

National Aboriginal Community Controlled Health Organisation



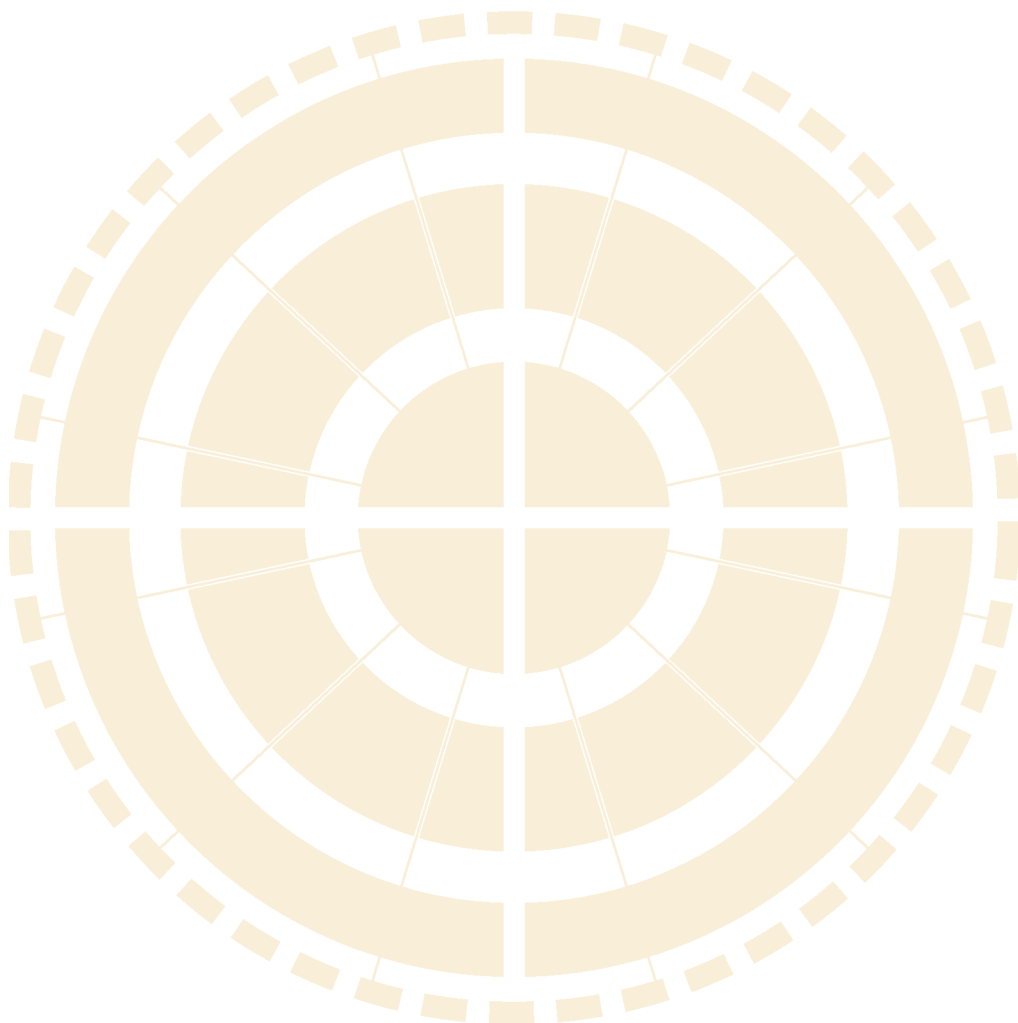
NACCHO ANNUAL REPORT 2004–05



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NACCHO is the national peak body representing Aboriginal Community Controlled Health Services. It is a public company limited by guarantee, not having a share capital, and was incorporated under the Commonwealth Corporations Law provisions by the Australian Securities Commission in June 1997. ABN 89 078 949 710.



National Aboriginal Community Controlled Health Organisation

NACCHO ANNUAL REPORT 2004-05

CONTENTS

ABOUT NACCHO	1
REPORTS	2
Chairpersons Reports	2
Board of Directors	4
Sector Chart	15
Chief Executive Officer's Report	16
WORKFORCE AND EDUCATION	18
HEALTH FINANCING	22
HEALTH INFORMATION	26
POLITICAL ADVOCACY AND RELATIONSHIP MANAGEMENT	30
SERVICE SUPPORT	36
NACCHO FINANCIAL STATEMENTS	47
Director's Report	47
Auditor's Independence Declaration	51
Financial Report	52
Statement of Financial Performance	52
Statement of Financial Position	53
Statement of Cash Flows	54
Notes to the Financial Statements	55
Directors' Declaration	64
Independent Audit Report	65
Disclaimer to the members of NACCHO	67
Detailed Profit and Loss	68
APPENDIX 1	70
APPENDIX 2	71



ABOUT NACCHO

The National Aboriginal Community Controlled Health Organisation (NACCHO) is the national peak body representing some 134 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and well being.

It is governed by a Board of Directors whose members come from the Aboriginal Community Controlled Health Services and is elected through NACCHO's State/Territory Affiliates. Administration and co-ordination is undertaken by NACCHO's National Secretariat, established in Canberra in 1997.

ACCHSs are primary health care services initiated and managed by local Aboriginal communities to deliver holistic and culturally appropriate care to people within their community. Their Board members are elected from the local Aboriginal community.

Aboriginal communities around Australia have been establishing such services since the early 1970's in response to a range of barriers inhibiting Aboriginal access to mainstream primary health care services, and in recognition of the principles of self determination.

Whilst ACCHSs form a network, each is autonomous and independent of both one another and of Government.

NACCHO provides the link between ACCHSs, and between ACCHSs and the government. It promotes and supports the provision of holistic and culturally appropriate health and related services to Aboriginal communities through activities including:

- Promoting, increasing, developing, and expanding the provision of culturally valid health care through local Aboriginal community controlled primary health care services.
- Liaising with governments, departments and organisations within both Aboriginal and non-Aboriginal communities on matters relating to the well being of Aboriginal communities.
- Representing and advocating for constituent Aboriginal communities on matters relating to health services, health research, health programs, etc.
- Assisting member organisations to provide their communities with health and related services.
- Assessing the health needs of Aboriginal communities (through research, data analysis, surveys, etc), and taking steps to meet these needs.

ACTING CHAIRPERSON'S REPORT

On behalf of the Board of Directors, I am pleased to present the Annual Report for the National Aboriginal Community Controlled Health Organisation for the period July 2004-June 2005.

First I would like to thank Mr Tony McCartney, who resigned as our Chairperson in March 2005 for the work he undertook during his time as NACCHO Chairperson.

The resignation of Tony indicates how demanding and difficult it is working in Aboriginal health and it is a reminder that we all need to ensure we look after our own health while advocating for the vastly needed improvements we need to improve the health of our people nationally. Thus while 2004/05 was not an easy year for us, we have made some inroads which we will continue to progress over the next twelve months.

NACCHO is proud to have facilitated the meeting in Melbourne in July which led to the formation of a new National Coalition of Aboriginal Community Controlled Organisations. I regard the initial Coalition of NACCHO, the Secretariat for National Aboriginal and Islander Child Care (SNAICC); the National Aboriginal and Torres Strait Islander Legal Services Secretariat (NALSS) and the National Aboriginal Justice Advisory Committee (NIJAC) as a major step forward. It is our aim to aid to the Coalition and to work strategically to achieve outcomes for the benefit of Aboriginal and Torres Strait Islander peoples.

In 2004, NACCHO, the Pharmacy Guild and the AMA developed a proposal for the extension of Section 100 arrangements for all ACCHSs to access medications through bulk supply from community pharmacies. This was an extension of the current scheme for remote area ACCHSs and followed several reviews that reported that "Section 100 arrangements. Have completely revolutionised medicines access..." This proposal was accepted and endorsed by the *Australian Pharmaceutical Advisory Council* (APAC) in June 2004. This will ensure that all ACCHSs will be able to provide medications direct to Aboriginal clients without the need for prescriptions. Lobbying to have the proposal implemented is continuing.

In 2004-5, NACCHO widely promoted the need for a funded implementation strategy for item 710. Information to GPs was promoted through the Australian Doctor magazine, correspondence and meeting with the Medicare Benefits Branch, and a presentation given at the national RACGP Aboriginal and Torres Strait Islander Workshop in October 2004.

Implementation of item 710 continues to be part of NACCHO's agenda through several mechanisms. Firstly, through joint work with OATSIH as the 2005 Federal Budget announced allocation of funding to support chronic disease prevention activity (*Healthy for Life* initiative). Secondly, through NACCHO efforts in the *Lifestyle Prescriptions Program* this now links to the adult health check.

Other NACCHO activities ensure that MBS initiatives such as Medicare Plus, Strengthening Medicare, the EPC items and Practice Incentive initiatives are accessible to ACCHSs through national evaluations and proposals for program reforms.

REPORTS

NACCHO continued to develop the clinical guideline known as the *National Guide to a Preventive Health Assessment in Aboriginal and Torres Strait Islander Peoples* (2005). This landmark document is a collaborative effort of many NGOs, the RACGP and the Department of Health and Ageing, commenced by NACCHO in 2000. In 2004, NACCHO supported the RACGP to conduct a pilot of the Guide among 50 GPs across Australia. In a meeting with the Department instigated by NACCHO in December 2004, it was confirmed that printing and national dissemination would be supported. The Guide will provide valuable practical advice to GPs and AHWs on how to deliver a preventive child and adult health check. It precludes the development of a child health assessment MBS item (see *Child Health policy*). There is no other national resource of this kind developed specially for health providers to the Aboriginal and Torres Strait Islander populations. At the time of writing, the Guide is being finalised for printing.

In closing, the following is a snapshot of the activities NACCHO has been involved in throughout the year; more are detailed throughout this report. I would like to thank the NACCHO Secretariat for their hard work and dedication during this past year. I would also like to acknowledge the Board for their participation in a range of activities NACCHO undertakes to progress and improve our collective health through our member services. Finally, I extend my best wishes to our membership and look forward to seeing you all when we meet at the annual AGM and members meeting.

Dr Naomi Mayers
Acting Chairperson

BOARD OF DIRECTORS

Dr Naomi Mayers Deputy Chairperson - Acting Chairperson from March 2005

A Yorta Yorta/Wiradjuri woman, Naomi was born at the Erambie Mission Cowra, NSW. Her early years were spent on the Murray River at Cummeragunja and at East Shepparton, Victoria. Naomi also spent a few years at St Aidan's Orphanage Bendigo, Victoria and attended the Good Shepherd Convent Abbotsford leaving there at 16 years. She was also a member of Harold Blair's choir which used to practice at Uncle Doug's Church in Fitzroy.

Growing up in a family with an active interest in Aboriginal affairs, Naomi became involved with Aboriginal organisations at a young age. These included the Aborigines Advancement League, the Federal Council for the Advancement of Aborigines and Torres Strait Islanders and the National Tribal Council. She commenced nursing at the age of 18 and worked at the Royal Women's and Royal Children's Hospitals in Melbourne, the Home Hill Hospital in Qld, and St Andrews Hospital in East Melbourne.

Naomi was a member of the first ATSIC Regional Council (Metropolitan Sydney) and the Chairperson of the National Aboriginal Health Strategy Working Party 1989. She is a founding member and current executive member of the AH&MRC as well as a founding member of NAIHO (now NACCHO). Naomi commenced working at the AMS Redfern in 1972 and is currently its Chief Executive Officer.

Tony McCartney - Chairperson until 7th March 2005

Born in Balranald, New South Wales, where his Mother and Father owned and ran a thriving mixed farm and meat processing plant, Tony first moved to Melbourne in 1968 to work for the Victorian Railways.

Subsequently, Tony had stints working both in the manufacturing and automotive industries before starting work as an Aboriginal youth worker, a career that he followed for just over a decade in both a public service and community-based environment.

Tony then moved to work in Aboriginal youth hostels, which was followed by stints in the employment program and policy areas with both the Commonwealth and Victorian State Governments before joining the Human Rights and Equal Opportunities Commission (HREOC).

Throughout this time Tony continued to improve his educational qualifications and in 1996, after having worked for Aboriginal Hostels Ltd as a community liaison officer, became Chief Executive Officer of the Rumbalara Aboriginal Co-op Ltd, a long-established, regionally based, multi-purpose Aboriginal organisations whose services include the community health service, before joining the Victorian Aboriginal Health Service (VAHS) as its CEO in 1997.

Western Australia

Henry Councillor - From 9th February 2005

Henry is a Jaru man from the Kimberley Region of Western Australia. His family hails from the Mt Dockwell area, which is south west of Halls Creek.

Henry has been employed with the Kimberley Aboriginal Medical Service's Council Inc (KAMSC) for 17 years, including with the Broome Regional AMS, Yura Yungi Medical Service – Halls Creek and the East Kimberley AMS. Henry is currently the Chief Executive Officer for KAMSC.

Henry is actively involved in a range of local, state and national committees and aims to progress partnerships with mainstream services for the betterment of the health of Aboriginal people in the Kimberley Region.

Gloria Kahn - From 9th February 2005

Gloria is a Nyoongar woman from the south west of Western Australia and the current Chair of the Aboriginal Health Council of WA and Deputy Chair of the South West Aboriginal Medical Service Aboriginal Corporation. Gloria's background in nursing and she holds a degree in Aboriginal Community Health and mental health counselling.

As the Chair of AHCWA, and a member of various health committees, Gloria often finds herself travelling extensively around WA, her other interests are sports, reading and travelling.

When she is not in the Board rooms of AHCWA and SWAMS Gloria is involved in voluntary work for the community.

Vanessa Davies - From 9th February 2005

Vanessa is a Noongar woman with affiliations with the Wongi people. She is currently CEO of Derbarl Yerrigan Health Service Inc. in Perth. Vanessa has spent many years working with various Aboriginal and Torres Strait Islander groups throughout WA, SA and the NT particularly during her time at the Department of Indigenous Affairs. Vanessa commenced her career as a secondary teacher in Science and Advanced Mathematics. She has a Masters in Leadership and Management and is also a Myers-Briggs Type Indicator Accredited Assessor. Vanessa belongs to a variety of committees that work toward greater equity for Indigenous peoples. Her other interests include gardening.

Vanessa joined the NACHO Board in February 2005.

Greg Stubbs - Until 9th February 2005

Gregory Stubbs is a Wongatha man, born and brought up in Western Australia. He has spent his life working for the Aboriginal Communities of the Wongatha region and beyond. He is the Chief Executive Officer of Bega Garribirringu Health Services Aboriginal

REPORTS

Corporation (BGHSAC), which he joined about 13 years ago when it was a small medical service with only four staff members. Today, under Greg's guidance, BGHSAC runs a range of programs, including a medical clinic, specialist services like dental, eye, ear, nose and throat, healthcare training, Family Violence Prevention Unit, Link-up services, an Emotional and Social well-being Counselling Centre, and Youth Services. BGHSAC services extend from Esperance in the south to Wiluna in the north-west and Laverton in the north-east.

Outside his job as CEO of BGHSAC, Greg is a Pastor and community voluntary worker, organiser of the Maku Dancers and youth camps and has also been invited to be a member of the Aboriginal Arts Grants Committee of the Australia Council.

