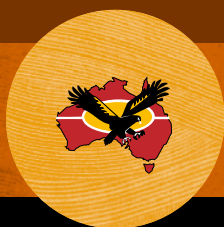


National Aboriginal Community Controlled Health Organisation



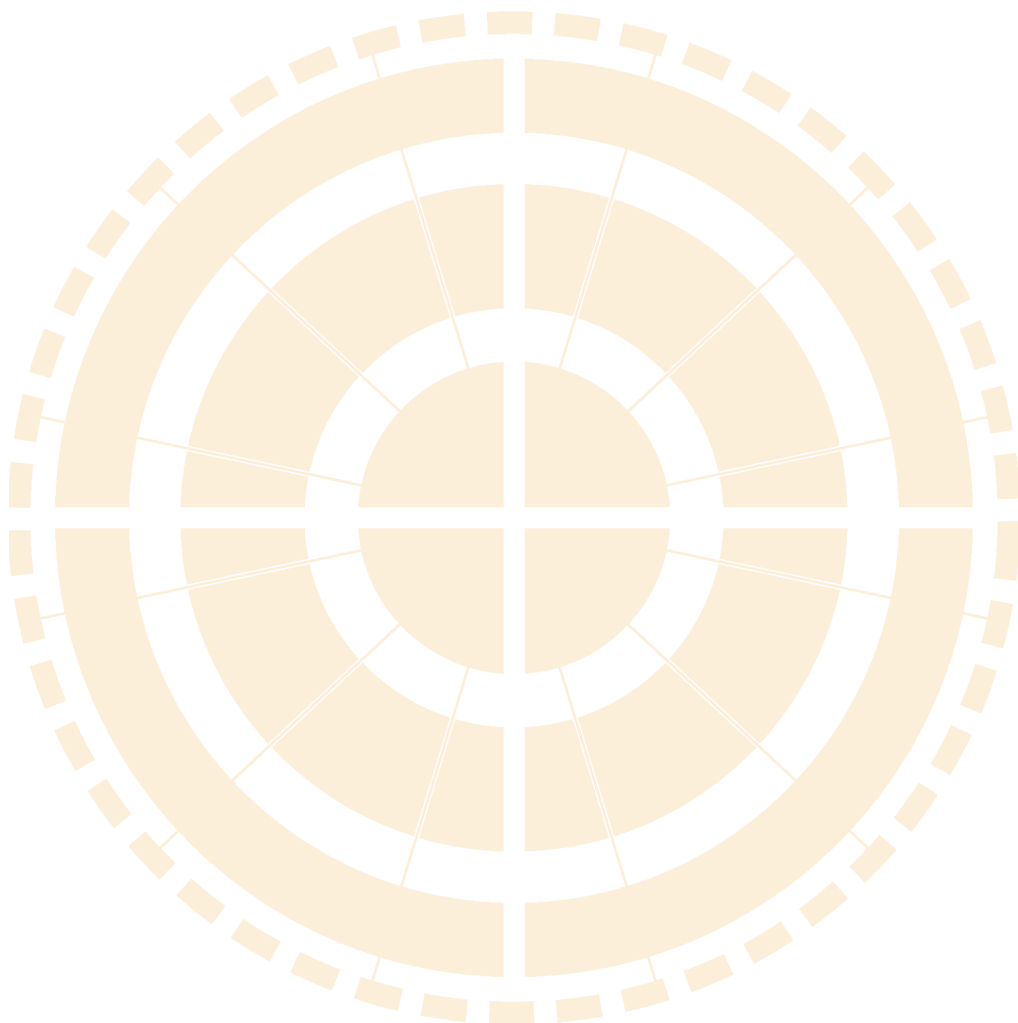
NACCHO ANNUAL REPORT 2005–06



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National Aboriginal Community Controlled Health Organisation

NACCHO ANNUAL REPORT 2005–06

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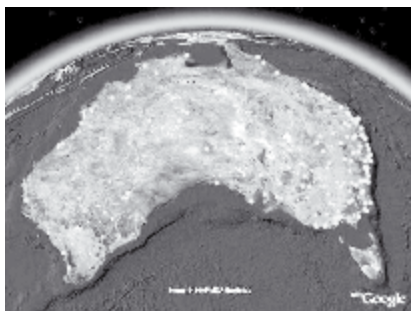
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ABOUT NACCHO

The National Aboriginal Community Controlled Health Organisation (NACCHO) is the national peak body representing over 130 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and well being. It has a history stretching back to a meeting of Aboriginal Medical Services in Albury in 1974, when the National Aboriginal and Islander Health Organisation (NAIHO) was established, which later became NACCHO. NACCHO is a living embodiment of the aspirations of Aboriginal communities and their struggle for self-determination.

