled Health Organisation and the Royal Australian Air Force 2015-2019

1 INTRODUCTION

1.1 This Memorandum of Understanding (MoU) between the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Royal Australian Air Force (RAAF) highlights our shared commitment to improved outcomes across the lifespan of Aboriginal and Torres Strait Islander peoples.

1.2 The MoU details the role of NACCHO and the RAAF (the parties) in delivering mutually agreed projects into Aboriginal and Torres Strait Islander communities.

1.3 This collaboration between the parties is not legally binding. It is built upon the values of: Respect, Excellence, Agility, Dedication, Integrity and Teamwork. Further, it recognises that Aboriginal and Torres Strait Islander peoples have served Country for millennia and have participated in the RAAF since its inception.

2 BACKGROUND

2.1 NACCHO is the national body which represents the health and wellbeing needs and interests of Aboriginal and Torres Strait Islander Australians. Managing around 300 fixed and mobile clinics, our 150 Aboriginal Community Controlled Health Organisation Member Services speak authoritatively on what constitutes the effective delivery system of comprehensive primary health care to Aboriginal people, families and communities. As an integral and growing part of Australia's primary health care infrastructure over the past 45 years, NACCHO's Member Services work with governments, private providers, hospitals and specialists to increase access, provide affordable quality care, and close the gap on health outcomes for Aboriginal and Torres Strait Islander Australians.

2.2 The RAAF is the second oldest independent Air Force in the world and provides air and space power for Australia's security. The RAAF is committed to maintaining enduring relationships with Aboriginal and Torres Strait Islander peoples across Country and to recognise world views that have served Aboriginal peoples – the longest continuing culture in the world – into all aspects of its work.

2.3 The Kanowindgeri program (the Kakadoon word for eagle) and its various initiatives are a key part of the RAAF Aboriginal and Torres Strait Islander Strategy – Our Place, Our Skies.

3 PURPOSE OF THIS MEMORANDUM OF UNDERSTANDING

3.1 To outline the roles and responsibilities of the parties in relation to the provision and support of any of the agreed Kanowindgeri program initiatives.

3.2 To outline working relationships between the parties in negotiation and liaison with Aboriginal and Torres Strait Islander communities, Commonwealth and State agencies, and other organisations.

4 AIM

4.1 The overarching Kanowindgeri program is about walking the talk in community engagement. It creates opportunities for our people to deploy into unique environments to assist Aboriginal and Torres Strait Islander communities on mutually agreed projects across the breadth of our capability.

4.2 This particular Kanowindgeri initiative will work with NACCHO, as the national peak body for Aboriginal and Torres Strait Islander health, to develop a partnership in which RAAF can contribute to enhancing primary health care outcomes in Aboriginal and Torres Strait Islander communities.

5 OBJECTIVES

5.1 In delivering joint Kanowindgeri initiatives under this MoU, the parties will:

5.1.1 Champion culturally safe and mutually beneficial community engagement.

5.1.2 Develop respect for the expertise, membership and role of each organisation through peer to peer professional engagement.

5.1.3 Encourage and support those who provide services in Aboriginal and Torres Strait Islander communities.

5.1.4 Build on the reputation for excellence for both organisations.

6 NACCHO'S ROLE AND RESPONSIBILITIES

6.1 NACCHO will broker local community support and act as liaison between RAAF and the communities into which RAAF personnel will deploy.

6.2 NACCHO will liaise with Commonwealth and State agencies.

6.3 NACCHO will provide cultural induction briefings to RAAF personnel engaged in joint Kanowindgeri initiatives (pre-deployment).

7 RAAF'S ROLE AND RESPONSIBILITIES

7.1 RAAF will supply skilled and accredited personnel relevant to the agreed initiatives.

7.2 RAAF will cover all costs related to the participation of its people.

7.3 RAAF will provide a brief post activity report and a process evaluation following each joint initiative.

8 GENERAL

8.1 This MoU will come into effect on the date on which the MoU is signed by the parties and will remain in effect for a period of five years, unless terminated earlier by either party after providing 90 days written notice of its intention to do so.

8.2 The parties may vary or extend this MoU by agreement in writing.

8.3 The parties will jointly review the performance and content of this MoU on an annual basis. Where disputes arise, consultation between the parties will be encouraged so that these disputes can be amicably settled.

8.4 The primary points of contact for this MoU are the NACCHO Chief Executive Officer and the RAAF Director of Aboriginal and Torres Strait Islander Affairs.

Matthew Cooke
NACCHO Chairperson
March 2015

AIRMSHL Geoff Brown AO
Chief of Air Force
March 2015

Now, while we hope that agreed Kummundoo initiatives will be beneficial to communities, there are some very real benefits to Air Force as well. For example:

- Through Kummundoo, we will have a growing number of in-Service, culturally aware people who have participated in the program. And that awareness makes us stronger.
- Kummundoo will provide a powerful opportunity to showcase our Aboriginal and Torres Strait Islander role models – and also our non-Indigenous role models.
- Kummundoo will promote a greater awareness in community about our Air Force Indigenous youth programs, and about our career options, and the ADF specialised pathways to employment programs.
- As a secondary benefit, we anticipate that Kummundoo will contribute to our workforce retention strategies, and
- Finally, it will provide an opportunity for Air Force people to exercise their skills and showcase their professionalism in quite unique environments.

In essence, Kummundoo is very much a win-win proposition.

Before I close, the Chief has asked me to pass on his appreciation for the way in which the National Aboriginal Community Controlled Health Organisation has embraced this opportunity and worked so positively with Air Force to create this Memorandum of Understanding.

To you, Chief Executive Officer Lisa Briggs, and to you, Board Chairperson Matthew Cooke, I congratulate you and your team. Your sense of what is possible, and your willingness to make this idea a reality, is commendable. The Chief and I look forward to hearing positive things about Kummundoo in the very near future."

Acting Chief of Air Force, Air Vice-Marshal Leo Davies AO CSC and NACCHO Chairperson, Matthew Cooke

Memorandum of Understanding with NACCHO and the Royal Australian College of General Practitioners (RACGP)

A Memorandum of Understanding (MoU) was signed between NACCHO and the RACGP on 27 November 2014. This MoU further strengthens our working together for nearly two decades and aims to achieve shared commitments between NACCHO and the RACGP in improving the health of Aboriginal and Torres Strait Islander people.

The MoU articulates how NACCHO and the RACGP will continue to work together building on a long-term commitment to advocate for community control and self-determination and Closing the Gap in health inequalities. Together the RACGP and NACCHO through this MoU are championing culturally safe and clinically appropriate health care and eliminating racism in healthcare. This partnership also includes a joint commitment to support those who provide healthcare in Aboriginal and Torres Strait Islander communities and fosters reconciliation and respecting the expertise, membership and role of each organisation.

Through this MoU, NACCHO and the RACGP continue to work collaboratively to advocate that the Australian healthcare system is appropriately structured and resourced to enable all health professionals to provide continuity of care that is clinically and culturally appropriate for Aboriginal and Torres Strait Islander communities.

This work and collaboration includes developing the standards, guidelines, funding models and resources to equip general practitioners, all health professionals and ACCHOs to maximise health outcomes for Aboriginal and Torres Strait Islander people. Part of the collaborative work between NACCHO and the RACGP is to build a reputation of partnerships and joint advocacy in Aboriginal and Torres Strait Islander Health and to develop initiatives that attract and retain a skilled workforce for the Aboriginal Community Controlled Sector.

The MoU arrangement will be reviewed by both parties after five years.

RACGP

National Faculty of Aboriginal and Torres Strait Islander Health

Memorandum of Understanding between the National Aboriginal Community Controlled Health Organisation and The Royal Australian College of General Practitioners

NACCHO

27 November 2014

This Memorandum of Understanding aims to achieve shared commitments between NACCHO and the RACGP in improving the health of Aboriginal and Torres Strait Islander people. NACCHO and the RACGP have worked together for nearly two decades and this MOU articulates how NACCHO and the RACGP will continue to work together.

The partnership between NACCHO and the RACGP builds upon a long-term commitment to:

- advocating for community control and self-determination
- closing the gap in health inequalities
- championing culturally safe and clinically appropriate healthcare
- eliminating racism in healthcare
- supporting those who provide healthcare in Aboriginal and Torres Strait Islander communities
- fostering reconciliation
- respecting the expertise, membership and role of each organisation.

NACCHO and the RACGP will work collaboratively to:

1. advocate that the Australian healthcare system is appropriately structured and resourced to enable all health professionals to provide continuity of care that is clinically and culturally appropriate for Aboriginal and Torres Strait Islander communities
2. 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 Aboriginal and Torres Strait Islander people
3. build a reputation of partnerships and joint advocacy in Aboriginal and Torres Strait Islander health
4. develop initiatives that attract and retain a skilled workforce for the Aboriginal Community Controlled Sector.

The parties will review this arrangement after 5 years.

For and on behalf of – NACCHO

Chair _____

Date 27 / 11 / 2014

For and on behalf of – RACGP

President _____

Date 27 / 11 / 14

NACCHO's Programmes

National Ochre Day Brisbane August 2014

Introduction

NACCHO's position paper on Aboriginal male health (2010) describes the key policy areas and programs NACCHO has documented that should be developed in male health. These include physical health, strong minds, brother care, healing and men's business, as well as Aboriginal male health workforce development.

This Position Paper states Aboriginal male health should be a core primary health care service provided by Aboriginal Community Controlled Health Organisations (ACCHOs). NACCHO as a cultural organisation has always supported appropriate gender-based approaches to health service provision, which fits within the current approaches of primary health care service, quality and research and evaluation.

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

To address the real social and emotional needs of males in our communities, NACCHO proposes a positive approach to male health and wellbeing that celebrates Aboriginal masculinities, and uphold our traditional values of respect for our laws, respect for Elders, culture and traditions, responsibility as leaders and men, teachers of young males, holders of lore, providers, warriors and protectors of our families, women, old people, and children.

NACCHO's approach is to support Aboriginal males to live longer, healthier lives as males for themselves. The flow-on effects will hopefully address the key effects of poor male behaviour by expecting and encouraging Aboriginal males to be what they are meant to be.

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

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

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

NACCHO Ochre Day commenced with a Male only breakfast held in the Dining Room at the "Royal on the Park Hotel". This breakfast began with MC Associate Prof James Ward introducing a "Welcome to Country" by Uncle Des Boyd followed by the traditional dancers "Kalu-Yurung" (Fast Rain). On behalf

of NACCHO, Mr Justin Mohamad (NACCHO Chairperson) welcomed all 160 delegates to the second NACCHO Ochre Day. This was followed by a celebration of current Aboriginal Male Health programmes presented by Mr Bernard Kelly-Edwards, Galambila Aboriginal Health Service Inc., Mr Cameron Harris, Wuchopperen Health Service, and Mr Leaf Bennet, Institute for Urban Indigenous Health.

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

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

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

A highlight of the dinner was the handing over of the "NACCHO Ochre Day Shield" by Ms Lizzy Adams, the QAIHC Chairperson to Mr John Singer the AHCSA Chairperson. Mr Singer assured everyone that the AHCSA would hold the NACCHO Ochre Day Shield in safe keeping until NACCHO Ochre Day 2015 which will be held in Adelaide. Mr Singer also committed AHCSA to work with NACCHO to deliver a bigger and better NACCHO Ochre Day in Adelaide in 2015.

On the second day, at the Gabba Cricket Ground, delegates were asked to workshop the 10 points of the NACCHO Male Health "Blueprint" that will inform the development of the "Action/Implementation Plan" which will support the "Blueprint"

Day Two also brought together some of the male workforce in ACCHOs. This provided an opportunity for networking, to share workforce experiences and activities and reinforce their value to one another, the ACCHO sector, their families and communities.

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

Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People (QUMAX) Programme

Ongoing collaboration with the Pharmacy Guild of Australia (The Guild) and the Department of Health under the 5th Community Pharmacy Agreement (5CPA) continued in 2014 to deliver the Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander people (QUMAX) Programme to 76 Aboriginal Community Controlled Health Organisations (ACCHOs).

Input in to the 6th Community Pharmacy Agreement (6CPA) occurred throughout 2014 and NACCHO attended meetings and Stakeholder Engagement Forums with the Department of Health and The Guild. The 6CPA was signed by the Minister of Health, the Honourable Susan Ley MP on 24 May 2015.

The QUMAX Programme aims to improve health outcomes of Aboriginal and Torres Strait Islander people who attend a participating ACCHOs in rural and urban Australia, by providing support categories to improve quality use of medicines and adherence. QUMAX enables improved access to medicines under the PBS by addressing cultural, transport and other barriers to access. As a result of 76 ACCHOs participating in the Programme, this enabled a client reach of 218,549 Aboriginal and Torres Strait Islander clients in 2014-2015.