Greg's work will have a very long term impact on the Goldfields region. He has set an example for Aboriginal and non-Aboriginal people alike in the Goldfields region in terms of service delivery in holistic healthcare, community care and the social and emotional well-being of the Wongatha people. BGHSAC prides itself in having a sustainable impact on healthcare service in the Goldfields region.

Deborah Kaye Oakley - Until 9th February 2005

Born In Carnarvon, Western Australia, Deborah has three brothers and sisters and three children - two sons and a daughter. Educated at Carnarvon's St Mary's Catholic School, Deborah has a Level 3 Certificate in Community Studies and has also completed training courses in Home and Community Care and Youth Worker Studies. Debra has worked in various capacities, including that of a school-based mentor and teacher's aide. She has also undertaken a wide range of positions on a voluntary basis. These include Chairperson and Secretary of the Carnarvon Senior High School ASSPA Committee, Chairperson of the Carnarvon Medical Service Aboriginal Corporation, Carnarvon CDEP and board member of the State Affiliate Organisation, the West Australian Aboriginal Community Controlled Health Organisation (WAACCHO). Her hobbies and interests include basketball, music, singing, art, swimming and softball.

Georgina Wilson - Until 9th February 2005

Georgina is a Miriwoong woman from the East Kimberley and lives in the Bell Springs Aboriginal community near Kununurra. Georgina has been Chairperson of the Ord Valley Aboriginal Health Service for the past four years. In addition, Georgina has been a member of the Kimberley Aboriginal Medical Services Council Executive Committee for the past two years and is a Board member of WAACCHO. Georgina has been actively involved in several Aboriginal and other organisations over a 10 year period.

She has served on a number of management committee's including the Kimberley Group Training, Waringarri Resource Centre and the Kimberley Regional Economic Aboriginal Corporation.

New South Wales

Frank Vincent

Frank was born in Redfern, Sydney NSW, where he spent all of his early years. In his mid twenties Frank moved to the western suburbs of Sydney and has maintained his connections with the Aboriginal community of Redfern. The reason for this included family, who still live in and around Redfern, rugby league (having played all of his senior football with the Redfern All Blacks), work, and starting work with the Redfern AMS in 1977 as a casual driver delivering food packs for the Nutrition Program.

Frank commenced full time employment as a Field Officer before undertaking and completing the inaugural Aboriginal Health Workers Course in 1984. After graduating from the course he continued working with the Redfern AMS until 1988 when he was successfully employed as the CEO of Daruk ACCMS.

In 1998 Frank worked with the AH&MRC as a Policy Officer and returned to Daruk ACCHS as CEO in June 2000. He has held positions on the Board of both AH&MRC and NACCHO during the times of his appointments as CEO of Daruk ACCHS which have extended over a period of thirteen years.

Frank is the Chairman of Deerubbin Local Aboriginal Land Council and was first elected to this position in 1989. Following a year off in 1999 because of work commitments, he stood for election in 1991 and has been re-elected every year since.

Ray Dennison

Born in Moree, Ray lost his parents at a young age and moved to Sydney to finish his schooling in the Sydney suburb of Cronulla before returning to his home town to work as a cotton chipper.

However, determined to add to his work skills, Ray decided to return to study and managed to gain entry to a TAFE bricklaying trade course which he completed in Newcastle, where he spent the next three years working in his trade.

“But I was homesick for Moree and decided to return home,” said Ray, who was a handy Rugby League player having enjoyed stints as a junior with the Cronulla club and subsequently as a senior player with South Newcastle.

Upon his return to Moree Ray again worked in the cotton industry, this time primarily as a driver of heavy equipment before starting work with Aboriginal Children’s Services as a youth worker in the early 1990’s and then Pius X Aboriginal Corporation in 1993. Ray is currently that Corporation’s HIV/AIDs sexual education health worker, a position he has occupied for some years.

Recreationally, Ray is a keen lawn bowls player and in 2001 was elected Chairman of the Moree Bowls Club.

Valda Keed

Val was born in Peak Hill, NSW, and is a proud Wiradjuri woman. Val is in her second term as Chairperson of the Peak Hill Aboriginal Medical Service. Mother to three grown children, she is active in a wide range of NSW Aboriginal community organisations whose programs impact significantly on the health and well-being of Aboriginal Australians.

Val is a board member of both the Aboriginal Children's Service in Sydney and the Central Southern NSW Aboriginal Legal Service in Wagga, as well as being the regional representative on the Australian Health and Medical Research Council (AH&MRC). Additionally, Val has long been involved in the Aboriginal housing sector and also serves on community boards in the nearby NSW towns of Forbes and Cowra that oversight drug and alcohol and social and emotional well-being programs.

Australian Capital Territory

Julie Tongs

A Wiradjuri woman, Julie was born in Leeton and grew up in Whitton NSW. Julie has lived in Canberra for the past thirty-one years. Julie previously worked in Department of Aboriginal Affairs/ATSIC and in the office of the former Minister for Aboriginal Affairs Robert Tickner for three and half years. She is currently the CEO of the Winnunga Nimmityjah Aboriginal Health Service where she has worked for the past four years.

Julie is a Director of the National Indigenous Business Chamber and the National Aboriginal and Torres Strait Islander Superannuation Fund.

South Australia

Polly Sumner-Dodd

Born in Raukkan, Polly was raised and educated in Adelaide. She began her career with the Aboriginal Legal Rights Movement and the National Aboriginal Conference before moving onto the Aboriginal Community Centre now known as Nunkuwarrin Yunti of South Australia Inc.

Beginning as a trainee in community radio and newsletter production, Polly has held the position of Director or Chief Executive Officer of Nunkuwarrin Yunti for 17 years. She has been a member of various Boards including AHCSA and NATSIHC, and has been the Chairperson of the Aboriginal Sobriety Group for 18 years.

Polly graduated as Dux of the Diploma in Management Practices at the Australian Institute of Management in early 1998. Her final thesis examined the concept of community control versus mainstream health services and advocated that 'Aboriginals have an alternative which is culturally appropriate and conducive to their health, economic and social and emotional well being'.

REPORTS

Leslie Kropinyeri - Until 1st March 2005

Les was born on 22 August, 1946 at Tailem Bend in South Australia, one of eight children. He is married to wife Robyn and they have four children, Lisa, Brian, Craig and Scott. Les began work at 15 years of age as a junior porter with the SA Railway, with who he remained for 10 years, which included a two-year stint as a national serviceman and a tour of duty in Vietnam. Les then worked in the vehicle building industry as a metal finisher for two years before joining the State Government as a social worker in the SA Department of Community Welfare in 1975. From there Les moved to Port Lincoln as the first Chief Executive Officer of the Port Lincoln Aboriginal Organisation.

In 1980 he moved back to Adelaide to improve the educational opportunities for his children, where he was employed by the SA Construction and Department of Family and Youth Services. He returned, however, to Port Lincoln in 1992 still with the State Government before winning the post of Director of the Port Lincoln Aboriginal Health Service Inc. He held that position for four years and became its Chairperson in 2000-2001. Les is currently vice chairman of the same Organisation.

Recreationally, his interests include general outdoor activities such as hunting, fishing, football and “watching and helping my six grand-children grow up”.

Maureen Williams

Maureen is the Chairperson of the Umoona Tjutagku Health Service Inc in remote South Australia; Maureen is also a member of the Aboriginal Health Council of South Australia and was elected as a NACCHO Board member in the current financial year. Maureen is also a long-serving member of SA's Aboriginal Child Care Association and the State committee for trachoma. In 2001 she was Chairperson of Desert and Vice Chairperson of Kuarts SA and represented Anangu from the Pitjantjatjara Land at the international Woman Singapore Arts Festival.

Robert Dann - from 1st March 2005

Robert was born in Geraldton, Western Australia and is a Yamaji man. He spent his childhood in Kalgoorlie before moving to Port Lincoln in 1985. Robert holds the importance of family values close to his heart and by initiating programs involved with men's health, domestic violence, healthy eating, and gambling and the impact it is having on people, he believes we can work towards understanding the family and instilling these values.

Robert was elected Chairperson of the Aboriginal Health Council in late November 2004. He is Chairperson of the Eyre Aboriginal Health Advisory Committee and Vice Chairperson of the Port Lincoln Aboriginal Health Service (PLAHS).

Robert has a wealth of experience in Aboriginal health and community issues through his life experiences and his work and commitment to Aboriginal community organisations. Robert reflected that he wouldn't be where he is without the support of the PLAHS Board

and the investment in him through training and guidance. He believes that every individual has something to offer and it's about harnessing this and instilling a sense of self-belief whilst encouraging them. "It's about building capacity in the whole community", he says.

Tasmania

June Sculthorpe

June is currently the health policy and planning officer at the Tasmanian Aboriginal Centre (TAC). Before joining the TAC, June worked for ATSIC, seven years in the Hobart Office and three years in ATSIC's national heritage and environment program.

Queensland

Rachel Atkinson

Rachel was born in Mooroopna, before her family was moved to the Rumbalara reserve in Victoria. Her family was the first to move to Rumbalara and they spent several years there before again being moved to the fringe of Mooroopna. Rachel has spent the last 20 years in Townsville where she believes the local Aboriginal and Torres Strait Islander community see her as a significant and valuable contributor to community affairs and as an active advocate for equal rights.

For the past five years, Rachel has been the CEO at the Townsville Aboriginal and Islander Health Services Limited (TAIHS). Rachel has also held positions with the Department of Family Services and the Aboriginal and Islander Child Care Agency working with family concerns, child protection and juvenile justice. She has represented Queensland on the NACCHO Board and was recently elected Chairperson of the Queensland Aboriginal and Islander Health Forum (QAIHF). Locally, Rachel is the Chairperson of the Yumba-Meta Housing Association, Vice Chair of the Townsville Aboriginal and Islander Media Association, Counsellor of the James Cook University, member of the JCU Medical School Committee and a trustee of the Breakwater Casino Gaming Fund.

Rachel holds an Associate Diploma in Community Welfare and a Bachelor of Social Work. Rachel has a personal commitment to improving the health status of Indigenous people and sees it as an imperative that, through AMSs such as TAIHS, we work to ensure Indigenous health issues are understood and addressed, holistically and within a social context. She believes that the fundamental causes of Aboriginal and Torres Strait Islander health and ill health are poverty and powerlessness. Health initiatives must be based on the recognition that health and ill health are multi-factorial and are the result of the interaction of such factors as lack of water in some remote areas; poor housing; an unhygienic environment; and personal stress through the effects of such problems as unemployment, alcohol and substance misuse, poor education and low self esteem.

REPORTS

Brian Riddiford - From 8th October 2004

Born in Quilpie, Queensland, to parents who moved regularly, meant the first five years of Brian's schooling was completed by correspondence under tents with his mother acting as his first real teacher. This was followed by primary and secondary education in various parts of Queensland before Brian entered the workforce as a stockman and then a shearer. As a shearer, Brian travelled to most parts of Queensland and New South Wales as well as completing stints working in shearing sheds in New Zealand. However, Brian wanted to further his education and career horizons and returned to study through TAFE in Brisbane where worked followed as a field officer with the Aboriginal Legal Service. Brian, in fact, is still studying, currently to complete a Bachelor of Business degree through the University of Southern Queensland.

In 1994 Brian began work in the Aboriginal Community-Controlled Health sector. Initially he became Chairman of the Dalby based Goondir Aboriginal and Torres Strait Islander Corporation for Health Services before being appointed as its Chief Executive Officer in 1999. A passionate supporter of community control, Brian is also actively involved in programs to deliver better health and housing outcomes for Aboriginal and Torres Strait Islander peoples in his part of Queensland while also serving as a director of numerous regional and State health and housing bodies.

"I am committed to achieving the aims and objectives of NACCHO and improving health and housing outcomes for Aboriginal and Torres Strait Islander peoples", said Brian.

Mick Adams - From 8th October 2004

Mick Adams is a descendent of the Yadhigana people of Cape York Peninsula in Queensland having traditional family ties with the Wardaman people of Central Western Northern Territory and extended family relationships with the people of the Torres Straits, Warlpiri and East Arnhem Land communities.

Mick has been actively involved in addressing issues associated with the health and well-being of Aboriginal and Torres Strait Islander men for over a decade. He has strived to ensure that men's health issues are promoted and placed on the national and international agenda through advocacy, research, publication and health management. He is currently one of a few Aboriginal men undertaking a PhD in public health. His research topic is to examine the prevalence and correlates of sexual dysfunction among Aboriginal and Torres Strait Islander males, which includes the areas of sexual and reproductive health.

Mick has held many positions, these include: Chairperson of the National Aboriginal and Torres Strait Islander Male Reference Group, Chairperson of the Aboriginal and Islander Community Health Service Limited, Brisbane, Secretary of the Queensland Aboriginal and Islander Health Forum and a member of the National Aboriginal and Torres Strait Islander Advisory Committee for Andrology Australia (the Centre of Excellence for male reproductive health).

REPORTS

Sheryl Lawton - Until 8th October 2004

Born at Augathella, near Charleville in Queensland, Sheryl is currently Manager of the Charleville Western Area Aboriginal and Torres Strait Islander Corporation for Health. This appointment follows a life-time of experience and involvement in primarily community based organisations in the Charleville area.

Positions held include Secretary/Treasurer of the Charleville Aboriginal Housing Company, Chairperson/Administrator of the Mitchell Aboriginal Housing Company, Chairperson and Deputy Chairperson of ATSIC's Goolburri Regional Council and administrator of the Goolburri Aboriginal Land Corporation. Other positions held include membership of the Joint Ministerial Advisory Committee on Housing from 1989 to 1996.

Sheryl has also served as Secretary and Chairperson of the Charleville Western Area Aboriginal and Torres Strait Islander Corporation for Health, Chairperson of the All Whites Football Club and as a member of Charleville's Blue Light Committee.

On finishing high school, Sheryl has added to her education through courses at TAFE and at the Mt Gravatt Teachers' College in Brisbane.

Northern Territory

Ken Kunothe (Resigned 18/3/05)

Ken is the Director of the remote, NT Urapuntja Health Service which he joined some three-and-a-half years ago. Ken is a respected community member who is actively involved in all levels of community life, particularly law and culture. Ken lives at Utopia with his wife, two daughters and three grand-children.

Stephanie Bell (Resigned 18/3/05)

Stephanie, a Kullilla/Wakka Wakka woman, is the Director of the Central Australian Aboriginal Congress. She is also: Chairperson of the Aboriginal Medical Services Alliance of the Northern Territory, the peak body for Aboriginal health services in the NT; Chair of the Central Australian Remote Health Development Service; Chair of the NT Aboriginal Health Forum, the Territory's key government/non-Government Aboriginal Health Partnership committee; an Executive member of NACCHO; and a current Board member of the CRC for Aboriginal and Tropical Health.

Mavis (Mae) Govan (Resigned 18/3/05)

Originally from Croydon in Queensland but brought up in Katherine after her parents moved to the NT, Mae is the Director of Katherine's Wurli Wurlinjang Aboriginal Corporation. Mae spent her early working life working as a house maid at various cattle stations in the Victoria River region, before moving with her husband to Victoria River Station after which they began their own business erecting windmills and maintaining bores and steel yards throughout that remote part of the NT.