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.



Map of Australia showing the geographical location of over 130 ACCHSs as members of NACCHO, March 2006.

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.

ACCHSs have established and invested in NACCHO to lead the process of Aboriginal people's health improvements at the national level. NACCHO is an award winning organisation of elected Aboriginal leaders in health. Their job is to make the health system equitable for Aboriginal peoples. This means that they work to reduce the unequal opportunities that Aboriginal peoples have to be healthy.

NACCHO promotes and supports the expansion of culturally appropriate health care through local ACCHSs, generates evidence, and advocates for equitable health policy. To do that, NACCHO liaises with governments, Departments and organisations within both the Aboriginal and non-Aboriginal communities to advance Aboriginal health needs.

NACCHO's role is:

- to improve the effectiveness and cultural validity of national policies, programs and initiatives in Aboriginal health; and
- for Aboriginal community controlled health services and organisations to be resourced to fully meet the health and health-related needs of their communities.

CHAIRPERSON'S REPORT

This financial year marked another challenging and turbulent time for NACCHO. One in which I believe we have come through with a stronger resolve than ever to collectively focus on *our* business.



As most of you are aware, in 2005 the Office for Aboriginal and Torres Strait Islander Health (OATSIH), within the Department of Health and Ageing (DOHA) instigated a review into NACCHO's operations and engaged the KordaMentha consultancy group to undertake the task. In August 2005, The Board's response to their draft report was that of concern

and we were perplexed as to why OATSIH tasked this review to a company which has expertise in real estate, corporate and financial matters and not in Aboriginal affairs. Given this, the Board agreed that they should have only provided advice on financial matters not on Aboriginal cultural matters particularly community control which was clearly outside of their expertise and scope. NACCHO provided a response to OATSIH on the draft report which detailed such concerns.

It was clear that there was building dissatisfaction with NACCHO from within our Network. This factor, along with the review and the need to elect a new Chairperson, the Annual General Meeting was bought forward in order to address these urgent issues. This meeting, held in September, allowed us to have a very open and constructive debate on NACCHO's future and provided options on how we can work more effectively and cooperatively as a sector. Also at this meeting, I was elected Chairperson, with Dr Naomi Mayers being re-elected as Deputy Chairperson. I would like to take this opportunity to thank Naomi for taking on the acting role of Chairperson up until this time.

Early in 2006 the Board met to discuss and plan 'ways forward' regarding the *KordaMentha Final (NACCHO Review) Report* recommendations which OATSIH stated needed addressing prior to DOHA funding NACCHO in 2006/07. Whilst the (eight) financial recommendations had already been implemented through the secretariat, an Extraordinary General Meeting was arranged to determine NACCHO members views on proposed constitutional changes and how to improve and maximise our relationships within the network. The March meeting took place and a summary of the changes to the NACCHO Constitution are outlined further in this report.

I am pleased to report that since these meetings, we as a sector, have reaffirmed our commitment to work collectively. We have come a long way in a short space of time, particularly given the complexity of issues and work required to bring us back together in this difficult climate in which we all grapple with, in trying to improve the health and well being of our people.

This has been the source of some frustration for me at times. We are all aiming to do the same thing with not much. Somewhere along the way we got caught up in the 'divide and conquer' game—which is not our game—which could have cost the health of our people dearly. I am very relieved that didn't happen. We are one the last of the National Aboriginal peak bodies. The other being SNAICC (Aboriginal peak body for Child Care); we cannot afford to get side tracked from the business at hand—which is put simply—improving the health and well being of our mob. That is a hard enough task in itself. As your Chairperson, I am committed to ensuring we all work together to achieve this goal.

Throughout the year I have been stressing the need to attend to our *own* business and priorities, optimise communication with our Affiliates and how to better provide support to our member services.