A large number of these ACCHOs engaged in Quality Use of Medicines Education Sessions and Home Medicine Review Awareness Sessions to raise their clients' awareness of the quality use of medicines and programmes that support medication adherence. In addition to raising staff and client awareness of the adverse effects of non-compliance of medications, the QUMAX Programme provided devices to support quality use of medicine particularly for clients living with chronic disease, such as Diabetes and Asthma.

Njernda Aboriginal Women's & Children's Health Centre expanded their QUMAX Work plan during a mid-year review to increase their client awareness and uptake of a Home Medicine Review. Incentives under the QUMAX Guidelines resulted in 15 HMRs taking place within a six month timeframe where HMRs had previously not been reported. An HMR is referred by a GP and conducted by an accredited Pharmacist. Clients are supported by health care workers and carers during a review of medications that occurs in their home and aims to ensure quality use of medicines minimising adverse reactions and medication safety in the home.

Under the QUMAX Programme, Dose Administration Aids (DAA), such as a webster pack or blister pack for medicines, supported, ACCHOs' capacity to provide DAAs to their Aboriginal and Torres Strait Islander clients as well as the capability to ensure clients are taking medication at the required dosage. This provision of DAAs assists towards Closing the Gap via appropriate medication dosage and adherence. DAAs are provided by community pharmacies under a DAA Contract or Flexible Funding, the QUMAX Programme also provides a Cultural Awareness Category to provide training to Pharmacists and their staff to ensure cultural safety. The combination of DAA agreements and Flexible Funding provision of DAAs coupled with the opportunity for Cultural Awareness training, reduces strengthens the community and cultural barriers for ACCHO clients and staff.

NACCHO continues to work towards ensuring the QUMAX Programme, and quality use of medicine support to ACCHOs will continue throughout the 6CPA. A QUMAX Report Card is being developed for launch in the 2015-2016 financial year to highlight the 5CPA data, outcomes and cost effectiveness of the QUMAX Programme towards Closing the Gap in Australia for Aboriginal and Torres Strait Islander people.

Fetal Alcohol Spectrum Disorder (FASD)

FASD Prevention and Health Promotion Resources Project

NACCHO has partnered with Menzies School of Health Research and the Telethon Kids Institute (TKI) to develop and implement a flexible, modular package of Foetal Alcohol Spectrum Disorders (FASD) Prevention and Health Promotion Resources (FPHPR) to reduce the impacts of FASD on the Aboriginal population.

The package of resources is based on the model developed by the Ord Valley Aboriginal Health Service (OVAHS). The package incorporates FASD education modules targeting five key groups:

- Pregnant women using New Directions: Mothers and Babies Services (NDMBS) antenatal services, and their partners and families;
- Aboriginal and Torres Strait Islander women of childbearing age;
- Aboriginal and Torres Strait Islander grandmothers;
- NDMBS staff who provide antenatal care
- Aboriginal and Torres Strait Islander men

A series of FASD workshops will be held in each State and Territory across the country in 2016. A train-the-trainer approach will be used to enable the participating NDMBS sites to tailor the acquired knowledge and resource package to individual Service and community needs. This will take into consideration the available workforce, staff training and development needs, data and services, systems capacity and stage of readiness for implementation.

Workshop participants will be upskilled in brief intervention, motivational interviewing and knowledge and awareness of FASD. The training also aims to assist participants with ways of designing localised strategies to prevent FASD which can be tailored to suit the needs of each community.

Alcohol consumption during pregnancy can have devastating consequences for the unborn child which can last a lifetime. Conditions common to FASD may include learning difficulties, impulsiveness, and difficulty relating actions to consequences, social relationships, attention/hyperactivity, poor memory, developmental delays and major organ damage.

Aboriginal women are more likely than non-Aboriginal women to consume alcohol in pregnancy at harmful levels. Alcohol use in pregnancy is a significant risk factor for stillbirths, infant mortality and intellectual disability in children, particularly in the Aboriginal population.

Health Professionals asking and advising women of childbearing age about the consequences of alcohol consumption in pregnancy is an essential strategy in preventing FASD.

The FPHPR Project has been designed for the 85 New Directions: Mothers and Babies Services (NDMBS) sites. NDMBS sites are located in rural, remote and urban regions across the country and aim to increase access to child and maternal health care for Aboriginal women and their families. Of the 85 sites, 52 are NACCHO Member Services.

The intended outcome of the initiative is for staff within the NDMBS sites to be supported and sufficiently trained in FASD prevention. With support, NDMBS staff will be able to develop and implement FASD strategies within their services and communities to prevent the impact of FASD on the Aboriginal population.

Activity
FASD Prevention and Health Promotion Resources Project Protocol developed
4 project teams established
Steering Group Established
Expert Advisory Group Established
Site visit to Ord Valley Aboriginal Health Service (OVAHS)
Engagement with the 85 *New Directions: Mothers and Babies Services* sites across the country
Draft FASD resource package currently being developed
Draft FASD training package currently being developed

The FASD Project team visiting and learning from OVAHS staff. [L to R] Jenni Rogers, Jane Cooper, Hayley Williams, Bev Russ, Annie Wilson, Christine Armit.

Australian Trachoma Alliance

Australian Trachoma Alliance: Safe Eyes Program

Eyes are very important to enable us to see, to learn, to live comfortably and to work and care for everyone in the community. There are various conditions that can impact our eyes and lead to blindness, a number of which are preventable with good environmental health conditions and adequate hygiene facilities.

Queen Elizabeth II has served as head of the Commonwealth of Nations of more than two billion people, for over 60 years. To celebrate her time in this role, she is reaching out to communities across the world to help to eliminate causes of preventable blindness. Trachoma is a bacterial infection of the eyes which can be treated and the Queen is hoping that in Australia we can work to address factors that perpetuate this infection to ensure that nobody suffers vision loss in the future as a result of this condition.

General Michael Jeffery has been appointed to be the Queen's representative in Australia to work with Australian communities to eliminate trachoma. On behalf of the Queen's Diamond Jubilee Trust Australia, General Jeffery, working with the National Aboriginal Community Controlled Health Organisation (NACCHO) as the lead organisation, has formed the Australian Trachoma Alliance or the ATA. The ATA includes representatives from the Queen's Diamond Jubilee Trust Australia, NACCHO, The Fred Hollows Foundation, Vision 2020 Australia and the Indigenous Eye Health Unit at the University of Melbourne to provide support and expertise.

Australia is the only first world nation that has not been able to eliminate trachoma.

In 2014, the Australian Trachoma Alliance convened a forum in Alice Springs of Aboriginal Community Controlled Health Organisations from the Northern Territory, South Australia and Western Australia. The forum discussed ways in which trachoma elimination would be achieved across the large region of Central Australia that includes substantial areas of the NT, SA and WA.

Following the forum, the Australian Trachoma Alliance (ATA) agreed to focus, as a first step, on implementing a programme in three remote Aboriginal community pilot sites located within the Central Australian Tri-State region (WA, SA & NT). The project focuses upon the facial hygiene and environmental aspects of the evidence-based SAFE strategy[1] and will be implemented within key community locations such as schools, childcare centres, sporting clubs and homes.

This programme will build upon those many current actions undertaken locally, regionally and nationally to eliminate trachoma across Australia and will encourage collaboration and co-ordination between health (including environmental health), housing, education, local government, childcare and sport and recreation sectors and agencies.

Most significantly, this program seeks to enable Aboriginal leadership and community ownership through developing local solutions to trachoma elimination and other communicable diseases. Each trial community will develop its own action plan to address both the facial hygiene and environmental health aspects of the program. Furthermore, each community action plan will establish baseline data and include measurement indicators determined by the community within the planning process to evaluate the program's progress and success.

The three programme trial sites are:

1) Yalata, South Australia (Tullawon Health Service: www.tullawon.org.au)

2) Utju (Areyonga), Northern Territory (Central Australian Aboriginal Congress: www.caac.org.au)

3) Kiwirrkurra, Western Australia (Ngaanyatjarra Health Service: www.nghealth.org.au)

Outcome: What is the intended outcome from the initiative?
The elimination of trachoma in Australia by 2020 through Aboriginal leadership and community engagement.

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1 The World Health Organisation (WHO) recommends a **SAFE** strategy for trachoma elimination - **S**: Surgery **A**: Antibiotics, **F**: Facial Cleanliness and **E**: Environmental Health. Previous efforts in Australia have focussed on the surgical and antibiotic aspects of this strategy. The ATA and the Yalata Community will build on the progress made in eliminating trachoma within Australia, by addressing the Facial Cleanliness and Environmental Health aspects of the WHO strategy. This work will not only address eye health but also promote healthy lives through reducing the incidence of other communicable diseases which include such conditions as otitis media, rheumatic fever and gastroenteritis.

Ear and hearing health

NACCHO Ear and Hearing Health Project

The Project aims to progress the training of health workers for the ear health and hearing screening component of the *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcome* measure announced in 2009.

Aboriginal and Torres Strait Islander people experience some of the highest levels of ear disease and hearing loss in the world, with rates up to 10 times more than those for non-Indigenous Australians.

Children and adolescents are particularly vulnerable to ear infections. The most common ear disease among Aboriginal Children is otitis media (OM), which is inflammation/infection of the middle ear typically caused by bacterial and viral pathogens.

Ear infections are responsible for the bulk of hearing problems with lifelong consequences, many of which are preventable and treatable if diagnosed early.

Training was provided by several Registered Training Organisations (RTOs) nationally that were assessed as capable of delivering the training, not only from a training perspective but also because they can deliver training in a culturally appropriate and safe manner that is consistent with adult learning principles.

NACCHO's aim was to coordinate the development of the delivery of Ear and Hearing Health Skill Set training for up to 115 Aboriginal and Torres Strait Islander Health Workers (ATSIHW).

The outcomes of the Project include:

- A Sector-supported and sustainable good practice model for ongoing delivery of the accredited Ear and Hearing Health Training Skill Set on a national basis;
- Strengthened capacity of Aboriginal community-controlled RTOs to provide accredited ear and hearing health training so it is accessible to the ATSIHW workforce across all jurisdictions;
- Enhanced knowledge and skills about ear and hearing health among ATSIHWs;
- Effective and sustainable training delivery partnerships with ear and hearing health experts;
- An increase in the number of ATSIHWs training under the accredited Skill Set.

Training was delivered in the 2014-2015 financial year and will continue across the 2015-2016 financial year, delivered in a number of jurisdictions nationally. In 2014-2015, training commenced in Brisbane, Queensland and eight Aboriginal Health Workers completed this training. Twenty training places are available in Queensland, split across two locations being Brisbane and Cairns. Training in Cairns will occur in the 2015-2016 financial year.

NACCHO's Programmes

NACCHO Health Information Strategic Plan

Information, Communications and Technology and Information Management (ICT/IM)

The demands for evidence-based information are increasing exponentially within the Aboriginal Community Controlled Health Organisation Sector. This presents challenges for data collection, analysis and presentation of findings.

During 2014-2015, perceptions of data within the Sector visibly changed. A previous reluctance over issues of data sharing and privacy shifted as solutions to these became accepted, to a focus on the strategic use and value of data to protect and grow Services.

At the same time, the costs of data collection and management dropped dramatically as server computers and expensive software licences and maintenance contracts are being replaced with pay-as-you-go for "Software As A Service" applications and cloud storage.

Population health data, service delivery performance data and patient records took on new dimensions. New opportunities opened up to improve patient care, preventative programme engagement, workforce development and for the provision of powerful evidence to assist in responding to competition from outside the Sector to win additional funding and resources. As always, information was vital for communications within the ACCHO, with Boards, Members and communities.

NACCHO responded to these changing conditions and opportunities in two ways:

Review of NACCHO's ICT Capability

In 2014-2015 a rapid review was conducted of the NACCHO Information and Communication Technology (ICT) Infrastructure and Capability to develop a plan to increase functionality, reduce software licence costs and reduce hardware and software maintenance costs. There will be a change to is to change the ICT infrastructure in 2015-2016 to provide a more cost-effective and flexible platform. The new platform will enable use of more powerful software for data management, data analysis, presentation of information and web-based communications. It will also make it easier and more versatile for interaction with Members and stakeholders through multimedia channels and enable NACCHO to provide web-based data analysis and presentation services to Members in collaboration with Affiliates, and regional ACCHOs.