Mae has involved herself in many areas of Aboriginal affairs at the local, Territory and National level. She has worked on NT Land claims for the Katherine Region while also being a member of the Aboriginal Women's Group in Katherine, an Alderman on Katherine's Town Council and a member of the NT's Women's Advisory Committee. She is the Director of the Kalano Community Association Incorporated and worked as a support/liaison officer for the Katherine West Health Board Co-ordinated care trials and was the Acting Remote Services Manager for the NT Department of Health and Community Services. Mae is also a member of the State Affiliate body, AMSANT and a member of the Katherine Regional Aboriginal Health and Related Service Inc and a board member of Health Connect, the NT based trial of electronic health records.

Victoria

Justin Mohamed

Justin is a Goreng Goreng man who was raised in Bundaberg, QLD, but who moved to Shepparton in Victoria in 1988 and has been employed with the Rumbalara Aboriginal Co-operative for the past 11 years.

During this time he has been involved in a number of different areas, including youth work, community development, administration and health and currently holds the position of Chief Executive Officer. His primary tasks include the provision of holistic health and social support services to the Shepparton/Mooroopna Aboriginal community and on-going efforts to improve the holistic health standards of Aboriginal people.

He also plays an active role in the Aboriginal community by making himself available for a variety of activities and projects that work towards maintaining and improving the social, economic and cultural status of Aboriginal people on local, state and national levels. Justin's key committee positions include the NACCHO Board (Treasurer), VACCHO Executive (Treasurer) and Chairperson for the Regional Aboriginal Justice Advisory Committee, Hume Region.

Jill Gallagher

Jill is from Western Victoria (Gunditjmara) and has lived and worked within the Victorian Aboriginal Community all her life.

Jill has worked with the Museum of Victoria (Aboriginal Heritage) and was there for three years. After she left the employment of the Museum she was appointed to the Museum of Victoria Board of Directors, a position she held for 9 years. Jill was also Manager of the Aboriginal Heritage Services Branch, Aboriginal Affairs Victoria. During this time she went back to school and studied archaeology at La Trobe University. Jill is also involved as a national level on Aboriginal languages in Australia and the return of human skeletal remains.

REPORTS

In 1998 Jill started work for the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) as its sexual health co-coordinator and as part of the sexual health program developed and implemented the Well Persons Health Check around Victoria. The sexual health team presented the sexual health program as a poster session at the “Breaking the Silence” conference in South Africa in July, 2000.

Jill is now CEO of VACCHO, a position she has occupied since 2001.

Karlene Dwyer - from 22 January 2004

Karlene, who identifies with the Kirrae Wurrong people of Framlingham was born in Melbourne and moved to Echuca in 1994 to take up the role of CEO with the Njernda Aboriginal Corporation.

Prior to this, Karlene worked for numerous Aboriginal organisations, including the Victorian Aboriginal Health Service (WAHS) and the Aboriginal Advancement League (AAL) in Melbourne. For the past three years, Karlene has represented her region as a VACCHO director and is also the Chairperson of the Loddon Mallee Aboriginal Reference Group (LMARG).

This is the second time Karlene has represented Victoria on the VACCHO Board, having previously held the position in 1990/91. Karlene holds a Masters Degree in Public Health and is committed to the philosophy of Aboriginal Community Control and the Aboriginal Community Controlled Health Sector.

SECTOR CHART

NACCHO CHAIR / DEPUTY CHAIR REPS

Chairperson – Anthony McCartney (from 14/11/03 - 7/3/05)
Deputy Chairperson – Dr Naomi Mayers up until 7/3/05
Acting Chairperson – Dr Naomi Mayers (7/3/05 - present)

NACCHO CANBERRA SECRETARIAT

Chief Executive Officer – Dea Delaney Thiele, Deputy CEO – Glenda Humes (resigned 22/10/04), Senior Policy Officer – Louise Cooke, Health Financing – Helen Kehoe (resigned 18/3/05), Public Health – Dr Sophie Couzos, Workforce – Bridget Carrick (resigned 18/3/05), Health Information – Graham Brice (resigned 18/3/05), GP Policy – Elaine Lomas, Finance Officer – Joe Fenech (resigned November 2004), Casual Assistant – Julie Fenech (resigned November 2004), Personal Assistant – Sherrin Murphy, Janice Turner (resigned 19/7/04), Receptionist – Dewi Leach, Community Quality Use of Medicines – Anita Whitelum (resigned 18/3/04), Section 100 Project – Hannah Lolla (contract expired 18/4/05), Media – Peter Windsor (resigned 18/3/05) and Liz Daley (contract expired 31/3/05).

NACCHO BOARD REPS	NACCHO WA BOARD REPS	NACCHO VIC BOARD REPS	NACCHO SA BOARD REPS	NACCHO NT BOARD REPS	NACCHO NSW BOARD REPS
Rachel Atkinson Brian Riddford (from 8/10/04) Mick Adams (from 8/10/04) Sheryl Lawton (until 8/10/04)	Gloria Kahn (from 9/2/05) Henry Councillor (from 9/2/05) Vanessa Davies (from 9/2/05) Georgina Wilson (to 9/2/05) Greg Stubbs (to 9/2/05) Deborah Oakley (to 9/2/05)	Justin Mohamed Anthony McCartney (until 7/3/05) Jill Gallagher Karlene Dwyer (from 22/1/04)	Polly Sumner Leslie Kropinyeri (1/3/05) Maureen Williams Robert Dan (1/3/05)	Stephanie Bell (Resigned 18/5/05) Kenneth Kunoth (Resigned 18/5/05) Mavis Govan (Resigned 18/5/05)	Frank Vincent Valda Keed Raymond Dennison
QAIHF MEMBERS Brisbane ACHS, Bidgerdii Health Service, Charleville and Western Districts, Cunnamulla AMS, Goolburri Dental Service, Goondir Health Service, Gurriny Yealamuca HAAC, Yaptajara Corporation, Kambu Medical Service, Kalwun Health Service, Mackay ACHS, Mudth Nijyeta Corporation, North Coast AMS, Barambah Regional Medical Service, Townsville ACHS, Yulu Burri AC	WAACCHO MEMBERS Yura Yungi Medical Service, Broome AMS, Carnarvon AMS, Derbarl Yerrigan, Beagle Bay Victorian ACHS, Barwon Health, Rumbalara AC, Mungabareena AC, Murray Valley AC, Mildura AC, Swan Hill and District AC, Kirrae CHS, Ballarat and District AC, Goolam Goolam Co-op, Dja Dja Wrung AC, Ngwala Wilumbong, Njernda AC, Winda Mara AC, Dhau Wurd-Wurrung Elderley CA, Allinjarra Aboriginal Association Inc, Budja Budja AC, Bendigo District AC, Aboriginal Community Elders Service, Koori Diabetes Service Vic	VACCHO MEMBERS Central Gippsland AHHC, Moogji AC, Lake Tyers H&CSA, Gippsland and East Gippsland AC, Gunditjmara AC, Ramahyuck DAC, Wathaurong AC, Bunurong MC, Victorian ACHS, Barwon Health, Rumbalara AC, Mungabareena AC, Murray Valley AC, Mildura AC, Swan Hill and District AC, Kirrae CHS, Ballarat and District AC, Goolam Goolam Co-op, Dja Dja Wrung AC, Ngwala Wilumbong, Njernda AC, Winda Mara AC, Dhau Wurd-Wurrung Elderley CA, Allinjarra Aboriginal Association Inc, Budja Budja AC, Bendigo District AC, Aboriginal Community Elders Service, Koori Diabetes Service Vic	AHCSA MEMBERS Nunkuwarrin Yunti of SA Inc, Aboriginal Sobriety Group, Oak Valley HS, Port Lincoln ACHS, Nganampa Health Council, Umoona Tjutajku HS, Kalparrin ACHS, Kainggi Yuntuwarrin ACHS, Tullawon ACHS, Ceduna Kooniba ACHS, Coreta A.C. Pika Wiya ACHS	AMSANT MEMBERS Amplatawatja HC, Anyinginyi Congress AC, Central Australian Aboriginal Congress, Mutitjulu HS, Danila Dilba ACHS, Urupuntja HS, Wurli Wurlijang ACHS, Pintubi Homelands ACHS, Miwatj AHC, Katherine West RHB Impanpa HS	AHMRC MEMBERS AMS Redfern, Armidale (Pat Dixon) MS, Biripi AMS, Albury /Wodonga ACHS, Awabakal AMS, Balranald ACHS, Bourke AMS, Amarjuni ACHS, Brewarrina AMS, Bulgarr Ngaru AC, Condamble ACHS, Cumbo-Gunerah Condamble ACHS, Coomealla ACHC, Condobolin ACHS, Coomealla ACHC, ACHS, Cummeragunja H&DAC, Daruk ACHS, Dharah Gbini AMS, Dhoongang ACHS, Durri AMS, Euraba Mungindi ACHS, Galambia ACHS, Gomilaroi AMS, Griffith AMS, Illawarra AMS, Katungal AMS, Menindee ACHS, Munjuwa AC, Murrin Bridge ACHS, Nambucca Valley ACHS, Orange ACHS, Parkes ACHS, Peak Hill AMS, Plus X AC, Riverina M&DHAC, South Coast AMS, Tamworth ACHS, Tharawal AC, Thubbo AMS, Tobwabba AMS, Wallhalow AC, Walgett AMS, Wellington ACHS, Yoorana-Cunja Family Violence Healing Centre, Yerrin ACHS
			NACCHO TAS BOARD REP June Sculthorpe	NACCHO ACT BOARD REP Julie Tonge	
			TAS MEMBER Tasmania Aboriginal Corporation	ACT MEMBER Winnunga Nimmiyjah ACHS	

CHIEF EXECUTIVE OFFICER'S REPORT

2004/05 reflects yet another demanding year for the sector and its hard to believe that March 2005 marked my second year in this position. I remain absolutely committed and determined to work with the NACCHO membership to maximise our ability to improve Aboriginal health through ACCHS's.

As well as the secretariat's ongoing work, this financial year NACCHO were successful in obtaining funding for a number of projects. These projects are documented in the report and include:

- National Indigenous Disability Network;
- NACCHO and SIDS and Kids Project;
- Asthma 3+ Plan Evaluation Project;
- Rural and Remote Pharmacy Infrastructure Grant;
- NACCHO GP Network;
- Community Quality Use of Medicines (CQUM Program); and
- SEWB Module in Aboriginal and Torres Strait Islander Health Survey.

NACCHO's representational engagements continued to expand and I would like to thank the membership, the NACCHO Board and NACCHO Secretariat for attending and contributing to the advancement of our health needs. Once again, it is difficult for NACCHO to contribute to every request that comes in and due to resources and the Boards direction, we have to prioritise in light of the Board's strategic focus.

Over 2004-05, NACCHO has worked with a vast range of other organisations on a range of Aboriginal health initiatives. Two examples are the AMA Position Statement and RACGP Position Statement. Through the *AMA Indigenous Health Taskforce*, NACCHO significantly influenced the 2004 *AMA Report Card* on the Aboriginal Workforce and the Access Economics report on primary health care funding.

NACCHO continues to further develop its relationship with organisations such as the Australian Divisions of General Practice, SIDS and Kids and others.

The Board signed off on a set of joint priorities between NACCHO and OATSIH in November and both agencies had hoped to come together to workshop these identified areas in respect of how we can more effectively work together. Unfortunately this workshop did not take place this financial year, but we look forward to setting a date during 2005/06. This period also marked the departure of Ms Helen Evans from OATSIH; we wish her well in her overseas posting and look forward to working more closely with her successor who is yet to be announced.

This year the Board endorsed our Policies and Procedures document to assist the work of both the Board and the Secretariat to ensue that we do our work well and are responsive to our members. This document is the result of an evolving document and considerable input from staff and board.

REPORTS

We also prepared a number of reports and submissions over the year including:

- *Evaluation of the Uptake of the Asthma 3+ Visit Plan by Aboriginal Peoples and Torres Strait Islanders;*
- *Community Quality Use of Medicines Project Progress Report;*
- GP Network Quarterly Reports;
- Partner to ADGP Submission on the Lifestyle Prescription Tender (unsuccessful);
- NHRMC Enabling Grant full application (Round 2), partners with UWA and JCU;
- “Towards a 2nd Indigenous Australians’ Sexual Health Strategy” submission;
- Submission prepared for NHMRC regarding the mini-review of the NHMRC *Health Services Research Grants Program*, November; and
- Submission to the *NPHP Action Plan for Children*. By e-mail (October 2004).

Submissions were also provided to the: Cancer Practice Incentive Program Evaluation, National Asthma Strategy, National Public Health Partnership Action Plan for Children; Diabetes Practice Incentive Program Evaluation, National Service Improvement Framework in Diabetes, National Service Improvement Framework Asthma, National Service Improvement Framework Cardiovascular disease, Eye Health Review, National Obesity Task Force, National Trachoma Guidelines, Senate Inquiry for Cancer Services (jointly with Cancer Council), National Chronic Disease Strategy, Evaluation of the National Centre for Immunisation Research and Surveillance, NHMRC National Statement on Ethical Conduct on Research Involving Humans (1999).

In closing I look forward to working with and for the NACCHO membership through the NACCHO Board during 2005/06.

Dea Delaney-Thiele

Chief Executive Officer

WORKFORCE AND EDUCATION

ABORIGINAL HEALTH WORKER AND TORRES STRAIT ISLANDER HEALTH WORKER NATIONAL COMPETENCY STANDARDS

Significant work was undertaken throughout this financial year to continue the revision of the Aboriginal Health Worker and Torres Strait Islander Health Worker National Competency Standards. All stakeholders involved are to be congratulated on the level of commitment shown to produce a revised framework that meets national needs, this includes the technical writing team who met several times throughout the year both face to face and via teleconference, to those who attended stakeholder meetings, OATSIH and other Government representatives, ANTA, the Steering Committee (NACCHO is represented by Mary Martin) and the team from Community Services and Health Industry Skills Council Ltd.

While the framework has not yet been endorsed, significant progress was made. There are various components to the framework and the one known as the primary health care (practice) stream has been signed off by the technical writing team. This document will now go out for final validation and formal endorsement processes.

Further work will be undertaken on the primary health (community) care stream by a slightly different group of technical writers (though many are the same) and very careful consideration will be given to how much can actually 'fit' into this stream without it becoming too much of everything and not enough to provide the future workforce with the right mix of skills and competencies. A big question that will be soon answered through a workshop to be conducted by the Skills Council will be how to effectively include mental health and social and emotional well being competencies.

RISK ASSESSMENT PROCEDURES

In 2003, OATSIH raised concerns that a small number of organisations they fund were experiencing difficulties financially and operationally. In 2004, OATSIH engaged consultants to develop a standardised approach to assessing services at risk. OATSIH is progressing with the development of the Risk Assessment Procedures (RAP). OATSIH advised NACCHO that the purpose behind the RAP is to enable OATSIH to use it as an early identification mechanism to identify ACCHS that are experiencing difficulty. In 2004 NACCHO objected to the content and proposed implementation of the RAP due to the increased level of reporting requirements. NACCHO expressed concerns about the potentially subjective nature of the current RAP tool and advocated for the sector to have access to support to further develop good practice in governance and management particularly for the small amount of services (approximately 5%) who are in difficulty. NACCHO recommended to OATSIH that a preventative approach to governance and management issues be taken and submitted a proposal to OATSIH to roll this approach out. NACCHO also advocated for the procedures to be considered in the context of the *Service Activity Report (SAR)*, the newly developed *Single Funding Agreement* and the *Service Development and Reporting Framework* (which was trialed by a number of services during this period).