There are a range of key issues we are striving to improve for our member services. They include operational issues such as State and Territory Framework Agreements, risk assessment processes, single funding agreements and other health financing issues, workforce and health information issues. There are also serious health issues which include: renal disease; SEWB; mental health; child and maternal health; nutrition and many others. As we aim to do our core business through primary prevention and early intervention in the primary health care context, it is vital that we continue to build and strengthen our relationships with other key organisations such as the DOHA, AMA, ADGP, RACGP and many other key groups to improve the provision of health care to Aboriginal peoples throughout the health care spectrum.

Whilst I am only part time in my role of NACCHO Chairperson, I seize the opportunity to raise these important issues and strongly encourage other Board members and NACCHO members to do the same—as I know many of you already do.

In order to keep focused on *our* business we invested time to complete an Action Plan for 2006/07. It is very simple, our three priorities are:

1. To provide leadership and direction in Aboriginal health policy development;
2. To build and enhance ACCHSs capacity to provide more effective and efficient primary health care services; and
3. To be an efficient and effective secretariat to achieve our vision, aims, objectives and goals.

One of the key changes to the way in which NACCHO will do future business is by involving our State and Territory Affiliates in much more of our day to day operations. That is to say,

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that certain program areas will be managed by the Affiliates. This will, I believe, assist in building capacity and improve communication within the network. While the detail of these arrangements are being finalised, more information is summarised in the Chief Executive Officer's report.

In closing, I would like to thank my fellow Board members for all your efforts throughout the year. I thank the NACCHO Affiliates for the work you have contributed to nationally. I would also like to thank the NACCHO Secretariat for your hard work and dedication. I would also like to thank you, the members of NACCHO for your input and participation at two meetings this year and many of you who provide ongoing input, feedback and participation on a number of levels to progress and improve the health of our people through NACCHO. Finally, I look forward to working with you all in solidarity over the next financial year—see you at the Annual General Meeting and Members Conference in Perth, November 2006.

Henry Councillor

Chairperson

THE NACCHO BOARD

The August 2005 Annual General Meeting was an election year, where Henry Councillor was elected as Chairperson and Dr Naomi Mayers was re-elected as Deputy Chairperson.

In March 2006, an Extraordinary General Meeting was held where the NACCHO Membership agreed to amend the NACCHO Constitution, amongst other things, to reduce the NACCHO Board from 22 members to 16 members i.e. 2 ordinary members from each State or Territory, appointed by their boards.

NACCHO thanks all individuals who served on the Board this financial year and notes the service of long term Board members who resigned due to the reduction in the Board size, in particular Jill Gallagher and Ray Dennison. Previous 2005/06 Board Members also include: Vanessa Davies (Resigned May 2006); Robert Dann (Resigned November 2005); Maureen Williams (Resigned November 2005); Fabian Peel (appointed November 2005 - Resigned May 2006); Brian Riddiford (Resigned September 2005); Mick Adams (Resigned September 2005); and Coralie Ober (Appointed September 2005 - Resigned May 2006).

Current NACCHO Board Members (as of end June 2006)

Henry Councillor - Chairperson (from September 2005)

Henry is a Jaru man from the Kimberley Region where his family hails from the Mt Dockwell area, south west of Halls Creek, Western Australia. Henry has been employed with the Kimberley Aboriginal Medical Service's Council Inc (KAMSC) for the past 21 years, including service 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. He has been on the NACCHO Board for the past ten years and involved with NAIHO/NACCHO for 15 years and aims to progress partnerships with mainstream services for the betterment of the health of Aboriginal people.

Dr Naomi Mayers Deputy Chairperson,

A Yorta Yorta/Wiradjuri woman, Naomi was born at the Erambie Mission Cowra, NSW. 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 Aboriginal Health and Medical Research Council of NSW (AHRMC) 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.

Western Australia

Gloria Kahn

Gloria is a Nyoongar woman from the South West of Western Australia is the current Chairperson of the Aboriginal Health Council of Western Australia (AHCWA). Gloria has also been the Chair and the Deputy Chair of the South West Aboriginal Medical Service. Gloria sits on the Ministerial Council for Suicide Prevention, the Telethon Institute Alcohol Exposure in Pregnancy Reference Group, the Western Australian Aboriginal Health Information and Ethics Committee, Aboriginal Justice Agreement Working Group, WAACHS Steering Committee, Kulunga Research Network Steering Committee, Disability Services Reference Group and WACRRM GP Consultant Reference Group.