NACCHO's Health Information Strategic Plan

The review of ICT Infrastructure and Capability contributed to a Health Information Strategic Plan that focuses on Information Management (IM) to enable timely access to information for the Secretariat, ACCHOs, Regional bodies and Affiliates. NACCHO recognised that significant innovations in IM were also underway in some Regional bodies and Affiliates. Accordingly, in May 2015 NACCHO convened an ICT/IM Forum to understand the current capabilities and anticipated requirements for information products and to explore opportunities for collaboration so that data and applications could be built once and used many times. These fact-finding discussions helped inform the Strategic Plan.

Members of the NACCHO Board of Directors and Affiliate CEOs were briefed on 12 May 2015 and discussed the direction and proposed major elements of the Health Information Strategic Plan. The direction for the Health Information Strategic Plan was approved at the Board Meeting on 13 May 2015.

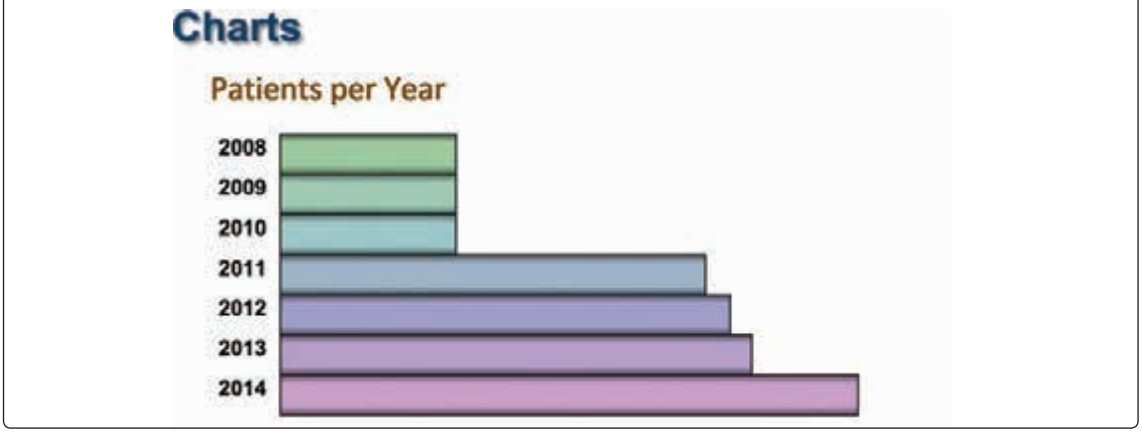
Underpinning the Health Information Strategic Plan is the development of the NACCHO Evidence Base. This will hold data with three different levels of accessibility namely:

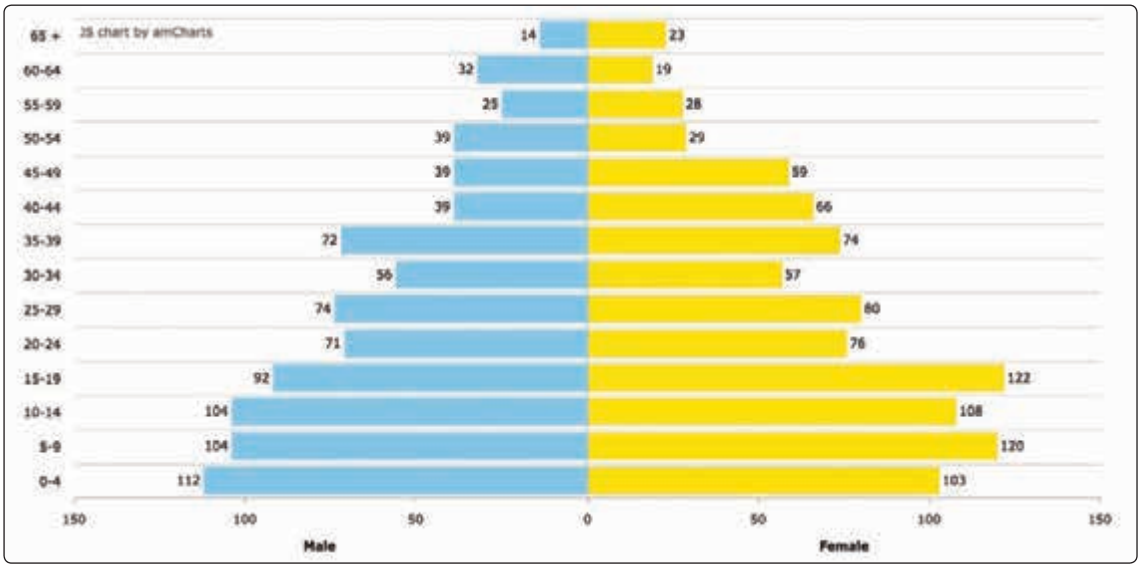
a) public data that has been published, usually on the internet e.g. from websites, summarised ABS Census data and administrative boundaries;

b) controlled and audited access data e.g. OSR, nKPI, data for NACCHO administered programmes and national initiatives e.g. QUMAX, FASD, CQI, and;

c) NACCHO quarantined data with access defined by the Chief Executive Officer used for developing research, policy, advocacy and Board initiated-studies.

A set of information utilities (Tools) is to be acquired or built to analyse and display the data including statistical, geospatial analysis, business intelligence and graphics packages. The Tools will be made available to ACCHOs, Regional Bodies and Affiliates. Use of the Tools will require training and as such will be of use only within organisations with appropriately skilled staff or with time to learn the procedures.

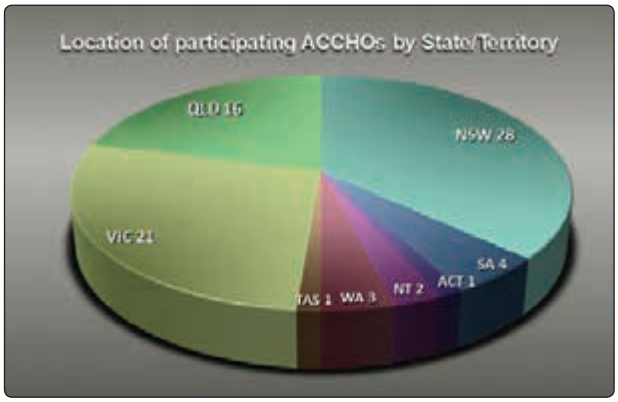


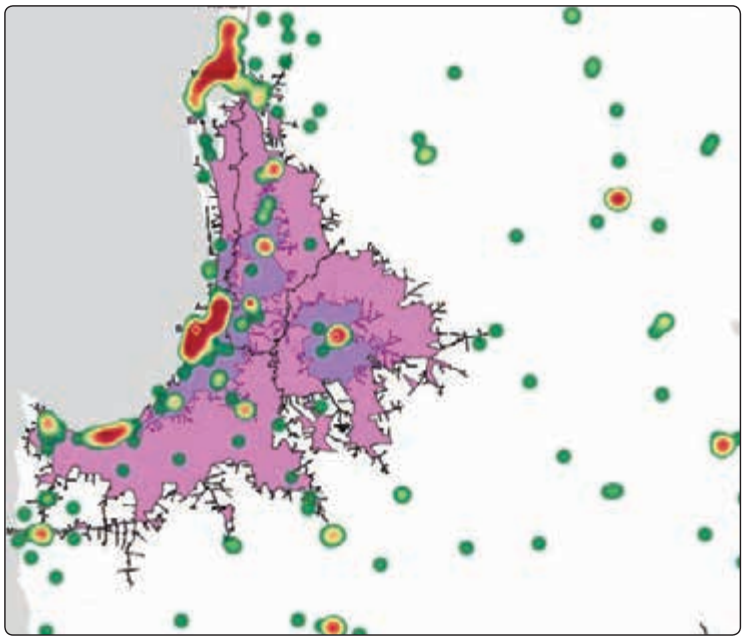


In acknowledgement of current workloads and budgets, a number of Member Services requested that the Health Information Strategic Plan provide a way in which Data Analysis and Reporting options are presented in a useable way. The development phase of the Strategic Plan has addressed this by adding provision for information utilities to perform analyses and create maps and graphics on-demand, at the push of a button (or two).

Target users are CEOs, Practice Managers and Programme Managers in ACCHOs to help prepare material for management meetings, Board and community reports/consultations and newsletters, websites, applications for funding and for CQI PDSA cycles. NACCHO has taken on this challenge from the Health Information Strategic Plan and will work on this user-friendly approach that will be rolled out in 2015-2016.

The Health Information Strategic Plan is to be considered by the NACCHO Board of Directors at their next meeting in September 2015.





Healthy Futures Aboriginal Community Controlled Services Report Card (AIHW)

NACCHO's plan is to develop a series of Report Cards to Members using data consented to by Member Services to summarise the achievements, continuous quality improvement and outcomes being delivered by the ACCHO Sector as well as identifying areas of concern and gaps in service accessibility where additional resources and money are required. The Report Cards will also be used to relay information in a readily understandable form to policy and decision makers.

"The Healthy Futures Aboriginal Community Controlled Health Services Report Card" is the first. NACCHO commissioned the Australian Institute of Health and Welfare (AIHW) so that NACCHO could work with this authoritative agency to learn, as well as help develop an incontestable document. Collaboration in the development of the Report Card is helping develop capacity for data analysis within NACCHO and through NACCHO to its Member Services.

Key features of the Report Card are:

> The information was based primarily on the Online Services Report (OSR) collection for 2012-2013, and the National Key Performance Indicators (nKPIs) covering the period December 2012 to December 2013. Indicator-related information is collected on chronic disease prevention and management, and maternal and child health. The nKPIs aim to help inform improvements in the delivery of primary health care services by supporting continuous quality improvement activity among and between service providers.

In 2012-2013, 141 ACCHOs participated in OSR data collection processes. During the year, these ACCHOs:

- provided services to over 316,000 clients, about 252,000 of whom were Indigenous
- provided over 2.4 million episodes of care nationally, with around 2.1 million of these being for Indigenous Australians. An episode of care is a visit to the Health Services, and may include contacts with multiple health workers
- made 3.7 million client contacts, including contacts with health staff and drivers who facilitate access to primary care, and referrals to other health services where ACCHS provided transport services.

124 ACCHOs provided valid data on the number of Indigenous regular clients in December 2012, June 2013 and December 2013. At these ACCHOs, the number of clients increased by 6% over the period from 183,435 in December 2012 to 194,521 in December 2013.

The nKPIs include 16 indicators that measure 'process of care' performed for clients (such as tests, procedures or Medicare-claimable services), and 5 outcome measures.

ACCHOs showed improvement for 2 of the 5 outcome indicators:

- the proportion of clients with BMI recorded who were not overweight or obese
- the proportion of clients with type 2 diabetes whose HbA1c result was less than or equal to 7%.

The proportion remained stable for the remaining three outcome indicators: babies with normal birthweights, clients who have never smoked, and clients with type 2 diabetes with blood pressure less than or equal to 130/80mmHg.

Health outcomes are influenced by the work of primary health care; however, a range of other factors are major influencers such as education, employment, income and housing.

The Report Card notes that:

ACCHOs have done particularly well in increasing the proportion of Indigenous regular clients with the following processes of care:

- who receive their first antenatal visits prior to 13 weeks of pregnancy
- with birthweight recorded
- who are 0-4 who have had an MBS health assessment (item 715)
- who are 25 and over who had an MBS health assessment (item 715)
- with type 2 diabetes who are immunised against influenza
- with COPD who are immunised against influenza
- with type 2 diabetes who received an MBS general practice management plan
- with type 2 diabetes who received an MBS team care arrangements
- with smoking status recorded
- with alcohol consumption recorded.

ACCHOs have done particularly well in increasing the proportion of Indigenous regular clients with the following outcomes:

with type 2 diabetes who had an HbA1c result ≤7%

with Body Mass Index (BMI) recorded who were not overweight or obese.