WORKFORCE AND EDUCATION

In December 2004 OATSIH provided NACCHO with an undertaking that they would engage with NACCHO to refine the procedures to ensure it had a balanced approach through a review process and would invite NACCHO to comment on the Terms of Reference.

WORKFORCE INFORMATION POLICY OFFICERS NETWORK (WIPO)

The Workforce Information Policy Officer's met twice this financial year. The WIPO positions located in each NACCHO State and Territory Affiliate body provide a pivotal role in implementing the National Workforce Strategic Framework book, commonly referred to as the 'yellow book'. This has involved all jurisdictions developing an implementation plan. During this financial year most plans have been developed, finalised and have begun implementing the plans.

Ongoing funding of these positions continues to be an issue and currently ceases December 2005.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE WORKING GROUP

NACCHO attended these meetings throughout the financial year. Current and emerging issues include AHW Competencies, Indigenous Environmental Health Worker Review, the mid-term Review of the Workforce Strategic Framework and a research study to examine issues impacting on the health workforce to be undertaken by the Productivity Commission. Another issue is the development of Governance and Management training and a study to examine the feasibility study for the development of a National Aboriginal Health Worker Association.

NATIONAL STRATEGIC FRAMEWORK FOR MENTAL HEALTH AND SOCIAL AND EMOTIONAL WELL BEING

NACCHO had an ongoing involvement in the development of this Framework in 2002-03 and we are still waiting to see the framework printed. It has been very disappointing to see the document take such a long time to get endorsed, however it has now been endorsed by both the NATSIHC and the AHMAC National Mental Health Working Group. NACCHO have been urging OATSIH to form the implementation working group and discussions with OATSIH are ongoing. To date this group has not formed.

AUSTRALIAN DIVISIONS OF GENERAL PRACTICE

The NACCHO/ ADGP MOU work Plan was sent out to NACCHO Members for comments and feedback, a small number responded with relevant comments.

A Joint working Group had been established to further promote and oversee the implementation of the Work Plan, the NACCHO Members on this working group are: Tony McCartney, Kelvin Onus- King, Henry Councillor and Dea Thiele, and the NACCHO GP Policy Officer will provide secretarial support.

WORKFORCE AND EDUCATION

A joint submission to the Minister for health is being developed to fund the implementation of the NACCHO/ ADGP MOU with specific emphasis on targeting the Divisions and the AMS's to identify barriers and through this build improved links between the respective organisations.

GENERAL PRACTICE EDUCATION AND TRAINING

NACCHO has continued working with GPET to assist in the development and evaluation of GP Education and Training in Aboriginal Health and the implementation of the Framework that supports the establishment and maintenance of best practice in Aboriginal and Torres Strait Islander health.

The GP Education and Training Framework is underpinned by 3 sub-publications developed by the GPET Aboriginal and Torres Strait Islander Health reference Group these are:

- a) Training in Aboriginal and Torres Strait Islander Health – *Making a Difference and Gaining Invaluable General Practice Skills.*
- b) Good GPs for Aboriginal and Torres Strait Islander Communities – *GP Training Information Package for Aboriginal community Controlled Health Services.*
- c) Requirements and responsibilities of an Aboriginal And Torres Strait Islander General Practice Training Post – *A Guide.*

NACCHO's representation on the GPET Aboriginal and Torres Strait Islander Health Reference Group is as follows

Ms Jill Gallagher – Board Representative

Ms Mary Martin – QAIHF

Ms Elaine Lomas – NACCHO Secretariat

In July 2004 GPET funded NACCHO Affiliates to employ personnel to promote the potential of Aboriginal Health Training Posts and to assist to further progress the implementation of the GPET Framework.

NACCHO as a member of the Evaluation sub committee has assisted in the development of the procedures to evaluate the Framework. NACCHO Member Services participated in the Evaluation of the GP Training through the GPET Survey, the overall response for this was good, the full Evaluation report be released later in 2005.

The GPET Framework Evaluation committee members are:

Elaine Lomas – NACCHO

Dr Louis Peachy - AIDA

Dr Noel Hayman - AIDA

Dr Jenny Reath - GPET

Ms Gaye Doolan - GPET

WORKFORCE AND EDUCATION

ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

NACCHO has continued to work with the RACGP to implement the Aboriginal and Torres Strait Islander component of their Strategic Plan which has two main focuses

GP Workshop

In October 2004, NACCHO and the RACGP welcomed General Practitioners (GPs), GP Registrars and others working in aboriginal and Torres Strait Islander health to a national workshop aimed at sharing ideas and resources and improving the support for those working in this important health area.

The workshop was the second of its kind and was funded by the Australian Government Department of Health and Ageing and will build on the previous success of the one held in Sydney 2000.

The NACCHO Chairperson Mr Tony McCartney and Professor Michael Kidd set the scene for the day with key note addresses that focused on workforce training and support initiatives and models of best practice in health care.

Concurrent elective sessions addressed key topics identified in a pre-workshop needs assessment. A comprehensive report including recommendations for future activities was released in January 2005.

NACCHO and the RACGP will continue to work together to ensure that Aboriginal health issues are adequately addressed.

Cultural Safety Training (CST)

NACCHO has had continuous involvement with RACGP and Aboriginal Health Council Western Australia (AHCWA) as a member of the Cultural Safety Training Reference Group in the development of the CST modules and Train the Trainer Manual.

From April to July 2005 a series of CST pilots involving a Train the Trainer Workshop and CST Workshop for GPs were delivered in all States and the Northern Territory. The NACCHO Affiliates in each state were involved in the development and delivery of the pilots.

A number of participants both from the Medical and ACCHS sector have registered to be trained to deliver future Cultural safety Training programs in their various States at the completion of the CST pilots.

SINGLE FUNDING AGREEMENT

As part of the process of review for the 2005/2006 SFA, negotiations occurred between with OATISH, and NACCHO. The NACCHO working group with the NACCHO staff have sought to mediate the terms of the contract through formal dialogue, of which the final meeting occurred at the end of April 2005.

In addition to the ongoing negotiations leading to the final contract, Legal advice was sought on a number of the issues identified by the working group. This has been done in partnership with VACCHO and AH&MRC.

In the current political environment, there have been some significant challenges in working towards a contract which would be agreeable to all parties. The most significant issue which emerged in the negotiations has been the issue of community control, and sovereignty of which the Commonwealth has taken the view, that a wider group of people need to be involved in informing health directions, and that more emphasis should be on achieving health outcomes.

As there are still issues of significant concern for the sector, it is the view of the working group that the contract will still not be acceptable to the sector for a range of reason. However it has been noted that most organisation will end up signing to ensure continuity of service delivery.

In summary these issues include:

- Onerous report and inconsistent reporting (variation from state to state);
- A lack of reciprocity in the terms of the contract; and
- Increased level of control by OATISH.

On the positive side:

- Biannual review process to look at the contract and other tools;
- Adoption of a plain English language in the contracts;
- Inclusion of the Law society to mediate issues arising from the contract; and
- A slight decrease in the reporting for the purposes of risk management.

NACCHO is committed to achieving the best possible contracts for the sector, which requires ongoing dialogue with OATSIH, there remains some significant challenges for the sector in the current political climate, and will seek to progress issues that are still outstanding in future contracts negotiations.

PBS UPDATE

APAC

The Australian Pharmaceutical Advisory Council is the peak policy advisory group to the Commonwealth government on National Medicines Policy. It has broad representative membership drawn from health professional, consumer, educational, government and medicines industry groups. NACCHO is a member of the Council and its Indigenous Issues Working Party.

Key medicines-related policy issues being progressed through the Council include:

- Improving access by Aboriginal people to needed medicines, particular in rural and urban areas where special Section 100 supply of medicines through Aboriginal health services does not currently apply;
- Strengthening existing Section 100 supply through improved medicines ordering arrangements and better resourced partnerships with community pharmacists ; and
- Getting access to medicines that are important in Aboriginal health but that are not on the standard PBS list (for conditions such as extensive fungal skin infection, severe scabies and 'runny ear').

Specific activities undertaken by NACCHO included:

- Input into the review of Section 100 undertaken by CRC for Aboriginal Health and the University of Melbourne;
- Providing advice on the implementation of the 'special' Aboriginal PBS drug list announced in the May 2004 Budget;
- Ensuring that access to needed medicines and quality use of medicine remained high on the APAC priority agenda in planning; and
- Building alliances with key partners such as the Pharmacy Guild of Australia, the Australian Medical Association and Medicines Australia on medicine-related policy issues.

Election promise

In the lead up to the election campaign NACCHO combined with the AMA, Pharmacy Guild and ADGP surveyed all politicians to gain their views on improving access to the PBS for Aboriginal people. We received a pleasing number of responses in light of the election win by the Coalition we can report we have their commitment to 5 of the 6 questions we asked of them. They have agreed that:

- Improving the health of Aboriginal people and Torres Strait Islanders is a high priority if elected to Government;
- They recognise that access to medications is an extremely cost effective measure when compared to tertiary treatment options;

HEALTH FINANCING

- They agreed that providing equitable access to the PBS for all Aboriginal peoples and Torres Strait Islanders will be a high priority if elected;
- That the Government should pay the same dispensing fee for dispensing to all Aboriginal people and Torres Strait Islanders as they do for non-Aboriginal Australians; and
- They agreed that there is a need to significantly increase funding for implementation strategies to improve quality use of medicines for Aboriginal and Torres Strait Islander peoples.

Unfortunately they did not agree:

- That for Aboriginal people and Torres Strait Islanders the co-payment is a significant barrier to accessing medicines and therefore this barrier should be removed.

What this means is that we will have further opportunities to progress this issue. We will need to work on a future strategy to get the government to understand the issues around the co-payment. We would welcome feedback from board members about how we can best demonstrate that the cost of the co-payment is a barrier.

ACCESS TO THE PHARMACEUTICALS BENEFITS SCHEME

Whilst all Australians have access to medications through the PBS which subsidises their cost under Section 85 of the National Health Act (1953), Aboriginal and Torres Strait Islanders have reduced access for a number of reasons. As a result, in 2004, NACCHO, the Pharmacy Guild and the AMA developed a proposal for the extension of Section 100 arrangements for all Aboriginal Health Services to access medications through bulk supply from community pharmacies. This was an extension of the current scheme for remote area Aboriginal Health Services and followed several reviews that reported the success of this initiative. This proposal was accepted and endorsed by the Australian Pharmaceutical Advisory Council (APAC) in June 2004. The aim is for all ACCHSs, regardless of location to be able to provide medications direct to Aboriginal clients without the need for prescriptions. Lobbying to have the proposal implemented is continuing.

NACCHO is currently working with APAC to develop a PBS listings category for items used in Aboriginal health. In 2004, NACCHO engaged with several drug companies to encourage PBS listing for glitazones as additional therapy prior to commencing insulin in type 2 diabetes. This is particularly relevant to Aboriginal and TSI peoples as they are often on maximal tolerated doses of conventional oral hypoglycaemic therapy. This resulted in a submission to the PBAC to improve access to new medications to treat diabetes. The PBS altered the indication for the new glitazones in April 2005.

In addition, NACCHO is steering an Australian Government committee on the 2005 Keys Urbis Young evaluation for PBS and MBS access by Aboriginal peoples (which follows the landmark 1997 evaluation heavily influenced by NACCHO).

HEALTH FINANCING

NACCHO has developed draft Quality Care Standards for Pharmacists providing pharmaceutical services to ACCHSs.

NACCHO is progressing a Community Quality Use of Medicines Project funded by the Australian Government through the National Prescribing Service. This work compliments other pharmaceutical work undertaken by NACCHO and includes the following:

- Development of four short courses on asthma, hypertension, quality use of medicines and diabetes. These units will be piloted through the project and be made available for member services to utilise through in-service training; and
- Development of information sheets, newsletter and website on medicines issues.

As a result of the success of the NACCHO Ear Trial, we progressed the following policy initiatives that will benefit all health service providers:

1. Joint application with Alcon Laboratories to the Therapeutic Goods Administration for listing ototopical ciprofloxacin for chronic suppurative otitis media (submitted in early 2005). Ciloxan is likely to be TGA approved for this purpose in 2005, as the first Australian non-ototoxic treatment of CSOM consistent with WHO recommendations.
2. Subsidised access to topical ciprofloxacin for ACCHSs treating CSOM through donation from Alcon Laboratories.

ACCESS TO MEDICARE

Our efforts towards the implementation of Adult Health Checks are summarised in the Public Health section. Other NACCHO activities ensure that MBS initiatives such as Medicare Plus, Strengthening Medicare, the EPC items and Practice Incentive initiatives are accessible to ACCHSs through national evaluations and proposals for program reforms (see also National Health Priority areas activity).

Many of the reforms which are appearing for these programs are a result of NACCHO efforts. For example, NACCHO steered the 2004 Evaluation of the National Indigenous Flu and Pneumococcal Vaccination conducted by the National Centre for Immunisation Research and Surveillance (NCIRS). Under advice from NACCHO, the survey included an investigation of vaccines administered by Aboriginal Health Workers (AHW) within ACCHSs. It confirmed that AHWs are a core component of the immunising workforce for Aboriginal and TSI children and adults. As of 2005, item 10993 will be expanded to include provision for AHWs to immunise under the supervision of the GP, however, there are Departmental restrictions in access to this item for all ACCHSs, and NACCHO is currently trying to rectify this.

In addition, EPC Care plan items now include AHWs as allied health professionals (Item 10950). A new MBS item pertaining to Pap Smears provided by practice nurses in rural or remote areas (10998) does not currently recognise AHWs. NACCHO is also working to address this oversight.

BACKGROUND

Throughout the year NACCHO continued to provide advice and advocate on issues in relation to health information and data through forums such as the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID) and the National Aboriginal and Torres Strait Islander Health Survey Reference Group as well as direct liaison with statistical bodies such as the Australian Bureau of Statistics and the Australian Institute of Health and Welfare.

NACCHO attended two NGATSIHID meetings and continued to advocate for the needs of Aboriginal and Torres Strait Islander peoples in relation to issues such as the collection and use of health and health related data, mental health and the longitudinal Study of Indigenous Children. NAGATSIHID continued the implementation of the National Indigenous Health Information Plan which covers various issues on health information and data including the following:

- Population enumeration;
- Administrative Data Sources including hospital separations, vital statistics such as births and deaths and general practice;
- Mental Health data;
- Primary health care;
- The burden of disease;
- The development of protocols in relation to the collection and use of health and health related data; and
- Reports on service delivery and health status.

NACCHO remains committed to protecting the interests of Aboriginal and Torres Strait Islander peoples in the collection and use of health and health related data by government and non-government institutions and to ensuring that proper processes are in place to control the use of data held in such institutions.