Gloria's background is in nursing and she holds a degree in Aboriginal Community Health and Mental Health Counselling. When not in the boardrooms of AHCWA, SWAMS and NACCHO, Gloria is heavily involved in voluntary work for her local Donnybrook community.

Phillip Matsumoto (appointed November 2005)

Phillip was born in Broome and has been an active advocate in Aboriginal health, housing and education for the past thirty years. Phillip also holds the positions of Chairperson of Broome Regional Aboriginal Medical Service, Vice-Chair of AHCWA, and is a current KAMSC Board Member.

Philip holds a Diploma in Aboriginal Community Development and is a Justice of Peace. Philip finds that being on a Health Board has given him the knowledge and understanding what we as Aboriginal people are striving for to deliver better health and living conditions to our people.

New South Wales

Frank Vincent

Frank was born in Redfern, Sydney NSW, where he spent his early years. 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 AHMRC as a Policy Officer and returned to Daruk ACCHS as CEO in June 2000. He has held positions on the Board of both AHMRC and NACCHO during the times of his appointments as CEO of Daruk ACCHS which have extended over a period of sixteen years. Frank is also the Chairman of Deerubbin Local Aboriginal Land Council and was first elected to this position in 1989.

Valda Keed

Val was born in Peak Hill, NSW, and is a proud Wiradjuri woman. Val is in her third term as Chairperson of the Peak Hill Aboriginal Medical Service. Val is a board member of

the Aboriginal Children's Service in Sydney and a member of the Central Southern NSW Aboriginal Legal Service in Wagga. Val serves as the national representative for NACCHO on the Australian Health and Medical Research Council (AH&MRC). Additionally, Val has long been involved in the Aboriginal housing sector and 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. Val currently holds the position of Treasurer of the Weigelli Drug and Alcohol Centre, Cowra.

Australian Capital Territory

Julie Tongs

Julie is a Wiradjuri woman born in Leeton NSW and grew up in a small country town called Whitton. Julie moved to the ACT region 36 years ago, where she now lives. Julie's long history of community service and involvement in the ACT has provided her with a strong knowledge and understanding of the issues impacting on Aboriginal people in the ACT and region.

Julie has been involved with Winnunga Nimmityjah Aboriginal Health Service (AHS) for some 15 years. Julie was elected by the community as a Director on the Board 14 years ago and was appointed the CEO 9 years ago.

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

South Australia

Polly Sumner-Dodd

Born at Raukkan, South Australia, Polly was raised and educated in Adelaide. She began her career with the Public Servants Association 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 since 1983. She has been a member of various Boards including AHCSA and NATSIHC, and has been the Chairperson of the Aboriginal Sobriety Group for 24 years.

Yvonne Buza (appointed November 2005)

Born in Wallaroo and belonging to the Walker family of Point Pearce, Yvonne spent her early years with her large family and the Narrunga people on the York Peninsula coast later moving to Roxby Downs in the Northern and Far Western Region of South Australia where she now resides.

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Yvonne attended Adelaide University and began her career as a Teacher of English as a Second Language and went on to spend many years working with Aboriginal children in very isolated communities in the APY lands. Yvonne has since worked in policy and planning roles in Aboriginal education and health and acts in a senior advisory role to Country Health SA. She is the current Chairperson of the Northern and Far Western Aboriginal Health Advisory Committee, Secretary of AHCSA and an active member to many other Aboriginal community representative groups, including the Aboriginal State-wide Women's Advisory Committee. In her spare time, Yvonne teaches Aboriginal language and dance and privately tutors Aboriginal students in Country SA.

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. Rachel has spent the last 20 years in Townsville and 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 is also the Chairperson of the Queensland Aboriginal and Islander Health Council (QAIHC).

Rachel holds an Associate Diploma in Community Welfare and a Bachelor of Social Work.

Sheryl Lawton (appointed September 2005)

Born at Augathella, near Charleville in Queensland, Sheryl is currently CEO 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. On finishing high school, Sheryl has added to her education through courses at TAFE and at the Mt Gravatt Teachers' College in Brisbane. Sheryl holds a Certificate 4 in Governance (Business) and a Diploma in Business Management.