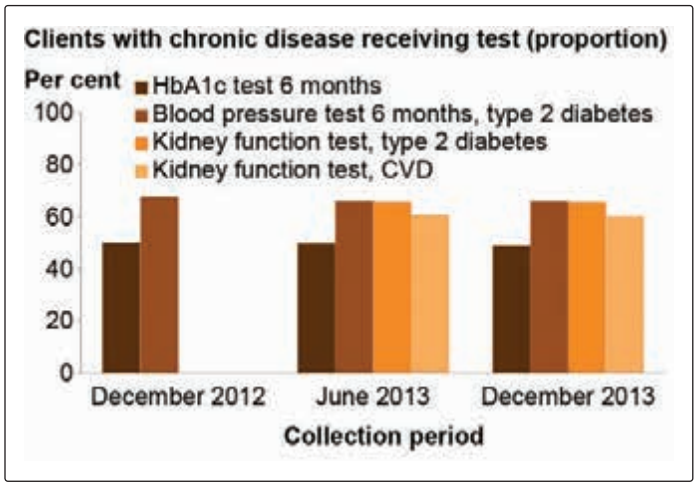
Continuous Quality Improvements:

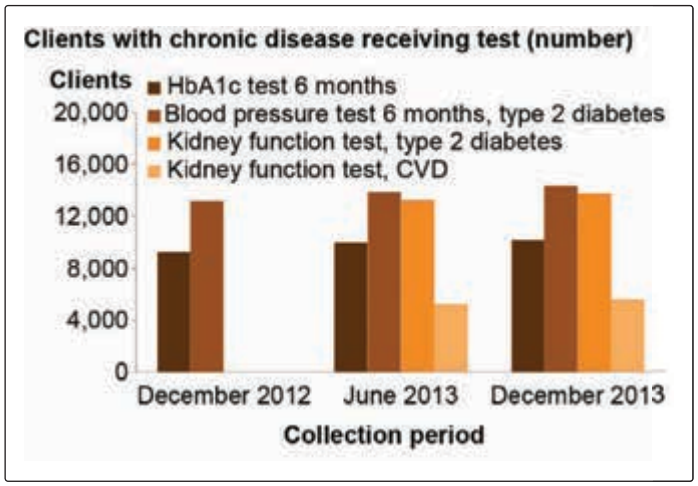
More is needed in the following areas to increase the proportion of Indigenous regular clients for the following process of care indicators, namely those patients with:

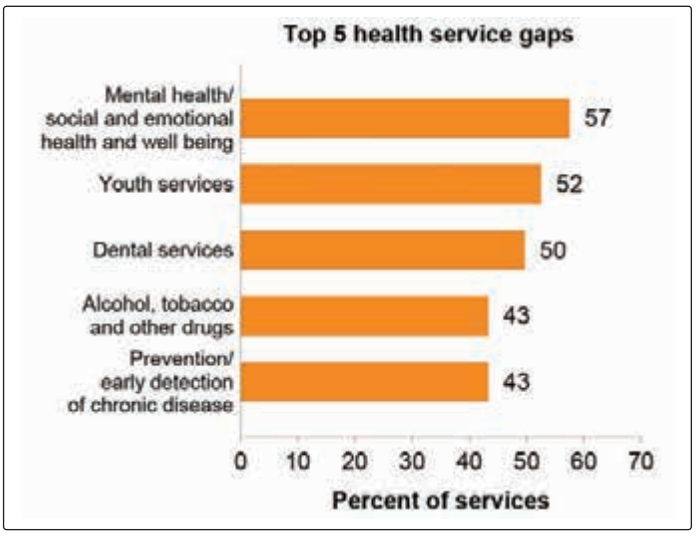
- type 2 diabetes who receive some tests, including
    - Kidney function tests
    - HbA1c tests
    - Blood pressure test
- eligibility for cervical screening
- those aged 50 and over who are immunised against influenza
- Cardiovascular Disease (CVD) who had a kidney function test.

Further Report Cards will be developed and published in 2015-16. The Healthy Futures Report Card will also be updated to reflect data for 2014-2015 as the data becomes available.

Other Report Cards will be developed as requested by Member Services through the Secretariat and as approved by NACCHO Board of Directors.







NACCHO
Financial Achievements

NACCHO conducted a survey on the Department of Prime Minister & Cabinet (PMC) Indigenous Advancement Strategy with 97 Aboriginal Community Controlled Health Organisations responding. The findings from the survey were provided in a supplementary submission to the Senate Select and to Secretary Liza Carrol, Prime Minister & Cabinet on the importance of sustaining the Social Emotional Wellbeing services and alcohol and other drug services that were already existing. From the survey 80% of the member ACCHOs received the same funding levels with the remaining 20% opened to be reassessed by PMC.

The Commonwealth Department of Health Indigenous Health Division has been the principle funder since 1996 to NACCHO, State Affiliates and the Aboriginal Community Controlled Health Organisations (ACCHOs) to support and deliver comprehensive, culturally appropriate primary health care services to Aboriginal and Torres Strait Islander people and provide system -level support to the Indigenous primary health care sector. For the 2013/2014 financial year NACCHO has been working alongside the Australian government with the intention of gaining financial certainity for NACCHO, State Affilaites and our Members. In 2012/2013 the sector was only given 12 months funding certainity. Negotations also took place with the Australian Government on existing initiatives that improved the health and wellbeing of Aboriginal and Torres Strait Islander people and these were the outcomes.

State and Territory Affiliate Reports

Aboriginal Health and Medical Research Council (AH&MRC)

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

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

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

Queensland Aboriginal and Islander Health Council (QAIHC)

Address: Level 2, 55 Russell Street SOUTH BRISBANE QLD 4101
Postal: PO Box 3205 South Brisbane QLD
P: 07 3328 8500 **F:** 07 3844 1544
W: www.qaihc.com.au

Aboriginal Health Council of South Australia (AHCSA)

Address: 220 Franklin Street ADELAIDE SA 5000
Postal: PO box 719 ADELAIDE SA 5001**P:** 08 8273 7200 **F:** 08 8273 7299
E: ahsca@ahsca.org.au **W:** www.ahsca.org.au

Aboriginal Health Council of Western Australia (AHCWA)

Address: 450 Beaufort Street Highgate Western Australia 6003 Australia Postal: PO Box 8493 Business Centre WA 6849
Stirling Street, Perth WA 6000
P: (08) 9227 1631 **F:** (08) 9228 1099
E: reception@ahcwa.org **W:** www.ahcwa.org.au

Tasmanian Aboriginal Centre (TAC)

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

Aboriginal Medical Services Alliance Northern Territory (AMSANT)

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

Winnunga Nimmityjah

Address: 63 Boolimba Crescent, Narrabundah, ACT 2604
P: 02 6284 6222 or free call 1800 120 859/1800 110 290
F: 02 6284 6200
W: www.winnunga.org.au

New South Wales Affiliate

Aboriginal Health and Medical Research Council (AH&MRC)

2015 marks the 30th anniversary of the AH&MRC as the recognised peak Aboriginal health organisation in NSW, representing our Members, the Aboriginal Community Controlled Health Services (ACCHSs) in NSW. It is a great honour for this organisation to continue to be part of a social and political movement that began many decades ago when the first Aboriginal Medical Services were established to improve the health, wellbeing and quality of life of Aboriginal people through culturally appropriate primary health care service delivery.

During the past year, AHMRC has worked hard to support the ACCHS sector to improve health outcomes for Aboriginal people, and here are some of the highlights.

The AH&MRC continues its advocacy, policy development and advisory roles to state and federal governments, and support Aboriginal communities more broadly through key strategic membership of the National Aboriginal Community Controlled Health Organisation (NACCHO), the NSW Coalition of Aboriginal Peak Organisations (CAPO) and in formal partnerships with the NSW and Australian Governments to improve Aboriginal health.

The AHMRC's Aboriginal Health College continues to grow and has contributed to the number of qualified Aboriginal health professionals through increasing rates of recruitment, retention and completion by students. In May, there were 81 graduates comprising of Certificate III, IV, Diploma and Advanced Diploma qualifications and 63 students with related Statements of Attainment.

AH&MRC staff provided representation on a diverse range of committees including the NSW Expert Panel on Methamphetamines, Fetal Alcohol Spectrum Disorder Campaign, NSW Hepatitis B &C Strategies Implementation Plan Committee and the NSW Peak Body Advisory Group to Royal Commission into Institutional Responses to Child Sexual Abuse.

Our ninth annual GP Forum and Clinical Update, which is developed and delivered in partnership with the Rural Doctors Network, continued with 34 ACCHSs doctors meeting to discuss clinical topics ranging from Fetal Alcohol Spectrum Disorders and blood borne infections to critical policy issues such as Medicare.

An AH&MRC initiative to hold the first NSW conference to address injecting drug use in Aboriginal communities, the 'Sustainable Futures – Investing in Everybody' Summit on harm minimisation was an overwhelming success with more than 130 delegates from Aboriginal Community Controlled Health Services, Local Health Districts, drug and alcohol and mental health services.

Through the Aboriginal Cancer Partnership Project (ACPP), the AH&MRC collaborates with the Cancer Institute NSW and Cancer Council NSW - provided workshops enabling training and networking opportunities to over 460 Aboriginal health professionals, service providers and community members.

The building of Members capacity, especially in the area of ICT/IM continues with regional workshops on Patient Information Management System (PIMS) – this data management system allows comprehensive monitoring and measuring of individual health conditions and trends in Member Services. The Registrar Training Providers (RTP) Program continues with future focus on building the capacity of Member Services to become Aboriginal Health training posts for GP Registrars. Additionally, advice provided on accreditation ensured services met clinical standards as required.

The development of the NSW Aboriginal Community Controlled Health Services Aboriginal Recruitment and Retention Strategy provides a guide to assist in employing local Aboriginal people, identifying traineeship opportunities, developing mentoring guidelines, and utilising community and high school pre-employment Health Career Days.

New South Wales Affiliate (cont.)

Aboriginal Health and Medical Research Council (AH&MRC)

The AH&MRC Ethics Committee operates independently as a registered National Health and Medical Research Council (NHMRC) Human Research Ethics Committee (HREC). The AH&MRC Ethics Committee reviewed over 100 new applications and considered more than 250 requests for approval to amend or extend projects that had previously been approved. This Committee ensures that Aboriginal knowledge informs on Aboriginal health and general population research projects that affect the health of Aboriginal people in NSW.

Other AH&MRC highlights include:

- Griffith & Dubbo Regional Harm Minimisation Forums - ACCHS and District HIV Program workers on impact on communities, Hepatitis C treatments and substance use and mental health.
- Aboriginal STI, HIV & Hep C Forum with attendance by over 40 people from ACCHSs, LHDs & NGOs and leading discussion on the draft NSW Aboriginal HIV STI & Hepatitis C Framework.
- AOD and SEWB Managers Forum with attendance from ACCHS, LHD and NGO services focusing on priorities and effective programs for NSW.
- Second Bringing Them Home Forum attended by 20 workers
- An interactive CQI Workshop with attendees from ACCHSs who discussed CQI experiences, exploring barriers and enablers to ACCHS CQI, the potential of research support in this area and indicators and planning.
- Facilitated Indigenous Risk Impact Screen (IRIS) training – IRIS is the only Aboriginal specific and culturally validated dual diagnosis tool in Australia.

AH&MRC staff presented at conferences including:

- Presentation on the AH&MRC resource 'Doin' It Right' and the 'HIV Free Generation' project at the International Indigenous HIV Conference.
- Presentation to Members - Importance of Needle & Syringe Programs
- Presentation – 'ICE' Community forums - Awabakal & Katungal ACCHSs.
- World Indigenous People's Conference on Viral Hepatitis - co-presented with Hepatitis NSW
- Overview NSW Aboriginal Sexual and Reproductive Health Program at Australasian Health Conference.
- ADAN Symposium discussing working with AOD affected clients.
- National Talking about the Smokes project –Special Supplement with AH&MRC staff co-authors on 15 published papers on topics such as smoking cessation and government investment in smoking cessation programs.

Finally, I would like to acknowledge the invaluable contribution of the AHMRC staff reflected in these achievements. I also like to thank the AHMRC Board of Directors for their strong commitment throughout the year.

We look forward to working closely with our members, valued partners and funding bodies to continue to build on our successes in 2015-2016.

Victoria Affiliate

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

VACCHO continues to build on the strong achievements of our strategic goals through the activities in our operational plan. We have continued to attract increasing amounts of funding from a more diverse range of sources and we believe that this is evidence that our reputation is continuing to grow as the peak body for Aboriginal Health in Victoria.

VACCHO has had a significant increase in the number of requests to attend meetings and events from Ministers, corporations, organisations and a growing range of government agencies. This is resulting in greater advocacy outcomes for our sector as we are able to inform and have a positive influence on a broad range of discussions.

These events provide more opportunities to influence a cultural renaissance in Victoria. Historical policies and practices took culture away from Aboriginal peoples in Victoria and we need to ensure Aboriginal Victoria is visible as a vibrant, constantly evolving, deeply valuable culture. Embracing our culture and our identity serves to strengthen inclusion, understanding and health. Connecting individuals, families and communities to Victorian Aboriginal culture is a key to achieving health equality for our peoples, improving understanding in the broader community and reducing racism.