RESEARCH ETHICS AND INFORMATION/PROTOCOLS

NACCHO, in collaboration with the Office of Aboriginal and Torres Strait Islander Health, continued the drafting of National Data Principles and Guidelines for Aboriginal and Torres Strait Islander Health Information. These guidelines, when finalised, will present a concise set of Aboriginal and Torres Strait Islander health data principles and guidelines to guide the proper use and management of Indigenous health information contained in routine data collections across Australia. A Working Group was established to oversee the development of these Principles and Guidelines prior to their endorsement by the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID). Drafting is close to completion and it is anticipated that Principles and Guidelines will be considered by NAGATSIHID early in the new financial year.

The development of these guidelines has been a difficult process that has required lengthy negotiations with OATSIH in the drafting of several documents. NACCHO acknowledges the work of the Aboriginal Health and Medical Research Council of NSW in the development of this document.

SERVICE ACTIVITY REPORTING

NACCHO continued to work closely with the Office of Aboriginal and Torres Strait Islander Health in the area of Service Activity Reporting. The Key Result Areas for 2001-02 have been cleared for printing by OATSIH and the 2002-03 Key Result areas have also been produced and are awaiting clearance by NACCHO prior to printing. NACCHO have continually sought meetings of the SAR Committee to discuss important issues in relation to the future of the SAR process, however the Committee was unable to meet during the year.

During the year a major review was commissioned by OATSIH and undertaken by Paul Ban and Associates. NACCHO was involved in many aspects of the review including being on the panel to select the consultants and commenting on draft reports produced in the course of the review. The major focus of the review was to assess and improve the quality and utility of SAR data being collected in order to achieve optimal outcomes for the SAR process. The review produced four reports and covered the following areas:

Report 1: provided an analysis of themes emerging from the first eight Service site visits and included a preliminary analysis of the SAR editing process.

Report 2: provided an analysis of the SAR data collected for each year from 1997-98 to 2002-03 with recommendations for the improvement of future data collection.

Report 3: provided an analysis of OATSIH program documentation, site visits to fifteen Service sites (including the eight from Report 1), telephone interviews to fifty Services and written input from State/Territory and OATSIH Central Offices. In addition the Report contained final analysis of the data editing process and recommendations regarding the presentation of the Individual Service Reports and Key Results Reports.

Report 4: provided an integrated overview of the conduct, findings and recommendations of the project and responds to the central objective 'to assess and improve the quality and utility of SAR data in order to achieve optimal outcomes for the SAR project.'

Recommendations from the review covered a number of areas including the following:

- The need for OATSIH to conduct an audit of information technology capabilities of services and that services be prioritised for additional funding for IT enhancements;
- Greater support should be provided by OATSIH State Offices for services with manual data collection systems to ensure timely submission of SAR's;
- That work should continue on the development of an electronic SAR Form;
- Feedback mechanisms should be put in place by OATSIH following the submission of the SAR, particularly where a service had highlighted issues that had been brought to OATSIH's attention;

- That OATSIH needed to provide services with greater clarity as to the purpose and use made of SAR data, particularly in relation to informing funding decisions;
- Intra-state workshops could be held to review and revise the SAR process as a reporting tool, focussing on what reporting information is meaningful and what should be deleted; and
- That an investigation be done regarding the potential for integrating service activity reporting with reporting of Services against their business plans as is intended in the Service Delivery and Reporting Framework (SDRF) process.

These recommendations, if implemented by OATSIH, will have significant implications for our sector. If there are any significant changes to the reporting processes they will require serious discussion and negotiation between NACCHO and OATSIH prior to any implementation.

SERVICE DEVELOPMENT AND REPORTING FRAMEWORK

The Office of Aboriginal and Torres Strait Islander Health trialled and evaluated the Service Development and Reporting Framework (SDRF) during the year which has two elements. The first is the development of, and reporting against, Action Plans at the service level. Through these Action Plans, services will set down their plans for the year ahead, and the milestones they hope to achieve. These Action Plans will be reported against six-monthly. The SDRF was initially trialled in 34 services across Australia and the expectation is that this will be extended to all services in the coming years.

The second element is the Quality Improvement Initiatives (QII). Every OATSIH funded service will be offered funding once every three years to support quality improvement activities. The guidelines for these projects will be very broad – essentially, the funds must be spent on looking at how services do what they do, rather than expanding their service delivery.

Tony McCartney sat on the panel to select the consultants who undertook the evaluation and the secretariat met with the consultants in the development of the evaluation and also provided comments on the final report. NACCHO also sat on the Steering Committee which oversaw the consultancy. Although the SDRF was considered by many services to be a demanding process it was generally well received as a planning tool. The major finding of the evaluation was that most services found the Action Planning process very beneficial for their service, particularly in relation to their future needs and direction. The report also found that the success of the SDRF was highly dependent on the level of support given by the State and Territory Offices of OATSIH. If fully implemented the SDRF will require significant commitment by OATSIH.

This is another activity in which NACCHO needs to have considerable input into as it has significant implications for our sector. NACCHO needs to ensure that the interests of our sector are protected and that clear and transparent reporting is maintained so that NACCHO has access to information about the activities of our services.

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER SAFETY PROMOTION STRATEGY

NACCHO had considerable input into the development of the National Aboriginal and Torres Strait Islander Safety Promotion Strategy through its involvement in the Aboriginal and Torres Strait Islander Injury Prevention Action Committee. The strategy was developed to address the specific safety promotion and injury needs of Aboriginal and Torres Strait Islander people and outlines specific strategic requirements for improving safety and reducing the incidence and harm of injury to Aboriginal and Torres Strait Islander people. The Board endorsed the Strategy in February 2005 and will have ongoing involvement in the development of the implementation of the Strategy.

PATIENT INFORMATION RECALL SYSTEMS

A national Patient Information and Recall System (PIRS) workshop was held in March 2004. An issues paper was also released at this time to provide background information for the workshop. The outcomes of this workshop were made available in August 2004 and will be used as inform further discussions in this area. At the time it was estimated that 75% of services were using a PIRS and that they were becoming an effective tool in supporting improved health outcomes in Aboriginal and Torres Strait Islander communities. NACCHO will continue discussions with OATSIH in relation to further developments in this area. The workshop was an opportunity for OATSIH to gain an understanding of how services were using PIRS and to discuss issues of sustainability such as what worked well and what did not. The workshop outcomes gave OATSIH information to determine adjustments needed in their policy and program guidelines to support the wider use and sustainability of PIRS in Aboriginal controlled community health services.

MEDIA AND ADVOCACY

NACCHO continued its strategic approach to representing ACCHSs through representation on national committees and working groups and by accepting keynote speaker roles at major conferences.

It also continued to issue media releases to provide an Aboriginal community-controlled health service viewpoint on issues affecting Aboriginal Australians. NACCHO also carries out extensive lobbying activities with all political parties and continues to build alliances with a wide range of influential NGO organisations.

PRESS RELEASES

14 July 2004	New Coalition of Aboriginal Organisations
3 August 2004	New Internet service Aids Aboriginal and Torres Strait Islander Health
12 August 2004	NACCHO and AMA Announce Major Aboriginal Health Report
8 December 2004	NACCHO Urges New National Indigenous Council to Prioritise Issues of Health for Aboriginal Australians
1st March 2005	Interview with Sydney Morning Herald on child health issues
13 April 2005	Interview with ABC Life Matters Program on Adult Health Check MBS item
25th May 2005	Interview with Indigenous Media on AMA 2005 Report Card
28 June 2005	Interviews with Australian Doctor and Medical Observer regarding Child Health Check MBS press release.

SHOWCASING

Mr Tony McCartney and Ms Margaret Culbung delivered a presentation on 'cancer prevention through primary health care' at the Cancer Council Forum in August 2004. A co-presentation with the National Centre for Immunisation, Research and Surveillance was delivered at the Public Health Association Conference in August 2004. A presentation by Dr Sophie Couzos was given on the National Guide (see below) at the RACGP Annual Scientific Convention, October 2004 and the Aboriginal Health Council of SA/SBO workshop in Adelaide on 6th November 2004.

PUBLICATIONS/WEBSITE

Mayers N, Couzos S. Towards health equity through an adult health check for Aboriginal and Torres Strait Islander people. *Med J Aust.* 2004; 181 (10): 531-532

http://www.mja.com.au/public/issues/181_10_151104/may10471_fm.html

Couzos S. Practical measures that improve human rights -Towards health equity for Aboriginal children. *Health Promotion Journal of Australia.* 2004;15:186-92.

Couzos S, Lea T, Murray RB, Culbong M. 'We are not just participants- we are in charge': the NACCHO ear trial and the process for Aboriginal community-controlled health research. *Ear Health.* 2005 May;10(2):91-111

Australian Doctor published articles throughout the year on the need for an implementation strategy for the MBS Adult Health Check, as informed by NACCHO.

TAKE NOTE – NACCHO MONTHLY NEWS

The monthly bulletin is designed to keep members informed on a more regular basis of the more initiatives and work being undertaken within the Secretariat.

NACCHO has produced and distributed 8 Take Note Newsletters to our members these have been for the following months:

2004: July, August, September, October, November/December

2005: January/February, March/April, May

Take Note is also available in colour on the NACCHO website.

NACCHO WEBSITE

The NACCHO website has also been improved, not just to include Take Note but also by a significant improvement to the information provided on the NACCHO Homepage. This now includes a list of the more significant achievements of NACCHO as well as a selection of much of the key information from the latest SAR data.

Given the number of hits the Website achieves, the expanded home page will serve an important function. Additionally, the sub-section of the Media section entitled “Reports”, has also been extended to include the Social and Emotional Well Being reports from all States and Territories.

POLITICAL ADVOCACY AND RELATIONSHIP MANAGEMENT



Dancers from Townsville perform a welcome ceremony for the delegates and friends at the dinner celebrating 30th Anniversary for TAIHS



Sean Chulburra a young Rappa woos the crowd with his wit and unique style of entertainment



The TAIHS Line Dancers strut their stuff during their challenge to Charleville and DCH.. so much energy.



Mr Leo Atkinson enjoying time with his grandson Tahu Tanerau at the TAIHS Anniversary Dinner.

2004 MEMBERS MEETING AND AGM

Over 200 people representing Aboriginal Community Controlled Health Organisations across Australia gathered in Townsville QLD in November 2005 to attend the NACCHO Members Annual General Meeting.

Ms Angie Ah Chee local Elder acknowledged the Elders of this land and traditionally welcomed the members to Townsville wishing them success for their meeting.

Tony McCartney thanked Ms Ah Chee for the welcome and introduced Alec Illin, Chairperson, Townsville Aboriginal Islander Health Service (TAIHS) and Rachel Atkinson CEO (TAIHS), and congratulated them on reaching their 30years of service to the Aboriginal and Islander communities in Townsville.

Mr Alan Brown the Chair of the Victorian Aboriginal Health Service joined Alec Illin as joint MC's for the Members' Meeting.

A number of presentations from the National perspective were given at the Members meeting these included:

- Data Principles;
- MBS Item 710 Adult health check;
- Workforce Issues;
- Single Funding agreement;
- S100; and
- GP Network.

POLITICAL ADVOCACY AND RELATIONSHIP MANAGEMENT



Some of the young people attending the Dinner take time out for photos.



Anne Parker CEO from the Riverina Medical & Dental Health Service in Wagga, Toni Peachey from Townsville & Eunice Peachey from Thubbo AMS in Dubbo enjoy the atmosphere at the 30th anniversary dinner



NACCHO staff welcome Troy Cassar Daley to Townsville. L to R: Craig Dukes, Dea Delaney Thiele, Louise Cooke, Elaine Lomas, Troy Cassar - Daley, Irene Peachey

Other sessions included presentations on health promotion projects which were given by:

The Marie Stopes Foundation on the "One Eyed snake Sexual Health Project, SIDS and Kids Mou with NACCHO, Indigenous Diabetic foot Project and an update on the joint AHCWA/ RACGP Cultural safety Project.

Health Insurance Commission and the Department of Health and Ageing's Broad Band for Health section had information booths to provide pamphlets and various promotional materials available for members to browse or take away with them.

Undoubtedly the highlight of the Members meeting was attending the Townsville Aboriginal and Islander Health Service's (TAIHS) 30th anniversary dinner, the food was great, but the toe tapping, rug cutting entertainment with Troy Cassar – Daley and the young Rapper Sean Choolburra was exceptional, the Line Dancing play off between TAIHS and Charleville and Western District Corp for Community Health was exciting amid wolf whistles and cheers with Charleville winning a well fought challenge.

NATIONAL COMMITTEES/WORKING GROUPS REPRESENTATION

NACCHO Representation on National Committees/Working Groups:

- NACCHO Oral Health Alliance;
- Indigenous Health Advisory Committee, James Cook University;
- Australian Pharmaceutical Advisory Council;
- Public Health Education and Research Program;
- Public Health Law and Indigenous Health Project;
- AMA Taskforce on Indigenous Health;
- Primary Health Care Standing Committee;
- Workforce Standing Committee;
- Divisions Standing Committee;
- Enhanced Primary Health Care Taskforce;
- National Aboriginal and Torres Strait Islander Health Council;
- National Health Priorities Action Council;
- National Public Health Partnership;
- National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data;
- National Drug Strategy Aboriginal and Torres Strait Islander Reference Group;
- Consumers and E-health strategic group;
- Indigenous Social Survey (ABS) Reference Group;
- Service Activity Reporting Joint Committee (with OATSIH);
- Aboriginal Health Training Working Party;
- Research Agenda Working Group (RAWG) of the NHMRC;
- National Aboriginal and Torres Strait Islander Health Council;
- National Public Health Partnership (NHPH) Advisory Group;
- National Aboriginal and Islander Working Group (ATSIWG) of the NPHP;
- Joint Advisory Group (NHPH and GPPAC);
- HIC Consumer Advisory Committee;
- National Immunisation Committee;
- National Immunisation Strategy Development Committee;
- Aboriginal and Torres Strait Islander Hearing Health Project- Advisory Committee;
- National Indigenous Australians Sexual Health Committee;
- National Donovanosis Eradication Advisory Committee;
- Population Health Education for Clinicians (PHEC) Consortium;

POLITICAL ADVOCACY AND RELATIONSHIP MANAGEMENT

- Australian Childhood Immunisation Register Management Committee;
- Rural, Remote, Aboriginal and Torres Strait Islander Advisory Committee of the National Heart Foundation;
- Chronic Disease Alliance of NGO's (NACCHO leads this group);
- National FBT Cross Agency Working Group;
- Mental Health Council of Australia;
- National Rural Health Alliance Council;
- Australian General Practice Training - (General Practice Education and Training);
- Royal Australian College of Physicians Aboriginal and Torres Strait Islander Health Reference Group;
- Australian Association of Gerontology Aboriginal and Torres Strait Islander Health Reference Group;
- Royal Australian College of General Practitioners / AHCWA Cultural Safety Training Reference Group;
- RACGP / NACCHO GP network Advisory Group; and
- RACGP / ACCRM Joint Consultative Committee on Aboriginal Health.

NATIONAL INDIGENOUS DISABILITY NETWORK

Meetings were held with the Department of Family and Community Services (FACS) to progress the establishment of the National Indigenous Disability Network. (NIDN). Representatives of the NIDN approached NACCHO a couple of years ago to assist them in the formation of a national advocacy group. The NACCHO board supported this and agreed to provide support to the NIDN as an 'auspicing body' until they were established. Work began with ATSIC/ATSIS to progress the project but due to ATSIS' demise no further work took place until now.