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 and has been the Deputy Chairperson of QAIHC for the past four years.

Northern Territory

Stephanie Bell

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 (AMSANT); Chair of the Central Australian Remote Health Development Service; Chair of the NT Aboriginal Health Forum; a member of the Territory's key government/non-Government Aboriginal Health Partnership Committee; and, is a current Board member of the CRC for Aboriginal and Tropical Health.

John Paterson (appointed December 2005)

John is a born and bred Territorian and is affiliated with the Ngalakan tribe from Ngukurr. John has worked in a number of Aboriginal organisations including Northern Land Council, ATSIC, Wurli Wurlijang Health Service and currently is AMSANT Executive Officer. He is a former Chairperson of AMSANT and ATSIC Commissioner for the NT. He possesses a Bachelor of Social Science in Human Services and is also a graduate from the Australian Rural Leadership Program. John's interests include developing young Indigenous leaders and strengthening Aboriginal Community Controlled Health Services.

Victoria

Justin Mohamed

Justin is a Goreng Goreng man who was born and raised in Bundaberg, QLD, and moved to Shepparton Victoria in 1988. He has been activity involved with Rumbalara Aboriginal Co-operative for over 14 years as the CEO and currently as a Board member. He is currently employed as the Director of the Academy of Sport, Health and Education (ASHE) an initiative of the Rumbalara Football Netball Club and the University of Melbourne.

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 health status of Aboriginal people on local, state and national levels. Justin's key committee positions include the NACCHO Board (Treasurer), VACCHO Executive (Chairperson) and Rumbalara Aboriginal Co-operative Ltd Board member.

Karlene Dwyer

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 (VAHS) and the Aboriginal Advancement League 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. 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.

NACCHO CHAIR / DEPUTY CHAIR REPS

Chairperson - Henry Councillor
Deputy Chairperson - Dr Naomi Mayers

NACCHO CANBERRA SECRETARIAT

Chief Executive Officer – Dea Delaney Thiele, Senior Policy Officer – Louise Cooke (Maternity Leave), Public Health – Dr Sophie Couzos, Operations Manager – Irene Peachy, Policy Officer/ Operations Manager – Elaine Lomas, Finance Officer – Kim Sinclair, Personal Assistant – Nikki Thiele (17/5/05–8/2/06), Debra Young (8/2/06–31/3/06), Receptionist – Dewi Leach, Quality Use of Medicines Project – Mary Jo McHendry (31/5/06–24/4/06), Policy Officer (Health Information) – John Hendry (25/7/05), PT Policy Officer – Scott Davis, Policy Officer (Workforce) – Lyn Wiles (1/8/05–9/6/06), Clare Anderson 12/6/06