This year has been another year of constant and positive change. VACCHO's reach is moving more into the social determinants of health, as they affect health equality for Aboriginal People in Victoria. We have seen a higher level of work in justice health and mental health than previous years. The Yarnin' Health radio program has been an outstanding success and is attracting local, interstate and international listeners.

Two additional responsibilities for VACCHO this year are the Secretariat and Policy functions for both The Victorian Aboriginal Children and Young People's Alliance (The Alliance) and The Victorian Committee for Aboriginal Aged Care and Disability.

Evidence based planning and service delivery design is critical when allocating sparse funds to address the most complex of our clients' needs. Using data to inform strategic planning, continuous quality improvement, service delivery models and client care pathways to ensure the improved health of a community, is critical. Much of the national data used for policy and funds distribution does not include Victorian data. This is a situation that cannot continue to occur if we are to close the health gap. We must be able provide evidence of need and evidence of success. This year VACCHO has developed and implemented a state-wide data strategy.

The data strategy includes investment in infrastructure to undertake data extraction, analysis and reporting and house the data collected by our Members. The rich datasets being developed will, for the first time, enable Victoria's Aboriginal Community Controlled Health Organisations (ACCHOs) to input high quality evidence based data that will clearly identify emerging and significant health issues.

We have been actively responding to the Members Sustainability Action Plan and exploring business development opportunities to provide our Members with avenues of reducing back of house and consumables expenditure. Given the growth of our population and the fiscal environment we are experiencing, it's very important that we find ways to ensure as much funding as possible can be spent on front-line service delivery. Our business development work will ensure we can meet this need, diversify our income sources for our sustainability goals and generate non-grant income to reinvest in our Members.

Victoria Affiliate (cont.)

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Our achievements have strengthened our ability to ensure Aboriginal health outcomes in Victoria will continue to improve, and our Members continue to grow.

A brief summary of VACCHOs Key achievements for 2014-15

- Our Sexual Health and Blood Borne Virus Team was engaged to collaborate with local Communities, national Aboriginal and/or Torres Strait Islander partners and the International Indigenous Working Group on HIV/AIDS, to develop and present Djamabanna Ngargee Birrarung Marr: Indigenous Peoples' Networking Zone as part of the AIDS 2014 Global Village.
- The First Peoples Networking Zone were grounded in Koori language, design and performances, providing opportunities for other First Peoples and their organisations to showcase their practices and initiatives.
- This was replicated in the World Cancer Congress in December. Our dedicated space in the Global Village was designed for shared conversation between state and national Aboriginal communities and other First Nation's Peoples from around the world regarding the improvement of cancer outcomes for our communities.
- Our Cultural Safety Team successfully secured a competitive tender contract for the Victorian Public Service Commission and has become one of three preferred suppliers for the Commission into the 2015-16 year.
- The Cultural Supervision Project is ready to be trialed and refined by some targeted Member services.
- Governance coaching, accreditation expertise and the Vital Signs projects are continuing to provide support to our Members. The request for advice and practical assistance has increased and we have extended our reach to more organisations in the past year. VACCHO is responding to continued requests for advice and support around Board reviews and CEO performance reviews.
- The Human Resources (HR) Capacity Project was fully implemented. The project assists Members who have limited HR management capacity to develop their HR workforce, provide HR positions if required and VACCHO's HR consultant is available to advise and support Members. A community of practice network has been set up and has been highly effective in building the HR capacity for our Members. We now have a state wide network of experts. It has continued to expand significantly and funding has increased as a result of its success.
- Yarnin' Health has been an outstanding success. It is a new Aboriginal health program, broadcast weekly on community radio 3KND, developed to connect with Aboriginal communities in Victoria. The program delivers health news and information with a grassroots approach from a Victorian perspective.
- Our funding proposal to the Victorian Government Budget and Expenditure Review Committee was adopted by the Victorian Greens political party. Several negotiations with State Departments continue to take place.
- VACCHO's Close the Gap event at Parliament House on 19th March was a great success. The Premier of Victoria, the Honourable Daniel Andrews MP hosted the event at Queens Hall to celebrate Victoria's ongoing commitment to reducing health inequality for Aboriginal people in

Victoria Affiliate (cont.)

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Victoria. In collaboration with VACCHO and Aboriginal Affairs Victoria, the Premier opened the event. His speech outlined the work that has been done, and the work yet to do, he highlighted the importance of Aboriginal people leading the charge through all stages of the process to create better health outcomes for Aboriginal peoples.

- VACCHO and Diabetes Victoria launched FeltMumTM, an accessible, interactive, family-friendly learning resource demonstrating the effects of diabetes during pregnancy and how gestational diabetes is best managed.
- The Rethink Sugary Drinks campaign is a collaboration between twelve health and community organisations aimed at reducing the consumption of sugary drinks. The campaign features a short film demonstrating the negative health impacts of a high sugar diet and the significant amount of sugar contained in popular drinks. It also describes the health benefits of drinking water as an alternative. The program was well received and survey data has demonstrated a positive impact on the health of the community.

Queensland Affiliate

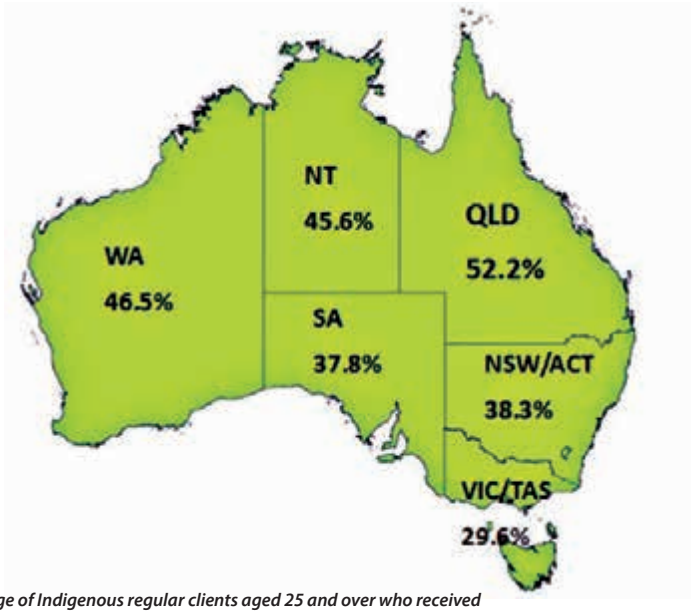
Queensland Aboriginal and Islander Health Council (QAIHC)

The Queensland Aboriginal and Islander Health Council (QAIHC) continued its role in ensuring that Aboriginal and Islander Community Controlled Health Organisations (AICCHO) are an integral part of the health care architecture in Queensland. Our member services are the leading and preferred providers of effective primary health care to Aboriginal and Torres Strait Islander people, families and communities across Queensland. This is demonstrated through our service utilisation data which identified that 51,896 Aboriginal and Torres Strait Islander patients had been seen at QAIHC Member Services at least once over the previous year [1].

Throughout 2014/15, QAIHC continued to shape its Affiliate activities to be responsive to the needs of AICCHOs in Queensland in their endeavours to improve the health and wellbeing of Aboriginal and Torres Strait Islander people. A testament to these activities and the resilience of our Members was the continued improved access to comprehensive primary health assessments. For example, 52.2% of Aboriginal and Torres Strait Islander regular clients aged 25 years and over received an MBS health assessment (item 715) from AICCHOs as at December 2014[2]. Queensland has seen this rise from 35% in December 2012 and is an example of the effectiveness, accessibility and responsiveness of the AICCHO Sector. (See diagram 1.1)

QAIHC have continued to provide proactive capacity building activities, including quarterly Queensland Indigenous Health Finance Network (QIHFN) Workshops; quarterly Chief Executive Officers (CEO) & Practice Manager (PM) Workshops; and bi-annual Continuous Quality Improvement (CQI) workshops, which provide a platform for our members to develop their organisational capacity whilst also exchanging knowledge and best practice across our member services.

QAIHC has successfully led engagement with Members to discuss the role, function and relationship of Primary Health Networks (PHN) and Health and Hospital Services. This has resulted in many of the Queensland PHN's now seeking to ensure Aboriginal and Torres Strait Islander representation from the AICCHO Sector on their Boards, Clinical Council and Community Advisory Networks.



Percentage of Indigenous regular clients aged 25 and over who received an MBS health assessment in the past 24 months, by jurisdiction

Health Information Unit

To further support our member services, QAIHC undertook a review of our Health Information Unit (HIU) role and function so as to ensure that its investment in personnel, products and services met QAIHCs responsibility to align our focus and capability to assist our Member organisations. Two key areas were the focus of QAIHC over the past 12 months that has seen our team work with our members in order to consolidate and simplify reporting; and provide more targeted and direct assistance to the AICCHOs in how best to use the Reports as an evidence base for sustaining their businesses and expanding their service delivery.

Outreach Partnership

The Outreach Partnership team is a small team which works as part of the larger Outreach team partnership between CheckUp and QAIHC and facilitates the delivery of much needed services for Aboriginal and Torres Strait Islander people into regional Queensland.

The team has worked hard to ensure services are delivered in an appropriate facility, with a service provider who is culturally aware and who will work closely with the community controlled sector or referring service to offer a clear referral pathway that will enhance the patient journey and show improved outcomes.

The overarching role of the Outreach Partnership team is to increase and improve access for Aboriginal and Torres Strait Islander people to Primary Health Care, through collaborative partnerships that are arrangements within and between organisational service sectors at the regional, rural and remote level.

This partnership has seen an increase in access by Aboriginal and Torres Strait Islander people to Medical Outreach Indigenous Chronic Disease Program; Rural Health Outreach Fund and Healthy Ears – Better Hearing, Better Listening services across all regions in 2014/15 by:

- Central 35%
- Far North 79%
- Far North (N) 50%
- North West 64%
- South East 92%
- South West 50%

Total access across Queensland was 70%

Continuous Quality Improvement

Continuous Quality Improvement (CQI) has been a solid focus, with the team supporting our AICCHOs in applying evidenced based, best practice and culturally relevant services with a CQI framework. This continues to strengthen and enable access to the highest quality health services for Queensland people, family and communities. QAIHC, with Queensland AICCHOs, has positioned Queensland as leaders in the development and implementation of innovative and targeted CQI initiatives. QAIHC has contributed to Queensland's AICCHOs success in embedding CQI across the clinical systems and business of the AICCHO Sector. 2014-2015 saw an achievement of 100% of services accredited against the RACGP standards; and 94% of eligible services dual accredited with either the internationally recognised ISO standard or National QIC standards and RACGP accreditation.

Business Quality Centre

The Business Quality Centre (BQC) continues to provide high quality professional business services to 12 client Aboriginal and Torres Strait Islander Not for Profit organisations from industries such as Health, Dental, Housing, Children's Services, Home and Community Care and Drug and Alcohol Services. The BQC was established in 2011 by QAIHC to meet a service delivery gap in professional Financial, Human Resource and Information and Communication Technology services for Aboriginal and Islander Community Controlled Health Organisations. BQC services delivered in 2014/15 Included:

- Accounting (monthly financial reports, grant acquittals & reporting, annual financial statement preparation, BAS and IAS returns, budgets and asset registers)
- Bookkeeping (accounts payable and accounts receivable functions, reconciliations and maintenance of the accounting data file)
- Payroll (maintenance of employee payroll records, processing time sheets and time cards, administer salary sacrifice arrangements, superannuation contributions, preparation and lodgement of PAYG returns).
- Information and Communication Technology (setup and maintenance of networks, software installation and updates, hardware implementation, off site back up facilities, mail and phone system management, Unified Messaging and Video Conferencing and ICT audits)

The BQC also hosts the Queensland Indigenous Health Finance Network Workshops. During 2014/15 there were two very successful workshops delivered out of Brisbane in November 2014 and April 2015.

QAIHC Immunisation Program

The QAIHC Immunisation Program completed the Community PAIRS: Pneumococcal and Influenza Resources in Aboriginal and Torres Strait Islander Communities project. This project led to the development of templates and resources for Member Services to assist with the promotion of influenza and pneumococcal vaccination for Aboriginal and Torres Strait Islander patients aged 15 and over. The program also conducted a number of influenza vaccinations at two community days in 2015 and coordinated QAIHC and CheckUp staff influenza program by providing an information session for staff and facilitated an external provider to administer vaccines to 60% of QAIHC Brisbane Staff.

Workforce

In 2014-2015 QAIHC continued its involvement in both state and national approaches in supporting the development of the Aboriginal and Torres Strait Islander Health Worker Workforce for our member services. Under the QAIHC Strategic Investment Fund Training project (SIF) which was finalised in early 2015 a total of 97 participants enrolled and gained competency in specific SIF Schedule programs ranging from Business, Community Care, Training and Assessment and Health qualifications including the Certificate IV in Aboriginal and or Torres Strait Islander Primary Health Care Practice qualification.