The Department of Family and Community Services has provided NACCHO with a small amount of funding to progress the establishment of the National Indigenous Disability Network over 2005-06. The funding is provided to build up local and state networks in order to form a strong base for a national network. At the moment there are only three existing state based networks in NSW, SA and WA. FACS have funded NACCHO to assist in building up the other states, while they encourage the State governments to also come in and support them through the Commonwealth State Agreements, to assist in the long term sustainability of a representative national group.

NATIONAL INDIGENOUS DRUG AND ALCOHOL COMMITTEE (NIDAC)

The National Indigenous Drug and Alcohol Committee (NIDAC) aims to maximise the capacity of local communities, governments and other organisations to respond to the harmful effects of alcohol and other drugs on Indigenous communities, principally through the implementation of the National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003 – 2006.

After finalising NIDAC's terms of reference, the committee discussed the federal budget and workforce development. Members considered the Indigenous component of the National Illicit Drug Campaign, "talking about drugs" That will change from parents to a family focus, which is more culturally relevant. Considerations, such as cultural differences, were taken into account. A series of radio advertisements for Indigenous youth were also presented to the committee.

ASTHMA 3+ PLAN EVALUATION PROJECT

NACCHO received funding from the Commonwealth Department of Health and Ageing through the University of Adelaide to participate in the Asthma 3+ plan evaluation Sept – Dec 2004. This involved questionnaires and focus groups with targeted ACCHSs. NACCHO is currently finalising the contract with Adelaide University. The project proved a success and a final report was submitted.

NACCHO GP NETWORK

The NACCHO GP Network is a project funded by the Department of Health and Ageing (DOHA), through the Royal Australian College of General Practitioners (RACGP) until November 2005.

The NACCHO GP Network (NGPN) has been further developed throughout 2004/05 to be accessible over the internet via the NACCHO website. It provides a channel for communications with and between General Practitioners, GP Registrars and Locums working in the Aboriginal Community Controlled Health sector, Aboriginal Health through other service providers or those interested in becoming involved in Aboriginal Health.

The NGPN is assisting to ensure that GPs and the primary health care workforce:

- Embraces the philosophy of Aboriginal community control and self determination;
- Understands the cultural and clinical context of Aboriginal health and well being;
- Provides optimal care to Aboriginal people; and
- Has access to social and professional support and ongoing career development opportunities.

There are two areas within the website, one which is open access and can be viewed by any interested party, the second is a password protected secure area which is only accessible to pre-registered eligible users. The open access area contains information concerning:

- A description of the GP Network;
- A description of the thematic forums;
- Locum Network services;
- NACCHO Resources and News;
- Conferences;
- GP Network Registration; and
- Vacancies for GPs in Aboriginal Community Controlled Health Services.

The password protected area allows access to:

- Thematic discussion forums;
- Member Profiles;
- What is on offer to those involved in GP Training?
 - Resources, including videos, books, manuals
 - CST modules suitable for GPs/ educators
 - Ongoing access to enhanced resource collection; and
- Opportunity to network with other interested GPs and GP registrars via web/meeting/ newsletter.

SERVICE SUPPORT

Activity for the NACCHO website has increased 300% since the release of the NACCHO GP Network. Statistics for 2004-2005 for the NACCHO site are as follows.

Total hits:	820,270
Total page views:	318,328
Starting day:	01/Jul/2004
Ending day:	30/Jun/2005
Average hits per day:	2,247
Average page views per day:	872
Average visitors per day:	159
Referring domains:	684

The next milestones are to a) release the GP Locum Network support services which have been developed and are undergoing quality assurance testing and b) release a promotion to GP Registrars which has been developed in conjunction with RACGP and General Practitioner Education and Training (GPET).

COMMUNITY QUALITY USE OF MEDICINES (CQUM PROGRAM)

This project is funded by the Australian Government (DOHA) through the National Prescribing Service (NPS). The NPS and NACCHO agreed to collaborate to develop and implement community quality use of medicines activities for Aboriginal and Torres Strait Islander people.

NACCHO are working with three sites; the Kimberley Aboriginal Medical Service Council (KAMSC), the Victorian Aboriginal Health Service (VAHS) and the Port Lincoln Aboriginal Health Service (PLAHS). After discussing with each of the three sites what QUM needs exist in their community the NACCHO project officer has selected several strategies for community QUM activity.

Based on the information provided by the focus sites, it is proposed that two initiatives will be implemented. The first is a 10 module education package that will provide education and training over a 12 month period (10 per year) on selected health issues. Aboriginal health workers have stated that they would like more opportunistic education on medicines related issues. By opportunistic, people have said they mean education that can take place within their services, with the least amount of disruption to the service.

People have unanimously advised that the first series of modules should be on asthma, diabetes and hypertension. It is proposed that the first 4 training sessions be trialled in the focus sites and revised following feedback. This would be achieved through a one day workshop for senior Aboriginal health workers and others who may be involved in the delivery of the education on the focus sites.

SERVICE SUPPORT

As Aboriginal Health Workers (AHWs) have a diverse and unique role in the delivery of holistic health care services to the community in which they work they are seen as having a crucial role in the transfer of information to the community on medicines information. In this strategy senior Aboriginal Health Workers in each of the three sites will be trained in a QUM topic to enable them to deliver a series of training sessions to the AHWs in their AMS with support from NACCHO. There is an expectation that the content, format and delivery will require modification, following feedback and evaluation as this strategy is being piloted in three sites

Services indicated that the current Consumer Medicines Information sheets available through community pharmacies are inappropriate. It is therefore proposed that a computer data based program providing one page information sheets on specific chronic illness and the associated medication will also be developed. A series of education material for AHWs in chronic illness and related medications is currently being developed. A computer based program that generates health information sheets that provide information on chronic illness and related medications for community members is proposed.

Staff Meetings have been held in 9 services and a community meeting held in Pt Lincoln which 17 people attended. The purpose of these meetings has been to consult and collaborate on the specific resources and design of resources that will result from the project. The three focus areas, PLAHS, VAHS and KAMSC have been visited and follow up visits are planned during 2005/06.

SUPPORTING COMMUNITY PHARMACISTS AND ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES (ACCHSS) PARTICIPATING IN THE SECTION 100 INITIATIVE SUPPORT PROJECT

This project was funded by the Rural and Remote Pharmacy Infrastructure Grants Program as a component of the Rural and Remote Pharmacy Workforce Development Program which is funded by the Australian Government. Initially throughout this project, work was undertaken with the Pharmacy Guild of Australia to revise the current Business Rules for the support allowance to provide changes for the last 12 months of the current agreement. Work was undertaken with the Pharmacy Guild early in this project and a set of alternative Business Rules were developed that could be considered through the Third Agreement Management Committee. The key issues outlined in the changes to the business rules included an increase in both the allowance base funding and increased funding for the travel component of the allowance.

NACCHO's ongoing input into the process of revising the Business Rules for Support Services is necessary, however without dedicated resources within the secretariat, this will be more difficult to achieve, than during the last 12 months with a dedicated Project Officer to progress this vital work to the sector.

Key recommendations of the project include:

- There should be continued funding of a position within the NACCHO secretariat, filled by a person with pharmaceutical expertise, to further progress initiatives to improve access to medications by Aboriginal people and to support ACCHS to improve quality use of medicines;
- NACCHO and other peak health organisations need to continue to lobby the Commonwealth government to ensure that all Aboriginal people may access PBS medications through Aboriginal health services regardless of their location, with the support of community pharmacy and with sufficient funding to ensure quality use of medicines principles can be adhered to;
- The Pharmaceutical Society of Australia should use the existing draft standard to develop a nationally endorsed Guideline and Standard that defines Pharmacy Services to Aboriginal Health Services. The Pharmacy Guild of Australia through their Quality Care Pharmacy Program review, should ensure that the draft QCPP standard is endorsed and assessed through the Pharmacy Accreditation scheme. NACCHO should continue to be consulted in these process'; and
- NACCHO should continue to be included in the discussion around reform of the Section 100 Support Allowance initiative and ensuring process' involved encourage maximum participation by pharmacists and positive outcomes for the clients and staff of ACCHSs.

SEWB MODULE IN ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SURVEY

NACCHO led a major long term project under the NAGATSIHID Work Plan to Trial a new Module of questions in the ABS Aboriginal and Torres Strait Islander Health Survey - on mental health/emotional and social well-being issues. Various trials were conducted throughout the nation – according to conditions set by the Board of NACCHO. NACCHO has provided ongoing and significant assistance to the ABS throughout this process.

- It has since been decided that the new Module will proceed to the Survey proper after some modification.
- The survey is the very first attempt of any kind to obtain some form of national SEWB information and has been widely recognised as a major achievement of NACCHO in providing the groundwork for the development of this Module and the ethical and sensitive trialling of new topics. However the Module is far from perfect – and will require further refinement before the next survey – in 2010.
- NACCHO will continue to be involved in the outcomes of this Survey to ensure it produces worthwhile information that is appropriately analysed and reported on.

NACCHO provided input into the SEWB module for the 2004 – 05 National Aboriginal and Torres Strait Islander Health Survey. During the year the Australian Bureau of Statistics commenced their National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)

which was conducted during the 10 month period August 2004 to July 2005. Previous surveys in the series were conducted in 1995 and 2001.

Information sought during the NATSIHS interviews included details of long-term medical conditions experienced by respondents, recent injury events, consultations with health professionals, other actions people had recently taken in regard to their health (e.g. days away from work, medication), aspects of their lifestyle and other factors which may affect their health such as smoking, alcohol consumption, diet, exercise and immunisation. For the first time, information was collected on the social and emotional well being of Indigenous Australians and NACCHO has provided ongoing advice into the development of questions to address this issue. The sample size of the 2004-05 NATSIHS was around 10,000 persons, including adults and children.

NACCHO were provided with a small grant from NAGATSIHID through the ABS to further develop this module. Work commenced on the development of questions to address issues of isolation and loneliness which will eventually be included in the Social and Emotional Well Being module for future NATSIH's and also will be included in the ABS Social Health surveys. Work continues on this project.

NACCHO have also participated in the National Aboriginal and Torres Strait Islander Health Survey Reference Group which oversaw a range of issues associated with the NATSIHS.

NACCHO AND SIDS AND KIDS PROJECT

NACCHO received a small grant from OATSIH to further develop the MoU. AHCWA are undertaking this project on behalf of NACCHO.

Sudden Infant Death Syndrome (SIDS) is defined as

The sudden and unexpected death of an infant under 1 year of age, with onset of the lethal episode apparently occurring during sleep, that remains unexplained after a thorough investigation including performance of a complete autopsy, and review of the circumstances of death and the clinical history.

The incidence of SIDS in the general population has declined from 1.91/1,000 live births 1990 to 0.29/1,000 live births in 2003, coinciding with the launch of the 'Safe Sleeping' campaign now run by the community organisation 'SIDS and Kids'. But this decline has not been replicated in Aboriginal and Islander populations, where infant mortality rates remain almost four times and SIDS rates almost five times higher than for the general population. Research by the Australian Institute of Health and Welfare in Canberra shows that from 1991 to 2000, the rate of perinatal deaths in the Indigenous community was 4.49 per 1000 live births, compared to 0.73 per 1000 live births in the non-Indigenous community.

In 2003, NACCHO entered a MOU with 'SIDS and Kids' with the purpose of working '...in collaborative partnership to reduce perinatal and infant mortality in the Aboriginal and

SERVICE SUPPORT

Torres Strait Islander communities.' In 2004 OATSIH provided a grant to NACCHO for a short term project to map out a joint work program in line with the recent signing of the MOU.

The Aboriginal Health Council of WA (AHCWA) was contracted by NACCHO to undertake the project in October 2004. The SIDS project officer engaged by AHCWA reports in the first instance to the CEO AHCWA, and keeps NACCHO informed on a regular basis. A Project Steering Committee, involving NACCHO, SIDS and Kids, and AHCWA has been established to assist in this process.

The main objectives of the project are to prepare a joint work plan to advance implementation of the terms of the MOU, and production of a booklet to provide information on SIDS appropriate for ACCHS users. The project includes:

- A desk top audit of existing and available research and resources;
- Identification of existing programs within the NACCHO and SIDS and Kids networks, and gaps in services;
- Delineation of roles and functions; and
- Communication strategy.

The audit of existing information and resources on SIDS/perinatal mortality relevant to Aboriginal and Torres Strait Islander populations, the final draft of a Work Plan and an information package on the project have been completed. The current focus is to inform and invite the participation of NACCHO affiliates, focussing on ACCHSs running infant and maternal health programs in the preparation of a booklet. Drafts of the booklet are currently under preparation, and will be distributed to participating affiliates and ACCHSs early in 2005/6. It is expected that the project will be completed and booklets distributed throughout the NACCHO and SIDS and Kids networks soon after.

PUBLIC HEALTH

Public health achievements continued this year with many collaborative efforts and many successes. NACCHO widely promoted the need for a funded implementation strategy for MBS item 710 as uptake is slow. Efforts included Australian Doctor magazine as a communication forum, communication with the Medicare Benefits Branch, and a presentation given at the national RACGP Aboriginal and TSI Workshop in October 2004.

A summary of the scientific rationale and process NACCHO used to encourage and assist the development of this rebate was written for the Medical Journal of Australia and published as an editorial in November 2004. Implementation of item 710 continues to be part of NACCHO's agenda through several mechanisms. Firstly, through joint work with OATSIH as the May 2005 Federal Budget announced allocation of funding to support chronic disease prevention activity (Healthy for Life initiative). Secondly, through NACCHO efforts in the Lifestyle Prescriptions Program which now links to the adult health check (see next page).

SERVICE SUPPORT

Efforts to develop Aboriginal child health policy were progressed through the publication of 'Practical Measures that improve human rights: Towards health equity for Aboriginal children' in the Health Promotion Journal of Australia. This report was used as the basis for several child health submissions.

In this report, NACCHO argues for child health preventive assessments to be funded through the MBS, and an analysis of policy which can provide nutritional support to children and mothers at risk. The Australian Medical Association (AMA) used the above NACCHO issues paper as the basis for the 2005 Report Card with NACCHO as a member of the AMA writing group. The Dept has recently announced approval to commence analysis of an MBS item for preventive child health assessments.

Collaboration through membership of the AMA Indigenous health Task Force saw other achievements including joint development of the AMA Position Statement on Aboriginal Health (being finalised), and the AMA 2004 Report Card. This landmark report provides the evidence-base and foundation for health policy around Aboriginal primary health care workforce deficits.

PUBLIC HEALTH STRATEGIES GUIDELINES AND SUBMISSIONS

The National Guide to a Preventive Health Assessment in Aboriginal and TSI peoples developed in partnership with the Royal Australian College of General Practitioners (RACGP) saw another year of editing including the development of several new sections. In a meeting with the Department instigated by NACCHO in December 2004, it was confirmed that printing and national dissemination would be supported. The Guide will provide valuable practical advice to GPs and AHWs on how to deliver a preventive child and adult health check. It precludes the development of a child health assessment MBS item which was announced in June 2005. There is no other national resource of this kind developed specially for health providers to the Aboriginal and Torres Strait Islander populations. At the time of writing, the Guide is being finalised for printing.