NACCHO QLD BOARD REPS	NACCHO WA BOARD REPS	NACCHO VIC BOARD REPS	NACCHO SA BOARD REPS	NACCHO NT BOARD REPS	NACCHO NSW BOARD REPS
Rachel Atkinson Sheryl Lawton Old Members (as advised by QAIHC)	Gloria Kahn Phillip Matsumoto WA Members (as advised by ACHWA)	Justin Mohamed Karlene Dwyer Vic Members (as advised by VACCHO)	Polly Summer-Dodd Yvonne Buza SA Members (as advised by AHCSA)	Stephanie Bell John Paterson NT Members (as advised by AMSANT)	Frank Vincent Valda Keed NSW Member (as advised by AHMRC)
Brisbane ACHS, Bidgerdii Health Service, Charleville and Western Districts, Cunnamulla AMS, Coolburri Dental Service, Goondir Health Service, Gurriny Yealamuca, Kambui Medical Service, Kalwin Health Service, Mackay ACHS, Mudth Niyileta Corporation, North Coast ACCHS, Barambah Regional Medical Service, Townsville AHS, Yulu Burri Ba, Nhulundu Wooribah, Apunipima Cape York Health Council, Koorawinga AC, Injilinjji.	Yura Yungi AHS, Broome Regional AMS, Carnarvon AMS, Derbart Yerrigan HS, Beagle Bay Community HS, Kimberley AMSC, South West AMS, Mawarnarra HS, Puntukumu AMS, Ngaanajarra AHS, Bega Garribirringu HS, Geraldton Regional AMS, Wirraka Maya AMS, Ord Valley AHS, Derby AHS, Nindilinggarri Cultural HS, Bidjandanga ACHS, Jurrug Health Service.	Central Gippsland AHHC, Moogji AC, Lake Tyers H&CS, Gippsland and East Gippsland AC, Gunditjinara AC, Ramahyuck District AC, Wathaurong AC, Bunurong HS, Victorian AHS, Rumbalara AC, Mungabareena AC, Murray Valley AC, Mildura AC, Kirrae CHS, Ballarat and District AC, Gooloom Gooloom Co-op, Dja Dja Wrung AC, Ngwala Willumbong, Njernda AC, Winda Mara AC, Dhau Wurd-Wurrung Elderley CA Budja Budja AC, Bendigo District AC, Aboriginal Community Elders Service, Vic. Western Suburbs Indigenous Gathering Place Assoc.	Nunkuwarrin Yunti of SA Inc, Tullawon HS, Aboriginal Sobriety Group, Oak Valley HS, Port Lincoln AHS, Nganampa Health Council, Umoona Tjutajuku HS, Kalparin Community, Kainggi Yuntuwarrin AHS, Ceduna kooniba AHS, Pika Wiya AHS	Ampliatwatja HC, Anyinginyi Health AC, Central Australian Aboriginal Congress, Mutitjulu HS, Damiila Dilba AHS, Sunrise AHS, Urupuntja HS, Wurlji Wurlinjang AHS, Pintubi Homelands AHS, Miwatji AHC, Katherine West HBAC, Imanpa HS	AMS Redfern, Pat Dixon Medical Centre, Biripi AMS, Brungle AHS, Albury /Wodonga AHS, Avabakal AMS, Balfanald AHS, Bourke AMS, Amarjun AHS, Brewarrina AMS, Bulgarr Ngaru AC, Cobarr AHS, Condoblin AHS, Coomealla AHC, Coonamble AHS, Cumbo-Gunerah AHS, Cummeragunja H&DAC, Daruk AHS, Durri AMS, Euraba Mungindi AHS, Galambila AHS, Griffith AMS, Illawarra AMS, Katungal AMS, Menindee AHS, Murrin Bridge AHS, Nambucca Valley AHS, Ngamba AHS, Orange AHS, Parkes AHS, Peak Hill AMS, Plus X AC, Riverina M&DHAC, South Coast AMS, Tamworth AHS, Tharawal AC, Thubbo AMS, Tobwabba AMS, Toomelah AHS, Wallihallow AC, Walgett AMS, Warranah AHS, Weimija AC, Wellington ACHS, Yoorana-Gunja Family Violence Healing Centre, Yerrin AHS.
			NACCHO TAS BOARD REP June Sculthorpe TAS Member Tasmania Aboriginal Corporation	NACCHO ACT BOARD REP Julie Tongs ACT Member Winnunga Nimmitjiah AHS	

CHIEF EXECUTIVE OFFICER'S REPORT



The 2005/06 year was extremely busy and productive as we saw: an external review (now known as the Korda Mentha Review); two General Meetings; five Board Meetings with additional teleconferences; a response to the Korda Mentha review and subsequent decisions made at the August 2005 Annual General Meeting

and the March 2006 Extraordinary General Meeting; the revision of NACCHO's strategic plan with the development of *NACCHO's Action Plan 2006/07*; progressing the Joint Priorities between NACCHO and OATSIH; and, attending to other day to day business.

To say that 2005/06 brought its challenges is an understatement. However we have come through it with a clear focus to begin 2006/07. There were a few tense moments with OATSIH in terms of working through the detail and recommendations from the *Korda Mentha NACCHO Review Report* and securing funding for NACCHO in 2006/07. Due to the commitment in Aboriginal Health which we all share we negotiated outcomes that both NACCHO and DOHA could live with. I am optimistic that through this shared commitment OATSIH and NACCHO can work collectively to get on with our shared business at hand over the next financial year.

Throughout the year NACCHO was active in providing advice and expertise in order to advance Aboriginal health to a range of government and non-government settings which is detailed in the relationship management section of this report. This has included formal and informal meetings, participation and presentations at a range of workshops, seminars and conferences, representation on a wide range of Committee's and working groups and the delivery of ongoing advice by way of phone calls, email responses and reports. Much of this work is undertaken within the small secretariat relying on Board, member services and State and Territory input and feedback. Components of this work are also undertaken by the Board, Affiliates and members with support from the NACCHO Secretariat. I would like to extend my thanks and appreciation for everyone's efforts in this regard.