In addition to the SIF training and to further enhance QAIHC member service workforce QAIHC has supported the coordination of the National Health Workforce Australia's/Department of Health (DOH) Health Worker Practitioner Up Skilling Project. In total the upskilling project supported 63 Aboriginal and Torres Strait Islander Health workers to complete upskilling training requirements for registration and as of June 2015. Queensland Aboriginal and Torres Strait Islander health practitioner registrations are third highest nationally with 47 registrations equating to 12% of the Australian Health Practitioner Regulation Agency National figure of 391 registrations.

"Taking Action To Tackle Suicide: Aboriginal & Torres Strait Islander Component"

From August 2014, QAIHC assisted member services with the planning and coordination of 10 community forums across the state to start the conversation in regards to suicide prevention. Preston Campbell from the Titans 4 Tomorrow (T4T) attended 5 community forums and shared his personal journey of depression and suicide ideation. All community forums utilised the DVD "Lighting the Dark – Preventing Aboriginal and Torres Strait Islander Suicide" which was developed by QAIHC, SEWB Workers Steering Committee and the T4T Team. All up, 261 community members attended the forums throughout Queensland. An evaluation of the initiative resulted in the development of a set of Suicide Prevention Minimum Standards. The standards outline recommendations that must be recognised in all future initiatives targeted towards Aboriginal and Torres Strait Islander suicide prevention program design and delivery.

Social and Emotional Well Being (SEWB) Workforce Support Unit

QAIHC's Social and Emotional Well Being (SEWB) Workforce Support Unit (WSU) continued to support 121 SEWB workers across the state in 2014-2015, specifically to gain their minimum qualification, access Professional Supervision and Cultural Mentoring and share best practice service delivery initiatives. 54% of SEWB staff accessed professional supervision and 56% of SEWB staff reported accessing cultural mentoring services and/or opportunities during 2014-2015

Substance Use Policy and Program Support Project

Through the 2014 -2015 period QAIHC continued to support the member services of the Queensland Indigenous Substance Misuse Council (QISMC). QISMC under the auspice of QAIHC is the peak body for the Aboriginal and Torres Strait Islander community controlled specialist residential rehabilitation services in Queensland.

A key achievement in 2014 – 2015 for the Substance Use Policy and Program Support team was the activities responding to the Australian Government announcement it would be working with state and territory Governments to address the use and impacts of crystal methamphetamine commonly known as ICE. In April 2015, in responding to member services growing concern around ICE use in communities in Queensland and the activities of the National ICE Taskforce, QAIHC with the support of QISMC developed an ICE Options Paper. This Paper outlines a comprehensive strategy to address the growing concern of communities regarding the spread of ICE across various Aboriginal and Torres Strait Islander communities.

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1 QAIHC External Report 2015 unpublished

2 AIHW, 2015, National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2014. Cat. no. IHW 161. Canberra, AIHW.

South Australian Affiliate

Aboriginal Health Council of South Australia (AHCSA)

AHCSA has 12 Member Services and the December AGM for 2014 was held in Adelaide, followed by the first Full Board meeting. The main issues/activities were:

- Continued partnership and liaison with Country Health SA and the Aboriginal Health Directorate;
- A partnership has been formed with the South Australian Medical Research Institute, particularly the Wardliparingga Aboriginal Research Unit with Professor Alex Brown as the new Director.
- **South Australian Aboriginal Health Partnership** continues to work very well with the signing of the next 2015 – 2020 Agreement to occur on the 4 December.
- AHCSA has implemented new business systems in the organisation such as Netsuite and Alfresco which will improve and complement finance, reporting, budgets, programs and records management across the whole organisation.
- AHCSA purchased a new building at 220 Franklin Street, Adelaide and moved into the building in late September 2015.
- **GP Workforce:** This Program increases the GP workforce in Aboriginal Community Controlled Health Services (ACCHSs) in SA in order to increase the number of Aboriginal Health Checks (AHCs) and resource the appropriate follow-up. This continues to be a high performing successful program. A total of 785 days of extra General Practice services was provided across 5 rural ACCHS in 2014/15. There were 6 individual GP Registrars employed across four rural ACCHS – 2 FT at Pika Wiya Health Service, 1 FT at Pangula Mannamurna, 1 FT at PLAHS and 1 FT Roving Registrar across 4 sites (Umoona Tjutagku Health Service Aboriginal Corporation, Oak Valley, Pika Wiya Health Service Aboriginal Corporation and Nunkuwarrin Yunti Inc.). Prior to the commencement of this program there were no GP Registrars in rural ACCHS.
- **COAG Workforce Liaison Officer (CWLO)** is funded by the Indigenous and Rural Health Division, Department of Health to support AHCSA members in accessing incentives and implementing the Chronic Disease fund. In 2015, the CWLO managed the development of Closing the Gap magazine. A one off project and initiative of AHCSA, the magazine showcases activities from Closing the Gap teams across South Australia, who provide direct service delivery to Aboriginal and Torres Strait Islander communities. Stories were submitted from AHCSA member service and Medicare Local Closing the Gap teams. The Closing the Gap workforce network felt that good stories and positive outcomes weren't being shared with the wider community, and considered it to be a positive exercise to share these Closing the Gap stories and activities in a publication, as well as use the publication as a tool to advocate for the programs continuation. The magazine was launched was held at AHCSA in April, all contributors and CEOs attended.
- Approximately 80 people attended AHCSAs Close the Gap Day at the Unley office. The event was co-hosted by Oxfam Australia and Reconciliation SA. Included in the attendees were representatives from the Aboriginal community controlled health sector, Medicare Locals, community organisations, key stakeholders, government and non-government agencies. AHCSA Accreditation: AHCSA successfully completed its mid- cycle assessment in late February 2015 with 15 out of 24 improvement projects being achieved or substantially achieved.
- **AHCSA Blood Borne Virus Program** has been a busy year for the AHCSA Blood Borne Virus Program working across the state supporting our member Aboriginal community controlled health services with strengthening their public health and primary health care systems for managing viral hepatitis.

South Australian Affiliate (cont.)

Aboriginal Health Council of South Australia (AHCSA)

- Program activity has included a coordination role within the BBV sector to improve access to services for Aboriginal people, and working directly with ACCHS to support clinical services, information systems, workforce knowledge, and health promotion.
- Key strategies have been the development of a Communicare user manual for viral hepatitis in partnership with the Australasian Society for HIV Medicine, and delivering workforce education covering transmission, prevention, health impact, symptoms, testing, and treatment for hepatitis B and C.
- The **Education and Training:** The financial year 2014/15 continues to see National Vocational Education Training (VET) regulatory and student monitoring initiatives emerge. As with past reporting periods, high level change and exceptional challenges for the Education and Training Team (ETT) in meeting the compliance demands of the Register Training Organisation (RTO) continue.

  The RTO maintained a focus on ensuring regulatory and compliance with Australian Skills Quality Authority and the Australian Health Practitioner Registration Authority (AHPRA) remains high on the RTO agenda.

  At the end of 2014, AHCSA and the RTO was well placed to deliver training packages in the Aboriginal Primary Health Care Fields of Certificate 3 and 4 in Practice and Primary Health Care. Significant, investment in the development of culturally contextualised training resources, to meet the Aboriginal Primary Health are qualification delivery was completed and the resources were ready for implementation in 2015.

  This investment enabled AHCSA and the broader health sector to access and utilise high quality training resources and the attainment of best practice standards in the area of Aboriginal Primary Health Care training delivery.

  The commencement of Prime Minster and Cabinet's, Indigenous Advancement Strategy tender for Aboriginal specific funding to deliver employment and training across a broad sector was released. While IAS represented a significant investment in Aboriginal programs for the next 3 years, student enrolments were significantly reduced due to the uncertainty of funding and employment contracts in the Aboriginal sector. It is anticipated that consumer sector confidence in 2015/16 rebounds, once the IAS funding pathways and providers stabilises and the demand for training and jobs increases to meet and service and training demands of the Aboriginal community across South Australia.

  Student Data and Graduation: Student data and graduation for this reporting only represent students who have completed the studies during the reporting period. The RTO has not recorded the student cohort who have not finalised their studies in 2015. The forecast for student studying within the RTO for 2015 is 109 students.
- The **Senior Project Officer - Member Support (SPO:MS)** was responsible for the provision of support to member organisations, particularly in the areas of governance and accreditation/ continuous quality improvement (CQI).

  During this financial year many of the AHCSA Membership faced challenges with changes to funding arrangements and subsequent requirements for changes to incorporation types. The SPO: MS worked with Members to provide information to assist Members with managing this

South Australian Affiliate (cont.)

Aboriginal Health Council of South Australia (AHCSA)

process and the development of constitutional or rule book changes. Significant work was also undertaken with several members to meet challenges faced in governance practices and provided support to access advice and expertise in this area.

The SPO: MS support for the membership with engaging and managing clinical and organisational accreditation processes. The AHCSA membership maintains 100% RACGP accreditation for eligible organisations (i.e. those undertaking medical services) and by the end of the financial year 6 Members are accredited against whole of organisation standards with a further 3 Members in early stages of their journey.

- The **Ear Health Project**has also provided ongoing advocacy and support acquiring equipment on behalf of member services to ensure the continuity and standardisation of comprehensive ear and hearing health services. More recently the Ear Health Project Officer has initiated mapping exercises with individual member services on recent influx of external secondary and tertiary specialist services being offered to ensure these compliment internal systems of the member service and provide relevant and tangible outcomes for the clients.
- The **Eye Health Program** continues to deliver eye specialist services to a number of rural and remote Aboriginal communities around South Australia, in partnership with AHCSA member health services.
- In the past year, results have been particularly outstanding.
    - Clients were seen by optometrists and ophthalmologists in record breaking numbers
    - Of those clients, over 90% were identified as 'high priority' for specialist eye health care.
    - 'High priority' clients include:
    - those with chronic diseases requiring eye specialist care as part of coordinated care plans.
    - those overdue for recall to see an optometrist/ophthalmologist.
    - those who have never had an eye examination or vision test.
    - those with existing conditions – e.g. diabetic retinopathy – requiring urgent treatment or close monitoring.
    - those due for follow-up consultation after surgery/treatment.
- The **Aboriginal Health Research Ethics Committee (AHREC)** The Committees main purpose is to promote, support and monitor quality research which will benefit Aboriginal people in South Australia (SA). In addition, the AHREC provides advice to communities on the ethics, research approaches, potential benefits and outcomes of research. The snapshot of key figures and activities of AHREC in the reporting period is as follows:
- As confirmed by the National Health and Medical Research Council (NHMRC) in July 2015, AHREC continued to demonstrate compliance with the National Statement and Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research as one of the only 3 Aboriginal-specific HRECs in Australia.

South Australian Affiliate (cont.)

Aboriginal Health Council of South Australia (AHCSA)

- In addition to proposals that were awaiting decision or researchers' response to concerns raised by AHREC, a total of 52 new research proposals were submitted to AHREC (compared to 55 in 2013).
- AHREC continued to provide researchers with an opportunity to respond to concerns such as the appropriateness of the research methodology and data collection, acknowledgement of Aboriginal organisations involved in the study, privacy and consent. The areas of particular attention that the researchers were required to thoroughly justify included the potential benefits of research outcomes to Aboriginal people and the need to go through appropriate community consultation evidenced by support letters from services involved.
- Out of those awaiting decision plus 52 new research proposals, a total of 51 research proposals were granted ethical approval (compared to 45 in 2013).
- During the same period, 2 research proposals were withdrawn by researchers. Due to significant concerns, AHREC's explicit disapproval was relayed to 1 research proposal.
- The approved research proposals related to a wide range of health topics, including, but not limited to, service awareness, salt intake, data collection methods, childhood resilience, chronic kidney disease, cervical cancer prevention, suicide prevention, atrial fibrillation, obesity prevention, burn injury, training evaluation, immunisation, infection management, anti-smoking campaign evaluation, surgical site infection, hepatitis A vaccination and cultural competence.

Next Steps for Aboriginal Health Research

Following robust data collection and analysis of community needs and also audit of the AHREC database, the 'Next Steps for Aboriginal Health Research: Exploring how research can improve the health and wellbeing of Aboriginal people in South Australia' report was published in February 2015. The 'Next Steps' was a joint project of the AHCSA and the SAHMRI and aimed to identify and prioritise the main public health research areas that align with the needs and interests of the Aboriginal community in SA and the Aboriginal Community Controlled Health Organisations.