Many additional guidelines were appraised and/or edited throughout the years, which included cardiovascular risk assessment tools, rheumatic fever guidelines, cardiac rehabilitation guidelines, Acute Coronary Syndrome guidelines, and contributions to the Lifestyle Prescriptions Program.

In 2005, NACCHO significantly influenced the development of GP and consumer resources of the Australian Governments *Lifestyle Prescriptions Program* as subcontracted by the consortium. As a result, the program now links to the adult health check to avoid confusion in the delivery of preventive health messages and resources have been focus tested within the ACCHS sector.

Four national sexual health strategies were developed over this period with our contributions. These included the 5th National HIV and AIDS strategy, National Sexually Transmissible Diseases Strategy, the National Hepatitis Strategy and the National

SERVICE SUPPORT

Aboriginal and TSI Sexual Health and Blood Borne Virus Strategy. These were progressed through our membership of the Indigenous Australians Sexual Health Committee.

NACCHO continued to play a major role in the National Health Priority Areas of the Australian Government. In 2004, NACCHO was subcontracted to evaluate the uptake of the Asthma 3+ Plan and program by ACCHSs in view of the concern that it was poorly accessible to ACCHSs and poorly understood by Aboriginal peoples. NACCHO completed the Evaluation of the Asthma 3+ Plan in partnership with the University of Adelaide. NACCHO undertook a survey of 50 ACCHSs employing at least one full time equivalent general practitioner (GP) across Australia. Three consumer focus groups in urban, rural and remote locations were conducted, as was an evaluation of GP, Divisional and Medicare uptake data of the Plan.

Due to NACCHO efforts, the Dept is now aware of the need for a national Aboriginal consumer information strategy, improved access to asthma medications and spacer devices, and modifications to the incentive scheme. All these initiatives have been incorporated in the Australian Governments National Service Improvement Framework for Asthma and the National Asthma Strategy following NACCHOs efforts.

A similar process was used by NACCHO to encourage reforms to the National Integrated Diabetes Program (NIDP) funded by the Australian Government. However, an Australian Government evaluation of the NIDP commenced in 2004 but failed to include ACCHSs. NACCHO successfully argued for an extended evaluation comprising several ACCHSs across Australia. The evaluation proposal was accepted and endorsed by the NACCHO Board in May 2005 to be undertaken by an external agency.

RESEARCH

We were honoured to receive another award for the NACCHO Ear Trial during this period. This was the Cochrane Users Award (Primary and Community Care Category) provided by the National Institute of Clinical Studies. The Cochrane Award is for projects that have demonstrated best use of research evidence contained in the Cochrane Library to enhance patient care. In April 2005, NACCHO published a second paper from this trial in the international journal *Ethnicity and Health*. Policy developments as an outcome of the trial have been a highlight (see section on access to the PBS).

In 2004, NACCHO submitted an application to the NHMRC Enabling Grants Program to develop the National Aboriginal Collaborative Research and Development Unit (NACRDU) of NACCHO in partnership with James Cook University and the University of WA. NACCHO successfully progressed to the second and third stages of the application process and at the time of writing is yet to learn if it has been successful. This detailed proposal outlines a plan to enhance the development of clinical trials involving ACCHSs across Australia. The NACRDU aims to develop research networks of ACCHSs, a priority research agenda, research processes, coordinated ethical reviews, training in the management of clinical trials, and the translation of research into policy and clinical practice.

SERVICE SUPPORT

NACCHO plays a key role in steering other clinical research projects and undertaking scientific appraisal of them. In 2004-05, more than 10 external research projects were appraised for various agencies across Australia.

RACGP ACCREDITATION STANDARDS

During the course of this year the Royal Australian College of General Practitioners commence a review of the Standards for General Practice and have released the draft for the 3rd edition of the Standards for General Practice that refers to the structure and process issues within a general practice that relate to the direct control of each practice.

The Standards form one of the benchmarks of quality and safety in Australian general practice, they reflect what is normal and good practice provided by the majority of general practices and provides future directions for quality improvements.

The Standards outline the critical aspects of general practice that support high quality and safe comprehensive care including attention to the services practices provide, the rights and needs of patients, quality improvement and education processes, practice management and the physical aspects of our practice.

NACCHO has had significant involvement with the RACGP to ensure that the new Standards adequately address the accreditation of our Community Controlled Health sector.

The RACGP has included a number of NACCHO Members in the piloting of the new Standards.



NACCHO FINANCIAL STATEMENTS

ABN 89 078 949 710

DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2005.

Directors

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

Henry Andrew Councillor
Naomi Ruth Mayers
Michael Adams
Karlene Dwyer
Sheryl Lawton (resigned 8/10/04)
Greg Stubbs (resigned 9/2/05)
Rachel Atkinson
Frank Vincent
Brian Riddiford
Justin Mohamed
Jill Gallagher
Anthony McCartney (resigned 7/3/05)
Julie Tongs
Polly SumnerDodd
Valda Keed
Leslie Kropinyeri (resigned 1/3/05)
Stephanie Bell (resigned 18/5/05)
Ray Dennison
Mavis Govan (resigned 18/5/05)
Kenneth Kunothe (resigned 18/5/05)
Robert Dann (appointed 1/3/05)
Maureen Williams
June Sculthorpe
Vanessa Davies (appointed 9/2/05)
Deborah Oakley (resigned 9/2/05)
Gloria Khan (appointed 9/2/05)
Georgina Wilson (resigned 9/2/05)

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

NACCHO FINANCIAL STATEMENTS

Operating Results

The loss of the company for the financial year after providing for income tax amounted to \$26,502.

Review of Operations

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

Significant Changes in State of Affairs

No significant changes in the state of affairs of the company occurred during the financial year.

Principal Activity

The principal activity of the company during the financial year was to act as the national umbrella organisation representing Aboriginal Community Controlled Health Services relating to Aboriginal health and well being. This comprises the running of the National Secretariat and the provision of secretarial services to the National Executive Committee and the full membership. No significant change in the nature of these activities occurred during the year.

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

After Balance Date Events

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

Likely Developments

The company expects to maintain the present status and level of operations and hence there are no likely developments in the company's operations.

Environmental Issues

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

Dividends Paid or Recommended

No dividends were paid or declared since the start of the financial year. No recommendation for payment of dividends has been made.

NACCHO FINANCIAL STATEMENTS

Meetings of Directors

Directors	Directors' Meetings	
	Number eligible to attend	Number attended
Henry Andrew Councillor	2	2
Naomi Ruth Mayers	4	3
Michael Adams	4	3
Karlene Dwyer	4	4
Sheryl Lawton (resigned 8/10/04)	3	1
Greg Stubbs (resigned 9/2/05)	4	1
Rachel Atkinson	4	3
Frank Vincent	4	4
Brian Riddiford	4	3
Justin Mohamed	4	4
Jill Gallagher	4	4
Anthony McCartney (resigned 7/3/05)	4	2
Julie Tongs	4	3
Polly SumnerDodd	4	2
Valda Keed	4	4
Leslie Kropinyeri (resigned 1/3/05)	2	2
Stephanie Bell (resigned 18/5/05)	4	2
Ray Dennison	4	4
Mavis Govan (resigned 18/5/05)	4	2
Kenneth Kunothe (resigned 18/5/05)	4	2
Robert Dann (appointed 1/3/05)	2	2
Maureen Williams	4	1
Vanessa Davies (appointed 9/2/05)	2	1
Deborah Oakley (resigned 9/2/05)	2	1
Gloria Khan (appointed 9/2/05)	2	2
June Sculthorpe	4	4
Georgina Wilson (resigned 9/2/05)	3	2

NACCHO FINANCIAL STATEMENTS

Indemnification of Officer or Auditor

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the company.

Proceedings on Behalf of the Company

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

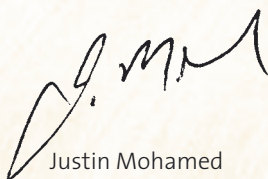
The company was not a party to any such proceedings during the year.

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on page 4.

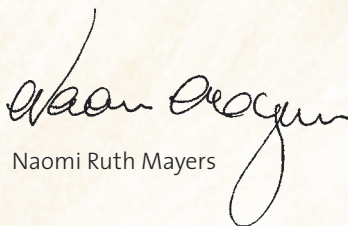
Signed in accordance with a resolution of the Board of Directors:

Director



Justin Mohamed

Director



Naomi Ruth Mayers

Dated this 10th day of August 2005

NACCHO FINANCIAL STATEMENTS

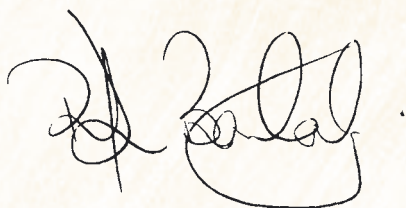
AUDITOR'S INDEPENDENCE DECLARATION

UNDER SECTION 307C OF THE CORPORATIONS ACT 2001 TO THE DIRECTORS OF NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2005 there have been:

- no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- no contraventions of any applicable code of professional conduct in relation to the audit.

PKF Di Bartolo Diamond & Mihailaros

A handwritten signature in black ink, appearing to read 'Ross Di Bartolo', with a stylized flourish at the end.

Ross Di Bartolo
Partner

17 August 2005

NACCHO FINANCIAL STATEMENTS

FINANCIAL REPORT

STATEMENT OF FINANCIAL PERFORMANCE

For the year ended 30 June 2005

	Notes	2005 \$	2004 \$
Revenue from ordinary activities		2,478,064	2,759,674
Employee benefits expense		(1,397,810)	(1,479,373)
Depreciation and amortisation expenses	2	(26,025)	(26,842)
Other expenses from ordinary activities		(1,079,392)	(1,255,109)
Borrowing costs expense	2	(1,339)	-
Profit from ordinary activities		(26,502)	(1,650)
Total changes in equity other than those resulting from transactions with owners as owners	12	(26,502)	(1,650)

NACCHO FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION

As at 30 June 2005

	NOTES	2005 \$	2004 \$
CURRENT ASSETS			
Cash assets	4	359,785	663,730
Receivables	5	147,220	56,347
Other	6	21,136	25,891
TOTAL CURRENT ASSETS		528,141	745,968
NONCURRENT ASSETS			
Property, plant and equipment	7	87,591	106,597
Intangible assets	8	-	228
TOTAL NONCURRENT ASSETS		87,591	106,825
TOTAL ASSETS		615,732	852,793
CURRENT LIABILITIES			
Payables	9	227,836	244,183
Provisions	10	72,197	101,809
Other	11	111,554	277,500
TOTAL CURRENT LIABILITIES		411,587	623,492
NONCURRENT LIABILITIES			
Provisions	10	20,549	19,185
TOTAL NONCURRENT LIABILITIES		20,549	19,185
TOTAL LIABILITIES		432,136	642,677
NET ASSETS		183,596	210,116
EQUITY			
Retained profits		183,596	210,471
TOTAL EQUITY	12	183,596	210,471

NACCHO FINANCIAL STATEMENTS

STATEMENT OF CASH FLOWS

For the year ended 30 June 2005

	Notes	2005 \$	2004 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		17,823	218,933
Operating grant receipts		2,567,386	2,847,712
Payments to suppliers and employees		(2,901,128)	(2,821,104)
Interest received		19,017	20,712
Borrowing costs		(1,339)	-
Net cash provided by/(used in) operating activities	15(b)	(298,241)	266,608
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		28,440	51,273
Payment for property, plant and equipment		(34,144)	(97,314)
Net cash used in investing activities		(5,704)	(46,041)
Net increase/(decrease) in cash held		(303,945)	220,212
Cash at beginning of financial year		663,730	443,518
Cash at end of financial year	15 (a)	359,785	663,730

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2005

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

The financial report is for the entity National Aboriginal Community Health Organisation as an individual entity. National Aboriginal Community Health Organisation is a company limited by guarantee, incorporated and domiciled in Australia.

The financial report has been prepared on an accruals basis and is based on historical costs. It does not take into account changing money values or, except where stated, current valuations of noncurrent assets. Cost is based on the fair values of the consideration given in exchange for assets.

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

(a) Income Tax

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

(b) Property, Plant and Equipment

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

Property

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

Plant and equipment

Plant and equipment is measured on the cost basis.

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

NACCHO FINANCIAL STATEMENTS

Depreciation

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

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

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

(c) Intangibles

Goodwill

Goodwill is initially recorded at the amount by which the purchase price for a business or for an ownership interest in a controlled entity exceeds the fair value attributed to its net tangible assets at date of acquisition. Goodwill is amortised on a straight line basis over the period of 20 years. The balances are reviewed annually and any balance representing future benefits the realisation of which is considered to be no longer probable are written off.

(d) Employee Benefits

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

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

(e) Cash

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

(f) Revenue

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Other revenue is recognised when the right to receive the revenue has been established.

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

(g) Goods and Services Tax (GST)

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

(h) Impact of Adoption of Australian Equivalents to International Financial Reporting Standards

The company is preparing and managing the transition to Australian Equivalent of International Financial Reporting Standards (AIFRS) effective for financial years commencing from 1 January 2005. The adoption of AIFRS will be reflected in the company's financial statements for the year ending 30 June 2006. On first time adoption of AIFRS, comparatives for the financial year ended 30 June 2005 are required to be restated.

The company's management, along with its auditors, have assessed that the application of AIFRS will not have a material impact on the company.

NACCHO FINANCIAL STATEMENTS

	Notes	2005 \$	2004 \$
NOTE 2: PROFIT FROM ORDINARY ACTIVITIES			
Profit (losses) from ordinary activities has been determined after:			
(a) Expenses			
Borrowing costs:			
- other persons		1,339	-
Depreciation of noncurrent assets			
- Plant and equipment		25,797	26,803
Amortisation of noncurrent assets			
- capitalised leased assets		228	-
- intangibles		-	39
Amortisation of noncurrent assets		228	39
Consultancy fees		98,950	44,736
Meetings and workshops		76,034	53,143
Wages and salaries		998,063	1,018,955
Rent		158,115	128,594
(b) Revenue and Net Gains			
Net gain on disposal of noncurrent assets			
- property, plant and equipment		1,105	3,078
Base funding		1,424,607	814,022
Executive development		-	219,828
Reimbursement of costs		914	42,767
Other grant funding		974,515	1,605,543

NACCHO FINANCIAL STATEMENTS

	Notes	2005 \$
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NOTE 3: REMUNERATION AND RETIREMENT BENEFITS

(a) Directors' remuneration

Income paid or payable to all directors of the company by the company and any related parties	104,063
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Number of directors whose income from the company or any related parties was within the following bands:

	No.
\$0 – \$9,999	-
\$40,000 – \$49,999	-
\$100,000 – \$109,999	1
\$110,000 – \$119,999	-

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

Henry Andrew Councillor

Naomi Ruth Mayers

Michael Adams

Karlene Dwyer

Sheryl Lawton

Greg Stubbs

Rachel Atkinson

Frank Vincent

Brian Riddiford

Justin Mohamed

Jill Gallagher

Anthony McCartney

Julie Tongs

Polly SumnerDodd

Valda Keed

Leslie Kropinyeri

Stephanie Bell

Ray Dennison

Mavis Govan

Kenneth Kunothe

Robert Dann (appointed 1/3/05)

Maureen Williams

June Sculthorpe

Vanessa Davies (appointed 9/2/05)

Gloria Khan (appointed 9/2/05)

Georgina Wilson (resigned 9/2/05)

NACCHO FINANCIAL STATEMENTS

	Notes	2005 \$	2004 \$
NOTE 4: CASH ASSETS			
Cash on hand		339	839
Cash at bank		349,446	652,891
Deposits at call		10,000	10,000
		<u>359,785</u>	<u>663,730</u>
NOTE 5: RECEIVABLES			
CURRENT			
Trade & other debtors		<u>147,220</u>	<u>56,347</u>
NOTE 6: OTHER ASSETS			
CURRENT			
Other current assets		<u>21,136</u>	<u>25,891</u>
NOTE 7: PROPERTY, PLANT AND EQUIPMENT			
PLANT AND EQUIPMENT			
(a) Plant and equipment			
At cost		60,010	59,557
Less accumulated depreciation		<u>(48,853)</u>	<u>(44,255)</u>
		<u>11,157</u>	<u>15,302</u>
(b) Motor vehicles			
At cost		54,142	68,350
Less accumulated depreciation		<u>(6,268)</u>	<u>(3,796)</u>
		<u>47,874</u>	<u>64,554</u>
(c) Office equipment			
At cost		48,564	48,564
Less accumulated depreciation		<u>(36,505)</u>	<u>(31,793)</u>
		<u>12,059</u>	<u>16,771</u>
(d) Computer equipment			
At cost		119,824	111,331
Less accumulated depreciation		<u>(103,323)</u>	<u>(101,361)</u>
		<u>16,501</u>	<u>9,970</u>
Total plant and equipment		<u>87,591</u>	<u>106,597</u>
Total property, plant and equipment		<u>87,591</u>	<u>106,597</u>

NACCHO FINANCIAL STATEMENTS

(a) Movements in Carrying Amounts

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

	Plant and equipment	Motor vehicles	Office equipment	Computer equipment	Total
	\$	\$	\$	\$	\$
2005					
Balance at the beginning of the year	15,302	64,554	16,771	9,970	106,597
Additions	453	26,285	-	8,493	35,231
Disposals	-	(28,440)	-	-	(28,440)
Depreciation expense	(4,598)	(14,525)	(4,712)	(1,962)	(25,797)
Carrying amount at end of year	11,157	47,874	12,059	16,501	87,591

	Notes	2005 \$	2004 \$
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NOTE 8: INTANGIBLE ASSETS

Patents, trademarks and licenses at cost	14,525	14,525
Less accumulated amortisation	(14,525)	(14,297)
	-	228

NOTE 9: PAYABLES

CURRENT

Unsecured liabilities		
Trade creditors	92,234	54,720
Sundry creditors and accruals	135,602	189,463
	227,836	244,183

NOTE 10: PROVISIONS

CURRENT

Employee benefits	10(a)	72,197	101,809
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NONCURRENT

Employee benefits	10(a)	20,549	19,185
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(a) Aggregate employee benefits liability		92,746	120,994
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NOTE 11: OTHER LIABILITIES

CURRENT

Deferred income		111,554	277,500
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NACCHO FINANCIAL STATEMENTS

	Notes	2005 \$	2004 \$
NOTE 12: EQUITY			
Total equity at the beginning of the financial year		210,098	212,121
Total changes in equity recognised in the statement of financial performance		(26,502)	(1,650)
Total equity at the reporting date		183,596	210,471

NOTE 13: ECONOMIC DEPENDENCE

Economic dependency exists where the normal trading activities of a company depends upon a significant volume of business. The National Aboriginal Community Controlled Health Organisation is dependant on grants received from the Department of Health and Aging to carry out its normal activities.

NOTE 14: SEGMENT REPORTING

The Company operates in the Community Services Segment.

NOTE 15: CASH FLOW INFORMATION

(a) Reconciliation of cash

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

Cash on hand	339	839
Cash at bank	349,446	652,891
At call deposits with financial institutions	10,000	10,000
	359,785	663,730

(b) Reconciliation of cash flow from operations with profit from ordinary activities after income tax

Loss from ordinary activities after income tax	(26,502)	(1,650)
Noncash flows in profit from ordinary activities		
Amortisation	228	39
Depreciation	25,797	26,803
Net (gain) / loss on disposal of property, plant and equipment	(1,105)	(3,078)
Changes in assets and liabilities		
(Increase)/decrease in receivables	(90,873)	113,999
(Increase)/decrease in other assets	4,755	(14,919)
Increase/(decrease) in grants received in advance	(165,946)	213,681
Decrease in payables	(16,347)	(92,312)
Increase/(decrease) in provisions	(28,248)	24,045
Cash flows from operations	(298,241)	266,608

NACCHO FINANCIAL STATEMENTS

NOTE 16: FINANCIAL INSTRUMENTS

(a) Interest Rate Risk

The company's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on classes of financial assets and financial liabilities, is as follows:

	Weighted Average Effective Interest Rate		Total	
	2005	2004	2005	2004
	%	%	\$	\$
Financial Assets				
Cash	3.00	3.00	359,785	663,730
Total Financial Assets			359,785	663,730
Financial Liabilities:				
Trade and sundry creditors			227,836	244,183
Total Financial Liabilities			227,836	244,183

NOTE 17: COMPANY DETAILS

The registered office of the company is:
 National Aboriginal Community Controlled Health Organisation
 Alia House, 9-11 Napier Close
 Deakin ACT 2600
 Phone 02 62827513 Fax 02 62827516

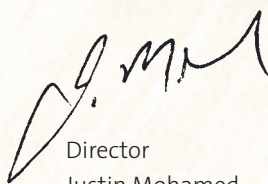
NACCHO FINANCIAL STATEMENTS

DIRECTORS' DECLARATION

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 5 to 15 are in accordance with the Corporations Act 2001:
 - (a) comply with Accounting Standards and the Corporations Regulations 2001; and
 - (b) give a true and fair view of the financial position as at 30 June 2005 and of the performance for the financial year ended on that date of the company.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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



Director
Justin Mohamed



Director
Naomi Ruth Mayers

Dated this 10th day of August 2005

NACCHO FINANCIAL STATEMENTS

INDEPENDENT AUDIT REPORT

TO THE MEMBERS OF NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Scope

The financial report and directors' responsibility

The financial report comprises the statement of financial position, statement of financial performance, statement of cash flows, accompanying notes to the financial statements and the directors' declaration for National Aboriginal Community Health Organisation, for the year ended 30 June 2005.

The directors of the company are responsible for the preparation and true and fair presentation of the financial report, in accordance with the Company's Constitution. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit approach

We conducted an independent audit in order to express an opinion to the members of the company. Our audit was conducted in accordance with Australian Auditing Standards, in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the Company's Constitution, including compliance with Accounting Standards in Australia, and other mandatory financial reporting requirements in Australia, a view which is consistent with our understanding of the company's financial position, and of their performance as represented by the results of its operations and cash flows.

We formed our audit opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the directors.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

Independence

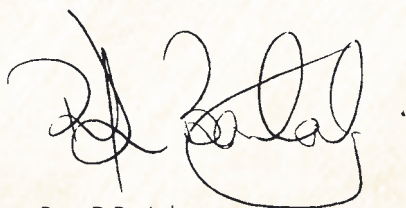
In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements and the *Corporations Act 2001*.

Audit Opinion

In our opinion, the financial report of National Aboriginal Community Health Organisation is in accordance with:

- (a) the *Corporations Act 2001*, including:
 - (i) giving a true and fair view of the company's financial position as at 30 June 2005 and of their performance for the year ended on that date; and
 - (ii) complying with Accounting Standards in Australia and the Corporations Regulations 2001; and
- (b) other mandatory financial reporting requirements in Australia.

PKF Di Bartolo Diamond & Mihailaros



Ross D Bartolo
Partner
17 August 2005

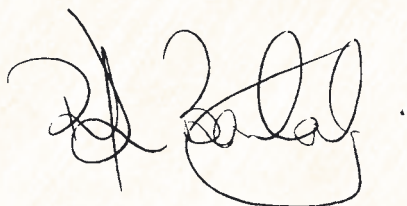
Canberra
GPO Box 588
CANBERRA ACT 2601

NACCHO FINANCIAL STATEMENTS

DISCLAIMER TO THE MEMBERS OF NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

The additional financial data presented on pages 20 - 21 is in accordance with the books and records of the company which have been subjected to the auditing procedures applied in our statutory audit of the company for the financial year ended 30 June 2005. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than National Aboriginal Community Health Organisation) in respect of such data, including any errors of omissions therein however caused.

PKF Di Bartolo Diamond & Mihailaros
GPO Box 588
CANBERRA ACT 2601

A handwritten signature in black ink, appearing to read 'Ross D Bartolo', with a stylized flourish at the end.

Ross D Bartolo
Director

17 August 2005
Canberra

NACCHO FINANCIAL STATEMENTS

PRIVATE INFORMATION FOR THE DIRECTORS ON THE 2005 FINANCIAL STATEMENTS

DETAILED PROFIT AND LOSS

For the year ended 30 June 2005

	Notes	2005 \$	2004 \$
INCOME			
Consulting fees		4,047	26,473
Interest		19,017	20,712
Subsidies and grants		2,446,211	2,634,028
Other income		9,894	81,539
TOTAL INCOME		2,479,169	2,762,752
LESS EXPENSES			
Audit & bookkeeping fees		25,353	8,299
Administration costs		6,450	10,000
Advertising		850	8,827
Amortisation		228	39
Bad debts		-	2,577
Bank charges		1,270	1,131
Government funding carried forward		71,554	277,500
Cleaning		4,972	5,805
Computer expenses		18,421	22,658
Consultancy fees		98,950	44,736
Consumables		16,658	14,297
Depreciation		25,797	26,803
Electricity		5,237	5,653
Employees' amenities		2,446	3,227
Fines and penalties		3,087	-
Fringe benefits		325,146	367,398
Fuel and oil		5,120	12,322
Insurance		5,530	10,757
Interest paid		1,339	-
Leasing charges		28,584	29,664
Legal costs		21,928	1,577
Meeting Costs		76,210	53,143

NACCHO FINANCIAL STATEMENTS

Motor vehicle expenses	6,870	6,666
Operating expenses	21,150	34,094
Postage	11,696	13,586
Printing and stationery	25,204	45,603
Promotion & Media Costs	7,336	18,853
Recruitment costs	6,764	1,080
Rent	158,115	128,594
Repairs and maintenance	4,548	34,368
Salaries and wages	998,063	1,018,955
Security costs	1,408	-
Storage fees	1,098	857
Subscriptions	4,417	14,373
Sundry expenses	21,265	25,607
Superannuation	72,156	89,793
Telephone	52,129	58,162
Travelling expenses	367,322	367,398
Uniforms	1,000	-
TOTAL EXPENSES	2,505,671	2,764,402
OPERATING PROFIT/(LOSS)	(26,502)	(1,650)

APPENDIX 1

CONTACTS/ORGANISATIONAL DETAILS

NACCHO National Secretariat

Alia House 1st Floor
9-11 Napier Close Deakin
ACT 2600
POBox168
Deakin West ACT 2600

Phone: 61 2 6282 7513
Fax: 61 2 6282 7516

www.naccho.org.au

NACCHO State/Territory Affiliates

AH&MRC

PO Box 1565
Strawberry Hills NSW 2012

Phone: 61 2 9698 1099
Fax: 61 2 9690 1559

Email: ahmrc@ahmrc.org.au

AHCSA

PO Box 75
Fullarton SA 5063

Phone: 61 8 8431 4800
Fax: 61 8 8431 4822

AMSANT

PO Box 653
Parap NT 0801

Phone: 61 8 8981 8433
Fax: 61 8 8981 4825

QAIHC

PO Box 8200
Woolloongabba QLD 4102

Phone: 61 7 3255 3604
Fax: 61 7 3255 3603

TAC

PO Box 569F
Hobart TAS 7000

Phone: 61 3 6231 3527
Fax: 61 3 6231 1348

VACCHO

PO Box 1328
Collingwood VIC 3066

Phone: 61 3 9419 3350
Fax: 61 3 9417 3871

WAACCHO/AHCWA

Unit 6 Wellington Fair
200 Wellington St
(Cnr Lord St)
Perth WA 6000

Phone: 61 8 9202 1393
Fax: 61 8 9202 1383

ACT

Winnunga Nimmityjah
Aboriginal Health Service
63 Boolimba Crescent
Narabundah ACT. 2604

Phone: Health Clinic
61 2 62 84 6222

Fax: Health Clinic
61 262 84 6200

Phone: Administration
61 262846220

Fax: Administration
61 262 84 6223

APPENDIX 2

ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACCHSs	Aboriginal Community Controlled Health Services
AIDA	Australian Indigenous Doctors Association
AMA	Australian Medical Association
AMSANT	Aboriginal Medical Services Alliance Northern Territory
ACRRM	Australian College of Rural and Remote Medicine
ADGP	Australian Divisions of General Practice
ARRWAG	Australian Rural and Remote Workforce Agency Group
ACIR	Australian Childhood Immunisation Register
AH&MRC	Aboriginal Health and Medical Research Council of NSW
AHCSA	Aboriginal Health Council of South Australia
AHCWA	Aboriginal Health Council of Western Australia
AHMAC	Australian Health Ministers Advisory Council
AHW	Aboriginal Health Worker
AMS	Aboriginal Medical Service
ATSIC	Aboriginal and Torres Strait Islander Commission
CDA	Chronic Disease Alliance
CEO	Chief Executive Officer
CEAF	Community Experts Advisory Forum (Suicide Prevention)
CDA	Chronic Disease Alliance
CSHTA	Community Services and Health Training Australia
DHAC	Department of Health and Aged Care
DETYA	Department of Education Training and Youth Affairs
FBT	Fringe Benefits Tax
GP	General Practitioner
GPPAC	General Practice Partnership Advisory Council
GST	Goods and Services Tax
HIC	Health Insurance Commission
HREOC	Human Rights and Equal Opportunity Commission
IGCD	Intergovernmental Committee on Drugs
IME	Improved Monitoring of Entitlements

APPENDIX 2

NACCHO	National Aboriginal Community Controlled Health Organisation
NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
NAGATSIHID	National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data
NHMRC	National Health and Medical Research Council
NPHP	National Public Health Partnership
NGO	Non Government Organisation
OATSIH	Office of Aboriginal and Torres Strait Islander Health
PBS	Pharmaceutical Benefits Scheme
PGA	Pharmacy Guild of Australia
PHEPC	Population Health Education Program for Clinicians
PHD	Population Health Division
PIAC	Public Interest Advocacy Centre
QAIHC	Queensland Aboriginal and Islander Health Council
RACGP	Royal Australian College of General Practitioners
RCIADIC	Royal Commission into Aboriginal Deaths in Custody
SAR	Service Activity Reporting
SBOs	State Based Organisations
SEWB	Social and Emotional Well Being
UNE	University of New England
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
WAACCHO	Western Australian Aboriginal Community Controlled Health Organisation
ACHWA	Aboriginal Health Council of Western Australia
WHO	World Health Organisation