The report represents a significant milestone in terms of ethical code of conduct in Aboriginal Health Research as evidenced by the Lowitja Institute's Aboriginal and Torres Strait Islander health research ethics award: Tarrn-doon-nonin.

- **South Australian Quality Improvement Data (SQID) Program** has now moved into its second year. As data custodians, the program continues to collect national Key Performance Indicator (nKPI) data of participating member services and deliver quarterly reports back to services to inform their progress over a wide range of clinical areas.

  These reports highlight member service progress partnered with their totals from the previous reporting period and overall AHCSA average. We are currently developing the SQID nKPI Annual Reports that will compliment quarterly reports by assessing age group and gender trends.

- The **Sexual Health Program** continued the theme of Respect-Our Mob workshops with Aboriginal Health Workers across SA, and regional peer education workshops with young people. The program continues to promote STI prevention, screening and treatment of Chlamydia, Gonorrhoea, Trichomonas, Blood Borne Viruses and HIV. Workshops also explore issues in regard to sex and consent, safety in sexual relationships including "sexting" and the use of social media. Another highlight of this year's health promotion activities has been the support and production

of Nunkuwarrin Yunti's "Get a Respect Test" posters and postcards which continues to be the central theme of the message for young people when talking about respectful relationships, sexually transmissible infections and "safer sex" messages being more than "using condoms".

- Over the past year pregnant Aboriginal women and young mothers from our communities have been made to feel very special at a range of Women's Health Pamper Days facilitated by the **Maternal Health Tackling Smoking (MHTS) program**. The MHTS program aims to reduce the rate of tobacco smoking in order to increase the proportion of healthy-birth weight babies in SA. Statistics indicate that smoking rates of pregnant Aboriginal women in SA have dropped from 53 % to 48% in recent years. The MHTS Project Officers in support of the TS&HLI team delivered education to over 35 schools, promoting the importance of smoke-free pregnancies, homes and cars. Teenagers at schools continue to be tested with the smokerlyser carbon monoxide tool demonstrating the harms that smoking can do to their bodies and also being able to clearly demonstrate to the young girls how smoking can affect unborn babies. Within this reporting period, 171 Aboriginal pregnant women have been provided with individual or group quit support activities from AHCSA staff with 92% of these women having had a one month follow up, 62% had cut down their smoking and 38% had successfully stopped smoking.

- The **Rheumatic Heart Disease (RHD) program** has been operating in SA since 2012. The aims of the program are to maintain our state-wide register, support PHC to manage their patients with acute rheumatic fever (ARF) and/or RHD and undertake training and education of the clinical workforce and Aboriginal community. Ongoing activities involve weekly and monthly telephone catch ups, and quarterly reports. RHD register awareness has subjectively increased across health service staff, but most are still reliant on program staff to access it, siting a lack of time or preference for verbal methods of patient follow up and ongoing management.

- The AHCSA **Public Health Medical Officer** (PHMO) continues to provide public health advice and support to AHCSA and to improve comprehensive primary health care in its member services. This involves a range of activities, which recently has included maintaining the AHCSA Public Health Network; supporting health service development; developing sustainable disease control programs integrated with primary health care (especially sexual health, blood-borne viruses, alcohol issues, trachoma and eye health, ear health; and rheumatic heart disease); and supporting data management and quality improvement through improved health information systems and e-health initiatives. The PHMO position has become a crucial aspect of AHCSA's support role for ACCHOs in South Australia, particularly the majority which are not large enough to have internal public health expertise.

- **Tackling Smoking & Healthy lifestyle Program:** The team launched the Puya Blaster (smoking blaster) healthy lifestyle campaign which promotes the small changes we can make to eat healthy, move more or make a quit attempt. The campaign is based on a superhero character, the Puya Blaster, who combats tobacco use and spreads messages about smoking prevention and cessation. The campaign features twelve Aboriginal ambassadors who are the other heroes of campaign, including young people and Elders from communities around South Australia.

- **Patient Information Management Systems Coordinator:** The Enhancement of Information Management Program in the Aboriginal Community Controlled Health Sector in South Australia has been focussed in a number of areas of this year. A major achievement of the program this

year has been its collaboration with; AHCSA's Blood Borne Virus Coordinator, Public Health Medical Officer and the Australasian Society of HIV Medicine, in a project to develop and publish a Communicare User Manual and accompanying Communicare Administrator Manual to support health services to manage viral Hepatitis. These manuals guide the user as to how to document information on Communicare to effectively communicate between health providers, the services clients should be offered based on best practice guidelines. The Administrator Manual enables services to implement changes on their PIMS to support the use of Communicare in the way recommended. The objective was to empower ACCHO's with the information to implement this process independently and / or with the support of AHCSA staff. The documents will be printed and available in October 2015.

- **The AHCSA Trachoma Elimination program** follows the NACCHO Aboriginal Health Promotion Guidelines and prodigious work is being carried out in the Yalata and Oak Valley Community between the program, the church, the school, the health service, the youth centre and the communities as a whole alliance and very successful work is going on as per feedback from the communities.

  The AHCSA Trachoma Elimination Program continues to work towards reducing the prevalence and transmission of active trachoma in the "at risk" communities of Yalata and Oak Valley by undertaking comprehensive screening for active trachoma in all children aged predominantly between 5 and 9 years of age and ensuring that all individuals and families requiring treatment are treated according to the Guidelines for the public health management of Trachoma in Australia.

  The Program aims to continue to educate the health workforce by establishing and maintaining a health workforce with knowledge, skills and experience in trachoma control and AHCSA reached the KPI's outlined in the agreement signed by both institutions in the communities classified "At Risk" of trachoma during this period which included Yalata & Oak Valley.

- The General Practice Education and Training (GPET) Program: During this reporting period saw the induction of the Roving Registrar position which was filled during the first semester of 2015. This particular placement is based at Nunkuwarrin Yunti and travels out to other locations, including Pika Wiya Health Service Aboriginal Corporation, Umoona Tjutagku Health Service Aboriginal Corporation and Tullawon Health Services. These individual services were chosen on the basis that GPR supervision would be provided by GP's who regularly visit those services. This has so far been a successful position with lots of interest for future placements.

  After lots of planning and organising the Cultural Mentor program has progressed and have employed three Cultural Mentors on a part time basis. Their main role is to provide cultural advice and mentoring to the Registrars. We expect to increase the program next year once the funding has been confirmed.

- **The Establishment of Moorundi Aboriginal Community Controlled Health Service Inc.**

  The establishment of MACCHS continues to progress with a number of key achievements in this financial year. The MACCHS Interim Board advertised for a Chief Executive Officer in November 2014 which resulted in the appointment of Darrien Bromley in March 2015. Following this appointment, John Evans resigned from the position of Transition Manager and handed over responsibility for continuing the establishment process to Darrien. MACCHS has also had other

achievements in the process of its establishment including registration with the Australian Tax Office (payroll tax and GST), application for Public Benevolent Institution status, implementing a financial management system, obtaining a post office box, holding regular board meetings, building linkages with health delivery stakeholders, meeting with Ngarrindjeri community groups and undertaking some minor works at the Murray Bridge site.

The MACCHS Interim Board continues to meet regularly and progress towards establishment. In the 2014-2015 financial year the Interim Board held 10 out of 11 scheduled meetings (no meeting was scheduled for December 2014). The MACCHS Interim Board and CEO continue to work with AHCSA and the Commonwealth Department of Health in the establishment of the Moorundi Aboriginal Community Controlled Health Service.

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

Introduction
The Rising Spirits Community Resilience project, funded by beyondblue, investigated what supports Aboriginal people need during bereavement, what is available that is being utilised by Aboriginal people, where the gaps are and the readiness of communities and the state to address grief and loss.

Research method
134 people were interviewed (82% being Aboriginal and 66% being female) in all geographic regions of South Australia. Interviewees included CEOs and Board members of ACCHS, Elders, Aboriginal community members, Aboriginal Health Workers and Liaison Officers, Social and Emotional Wellbeing (SEWB) workers, counsellors, psychologists, psychiatrists, social workers, trainers, youth workers and workers in the criminal justice system.

Findings
Everyone interviewed stated that bereavement-related grief is prevalent and constant in all Aboriginal communities and that it has devastating impacts on families and communities. Bereavement contributed to people's loss of confidence, depression and anxiety, family conflict and addictions. The type of support that people found to be most important was the opportunity for 'healthy' grieving with family and friends, shared time, yarning and comfort. However, people recommended several programs and services which provided invaluable bereavement support.

West Australian Affiliate

Aboriginal Health Council of WA (ACHWA)

The past 12 months has presented both AHCWA and the member services with both challenges and opportunities.

Funding cuts and the withdrawal of essential programs, as well as the establishment of the Primary Health Network, not to mention changes in the Federal Government, have all required a thoughtful and careful response.

At the state level, special mention should be made of the Holman Report. This report was commissioned by the State Government, in the anticipation that ACCHOs were not the preferred health model of care for Aboriginal people, yet delivered a glowing report on the quality of health services provided by our sector, justifying the continuation of funding for most programs.

At the federal level, AHCWA contributed to the Senate inquiry into the Indigenous Advancement Strategy (IAS). There were unfortunately a lot of programs eliminated, and questions over the recipients of grants. Much more work needs to be done at the Federal level to get the best model for the delivery of sustainable Aboriginal Health outcomes.

AHCWA has also remained committed to NACCHO and is working with both sides of politics in Canberra to develop health policy that delivers for the sector. AHCWA welcomed the appointment of the Hon Ken Wyatt MP as Assistant Health Minister in the Turnbull Government and hopes to work closely with him.

Over the last 12 months, AHCWA has taken a leadership role within the media. The year started with AHCWA showing leadership on the State Government's proposed closure of Aboriginal communities. Working with media partner, Campaign Capital, and other organisations, AHCWA highlighted the negative impacts removal from country would have on the health, wellbeing and continuing culture of Aboriginal people. It is believed the campaign made a big contribution to changing government policy in this area.

AHCWA has used the higher media profile achieved during the Our Communities campaign to raise awareness of other issues important to the sector i.e. highlighting the negative impact funding cuts have on the sector and the health outcomes of Aboriginal people. AHCWA has had major achievements at the negotiating table as a result.

In recent months, AHCWA has moved into a new phase, where its media partner has been working with member services to generate positive media coverage for the programs and achievements of member services. We look to build upon this in the next 12 months, with a proactive campaign designed to raise awareness of the Aboriginal health sector in the general community. AHCWA is looking to develop a brand for the sector, and capture stories through written stories, photos and videos, and make sure all Western Australians are aware of the great and important work of the sector.

AHCWA has provided extensive support to member services in the area of strategic direction and accountability, and worked with services at risk to ensure their ongoing viability as an ACCHO, as well as their ability to continue to deliver services to their communities. The commitment of senior management and personnel within AHCWA to share their expertise when required is acknowledged.

AHCWA proudly launched a Reconciliation Action Plan (RAP), giving affirmative recognition to its commitment of working collectively for the betterment of Aboriginal people. AHCWA may be the first Aboriginal organisation to register a RAP, making this an even bigger achievement and a sign of leadership within the community.

AHCWA also held the annual State Sector conference which was attended by a large number of diverse representatives from the government, business and community sectors, as well as board members, Chief Executive Officers and staff from member services. It was also great to have so many young people participate. Positive feedback from the conferences was overwhelming and will be used in conjunction with constructive feedback to make next year's conference even better.

Tasmania Affiliate

Tasmanian Aboriginal Centre (TAC)

NACCHO representation

The Tasmanian NACCHO Affiliate attended NACCHO meetings at both Board and CEO level. Dr Maureen Davey has been an active member of the public health medical officer network, and contributes significantly to advancing Aboriginal health issues not only in Tasmania but more broadly. Her particular focus has been on addressing high rates of smoking in the Aboriginal community and she has been able to have a strong influence on Tasmanian policies and professional development in this area. Again this year we took on a public health medicine trainee under supervision of Dr Davey and this enabled us to complete a research project into alcohol and other drugs within a primary health care setting. This research won the Australian Faculty of Public Health Medicine Gerry Murphy Prize at the Population Health Congress2015.

Continuous quality improvement

We participated in the national CQI project which aims to develop a framework and tools for CQI work within Aboriginal health organisations. We held a CQI state workshop in June 2015 attended by five organisations and offered assistance to organisations to develop their CQI plans.

Accreditation

All three TAC Aboriginal Health Services (AHS) were reaccredited under AGPAL in line with the organisations strategic priorities and to maintain eligibility to provide services under the Practice Incentive Program Indigenous Health Incentive and the Practice Nurse Incentive Program. The TAC achieved first time QIC organisational accreditation.

Chronic Disease workforce

The chronic disease workforce was augmented statewide with the employment of more GPs, other professionals and allied staff including care co-ordinators and Aboriginal Outreach Workers.

The Care Coordinators still have an excessive administrative load as they are required to enter their data into the clinical software the AHS uses as well as MMEx to provide data to the Tasmanian Medicare Local (TML) for reporting requirements. Each service provided by the Care Coordinator, whether it be a phone call, email, patient enquiry, or consult with a clinician, general practitioner, specialist, allied health provider has to be entered into MMEx separately. This burdensome scheme has remained unchanged despite our efforts.

Indigenous Health Project Officer (IHPO)

The Indigenous Health Project Officer (IHPO) works in conjunction with the AHS and Medical Director to provide information and explanation of programs aimed at addressing Indigenous Chronic Disease (ICDP) to new clinical staff and existing clinical staff. The IHPO provided support to the CCSS Program, supported the Aboriginal Outreach Workers (AOW) and Care Coordinators and administered the QUMAX and Medical Outreach Indigenous Chronic Disease Program (MOICDP).

Medical Outreach Indigenous Chronic Disease Program (MOICDP)

The MOICDP continues to provide vitally needed services state-wide. Services provided include paediatricians, exercise physiologists, physiotherapists, mental health nurse, general physician, child counsellor, psychologist, diabetes educator, speech therapist. The cardiopulmonary rehabilitation program and ongoing maintenance program continues to be offered around the State with the support of MOICDP funding.

Tasmanian Affiliate (cont.)

Tasmanian Aboriginal Centre (TAC)

Practice Incentive Payment Indigenous Health Incentive (PIP IHI)

For the quarter ending May 2015, Medicare statistics indicate 125 general practices received a PIP payment. Only 24 received the PIP IHI Tier one payment and 63 received the PIP IHI patient registration payment. There are obvious and continuing problems with data collection.

Care Coordination and Supplementary Services Program (CCSS)

Special assistance is provided statewide to Aboriginal and Torres Strait Islander patients who have heart disease, lung disease, renal, cancer, diabetes, or are obese through CCSS funding. Through this funding Aboriginal and Torres Strait Islander patients have accessed specialists including, but not limited to, cardiologists, gastroenterologists, ophthalmologists, oncologists and respiratory physicians in a clinically acceptable timeframe.

Patients have also accessed allied health providers including, but not limited to, podiatrists, physiotherapists, osteopaths, diabetes educators and exercise physiologists. Without the assistance of the CCSS funding, patients would be on public health waiting lists and unable to access specialists and allied health due to the cost they cannot meet.

Northern Territory Affiliate

Aboriginal Medical Services Alliance Northern Territory (AMSANT)

This year AMSANT reached important milestones with the celebration of AMSANT's 20th anniversary and 40 years of Aboriginal Community Controlled Health Services in the Northern Territory. AMSANT's Our Health Our Way Conference in November in Alice Springs, showcased our achievements as a sector, the innovation and skill of our member services, and the dedication of our combined staff to our mission.

The journey we have travelled over those years has been an extraordinary one, and our record of achievement, progress and innovation was well reflected in the many presentations from our member services. It was also an opportunity to hear from the great leaders and architects of our sector.

It was an inspiring and positive event that didn't simply dwell on past achievement, but outlined for us the strategic and practical challenges ahead.

The conference punctuated what has been a characteristically busy and challenging year for AMSANT that has seen the completion of our incorporation under the CATSI Act and the development of AMSANT's new Strategic Plan 2015-2018 that will provide AMSANT with a strong platform and direction for our work for the period ahead.

AMSANT continues to work to increase the number of regionally-based Aboriginal community controlled health services delivering comprehensive primary health care across the NT. This work is happening in accordance with 'Pathways to Community Control', a jointly agreed blueprint that is endorsed by both Commonwealth and Northern Territory ministers through the NT Aboriginal Health Forum.

This year Forum set up a Pathways to Community Control Working Group to progress opportunities to expand community control of health services, and to guide the transition of those services to community control.

AMSANT also prepared, on the invitation of Assistant Minister Nash, and on behalf of Forum, a business case for the three agreed priority areas for transition to regional community control— East Arnhem, West Arnhem and Alyawarr—to enable the release of held-back Commonwealth funding. We look forward to this funding enabling these regions to make significant progress over the coming year.

AMSANT's engagement in collaborative planning with the Commonwealth and NT Governments through the NT Aboriginal Health Forum continues to be a priority as an important mechanism in the expansion and better resourcing of our member services and achieving improved health outcomes for our people.

Our central priority continues to be providing support to our members. CQI is a strong focus, with our team delivering CQI support to both the ACCHSs and the government sectors. It has been exciting to share the CQI knowledge and expertise we have in the NT at a national level and to help develop the National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care. The framework has drawn on the findings of the NT CQI strategy evaluation, the experiences of the NT PHC sector and the work done in other states and territories towards continuous quality improvement.

AMSANT has had another strong year supporting our member services to implement and operate eHealth systems, an important component of providing high quality health services in isolated and remote locations. This has included further developing and improving the clinical information system, Communicare; work on developing, implementing and refining the NT and the national key performance indicators (KPIs); and participation in the transition of the NT Government's 'My eHealth

Northern Territory Affiliate (cont.)

Aboriginal Medical Services Alliance Northern Territory (AMSANT)

Record' to the national eHealth record system and assisting services in reaching the requirements for the national system.

AMSANT assisted two health service trial sites, Santa Teresa and Anyinginyi, to participate in the NT TeleHealth Connection Trial through technical advice, co-ordination and training. Telehealth will never fully replace face-to-face consultations with specialist clinicians, but is an important component of health care for people in remote areas.

In the past year AMSANT continued to provide clinical and public health support to our member services, including operating a senior clinicians' Network and providing input into Clinical and Public Health Advisory Groups (CPHAGs), as well as providing support through our PHMOs and specialist outreach liaison, and providing advice from our sector to various committees and inquiries across many clinical and public health issues.

AMSANT supports the work of our health services in addressing mental health, social and emotional wellbeing, alcohol and other drug issues. Our clinical psychologist has provided program and staff support, as well as clinical supervision for staff working in these program areas. Our team has also been visiting member services to discuss trauma, pathways to healing, trauma-informed care and its relevance to primary health care service delivery. This also informed our input into the National Mental Health Commission's Review of Mental Health Services and Programs. During the year we also hosted a workshop for Mental Health Commission members when they visited Darwin.

The Workforce and Aboriginal Leadership Support (WALS) team has continued to work on a range of workforce and leadership initiatives that impact on AMSANT member services, adapting to the changes and ongoing issues regarding workforce. We provide support to members on workforce capacity, education, training and professional development, as well as chronic disease workforce support. We also have a successful collaboration with NT General Practice Education (NTGPE) that provides ongoing mentoring and support.

During the year AMSANT has engaged with a number of strategic initiatives that have contributed value to our members and sector, including organising an Early Childhood Forum, and working with intersectoral partners such as the Kidney Action Network and Aboriginal Peak Organisations NT (APO NT). We have been active in promoting APO NT's NGO Partnership Principles and we also auspice APO NT's Aboriginal Governance and Management Program, both of which promise strategic benefits for our sector and other Aboriginal organisations in the NT.

We have continued to develop our capacity to proactively engage with Aboriginal health research and to support our members in this sphere—a constant challenge given that we are not funded for this role. However, we view it as essential to our commitment to ensuring that Aboriginal communities become the directors of research rather than passive recipients and subjects.

AMSANT participates in a number of research partnerships and projects and maintains strong partnerships with health research bodies, principally the Lowitja Institute along with Baker IDI, Menzies School of Health Research and others. Many of these are also partners in the Central Australian Academic Health Science Centre consortium, which the AMSANT CEO Chairs.

Northern Territory Affiliate (cont.)

Aboriginal Medical Services Alliance Northern Territory (AMSANT)

With the successful launching of the new NT Public Health Network from 1st July 2015 under transition conditions, AMSANT has worked with the other shareholders as part of a steering committee overseeing the development of the new constitution and structure for the new body.

We have also continued work with NACCHO and the Commonwealth Rural and Indigenous Health Division on developing the new Standard Funding Agreement (SFA) and set of key performance indicators, and on providing input into the upcoming review of the roles and functions of NACCHO and the State and Territory Peaks by the Commonwealth.

Other significant developments during the year included providing input into the development of the Aboriginal and Torres Strait Islander Health Plan Implementation Plan and responding to the Indigenous Advancement Strategy tender process.

Australian Capital Territory Affiliate

Winnunga Nimmityjah Aboriginal Health Service

The CEO, Julie Tongs met regularly in this reporting period with a range of decision makers and key stakeholders, ensuring Winnunga continues to be engaged in high level decision making processes which impact on Aboriginal Community Controlled Health Services, and ultimately the people we serve. The focus of this continued lobbying also included keeping barriers to accessing mainstream health services on the agenda. Input by Ms Tongs into the development of a range of health frameworks and plans was particularly critical, as the ACT and issues within our jurisdiction are often forgotten nationally.

We are pleased to report the Federal Government's intended introduction of substantial changes to Medicare did not impact on our service. However, we will continue to closely monitor any further possible developments in the 2015-16 financial year.

Robust data analysis has resulted in the strategic direction of Winnunga being strengthened and further opportunities being explored, particularly around mental health, prison health, social and emotional wellbeing and matters concerning at-risk families. Efforts have also been made towards improving chronic disease management, especially diabetes, improved routine health assessments, screening, and investigating smoking in pregnancy.

One of the continual challenges is there are many areas of need within Aboriginal health the organisation has identified and would like to expand on. However, given resourcing restraints these cannot be responded to in a strengthened way until capacity is increased. Partnering and relationship management with institutions such as The Canberra Hospital has provided some very positive outcomes for Winnunga clients (such as visiting medical specialist clinics), and we look forward to continuing to expand services in future years.

Winnunga maintains whole of service accreditation through AGPAL and QIP. As part of

maintaining accreditation a range of clinical governance and quality improvement activities are undertaken. These have ranged from environmental restructures of physical space through to streamlining of triage systems and establishment of specialist clinics.

Winnunga has continued to contribute at the national level to the NACCHO IT/IM Forum and Network, the National CQI Network, the National CQI Framework Project Team and the National Ochrestreams Advisory Group.

Some of the publications and research Winnunga either led or participated in this financial

year are listed below:

- *Smoking among Aboriginal and Torres Strait Islander women and pregnancy: an interview survey*; ANU - medical student project.
- WATCH - *Randomised controlled trial of antimicrobial treatment versus watchful waiting for acute otitis media without perforation in low risk Aboriginal children*; University of Western Sydney.
- *Towards the Development of a Wellbeing Model for Aboriginal and Torres Strait Islander Peoples Living with Chronic Disease*; SAHMRI – AIATSIS.
- *The validation of a culturally-specific measure to identify depression in Aboriginal and Torres Strait Islander people with or without chronic disease*; The George Institute.

Australian Capital Territory Affiliate (cont.)

Winnunga Nimmityjah Aboriginal Health Service

- *Integrating Care: Learning from first generation integrated primary health care centres*; ANU - APHCRI funded.
- *Transition of health care for Aboriginal and Torres Strait Islander people between Justice Health Services at the Alexander Maconochie Centre and the Winnunga Nimmityjah Aboriginal Health Service*; Public health medicine registrar project.
- *The Better Cardiac Care Collaborative Data Linkage Project for New South Wales and the Australian Capital Territory*; NSW Health / ACT Health / AHMRC.
- *Influenza pandemic planning at Winnunga Nimmityjah Aboriginal Health Service*; ANUMS Population Health project.
- Winnunga published the *Winnunga Client Population Analysis* at the end of 2014. This publication presents maps of Winnunga current and transient client distribution across Australia and the ACT. Assessing client distribution provides a tool for service planning and advocacy.
- *Diabetes clinic attendance improves diabetes management in an urban Aboriginal and Torres Strait Islander population* was published in the Australian Family Physician in November 2014.
- *Increasing Pap smear rates at an urban Aboriginal Community Controlled Health Service through translational research and continuous quality improvement* was published online by the Australian Journal of Primary Health in February 2015.

NACCHO Karaoke Challenge Cup 2014

The most sought after prize on the NACCHO Calendar the 2014 NACCHO Karaoke Cup.

Congratulations to all our winners.

2014 Winners


MAVERICKS