This has also meant that I have travelled far and wide to further promote the need to better support our services both nationally and internationally. We have a lot of support out there and it is our aim to harness this energy into tangible outcomes which ultimately improve the health status of our people.

I am delighted to report that some of the long term projects were finalised this past year, which include the National Data Principles through NGATSIHHID which were finalised and endorsed in May 2006; the National Guide to a Preventative Health Assessment in Aboriginal and Torres Strait Islander Peoples, developed with the Royal Australian College of General Practitioners (RACGP) and the Chronic Disease Alliance of NGO's which was launched in September 2005.

We work hard at providing the network with regular information to ensure you are kept abreast of national activities in order for you to make informed decisions. It is often difficult to get the balance right—it is something we constantly evaluate in order to improve our communication flows. The NACCHO Website has been one tool we have been using to post information we hope is helpful to you and others who are interested in Aboriginal health. Unfortunately the funding period for the GP Network came to an end, and we hope to secure future funding as it certainly proved to be a useful source of information for viewers.

I am pleased to report that we have an Action Plan for 2006/07 which as the Chairperson has pointed out, has three priority areas. Under those priority areas are key strategies in which we will focus our attention over the next year. A booklet has been developed which details the plan and is available on the website. In summary, the focus for 2006/07 is:

1. *Provide leadership and direction in policy development*

- Whole of Government initiatives
- Key Federal Ministers and Government agencies
- Aboriginal professional organisations
- Advocate for sovereign rights
- Building and evidence base for, within and about our Sector
- Building and maintaining relationships and partnerships
- Setting the public agenda

2. *To build and enhance ACCHSs capacity to provide more effective/efficient primary health care services*

- Build the capacity of Members
- Develop workforce benchmarks
- Increase SEWB and mental health activities and programs
- Increase access to public health programs
- Making children our priority
- Negotiate the streamlining of Government funding processes
- Striving for accredited status for all ACCHSs
- Getting MBS/PBS to work better for our sector
- Strengthening our information systems
- Monitor and progress outcomes

3. *To be a more efficient and effective Secretariat to achieve our vision, aims and objectives*

- Strengthen our partnerships with our Affiliates
- Provision of Data and Information to the NACCHO Network

At this stage, it is anticipated that the Health Information and the Media Unit will be the first programs to be outsourced to Affiliates, with a view to include others over time. The transition period will begin over the next six months and will also involve revising and updating our policies and procedures to ensure that there are clear expectations, roles and responsibilities for the outsourcing to work successfully.

We managed to achieve a vast amount of work throughout the year which is documented for you in this report. We undertook this work with a very small team, with Louise Cooke on Maternity Leave from August 05—congratulations Louise on the birth of Joshua—and Irene Peachy who took extended special leave in January 06 due to deaths in her family—our thoughts are with you and your family Irene. You may recall that the secretariat has undergone significant change in the past few years; it didn't change this year either. This year we welcomed a range of people who assisted the secretariat on a short term basis. Long term team members continued to play their respective roles; they include Dr Sophie Couzos, Scott Davis, Elaine Lomas and Dewi Leach. I would like to thank all staff and consultants who worked with us throughout the year for their efforts.

In closing, I would also like to thank the funding bodies for their support, in particular OATSIH. We also appreciate the support of organisations who respect NACCHO's processes and the State and Territory Aboriginal and Torres Strait Islander Health Framework Agreements and their processes. We can all make significant gains when we work together respecting existing partnerships, protocols and processes that are designed to assist us to achieve outcomes in the work we do.

I look forward in continuing our work to improve the health status of our people.

Dea Delaney Thiele

Chief Executive Officer

This was another productive and busy year progressing the Aboriginal Health Worker and Torres Strait Islander Health Worker National Competency Standards and Qualifications Project; working with the Workforce Information Policy Officer (WIPO) network to implement activities outlined in the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (WSF); finalising the detail to establish the anticipated Registered Training Organisation Network for the sector; and, working with a range of GP bodies to progress GP issues. A summary of these activities is outlined below.

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

This year the NACCHO network continued to have involvement with the Aboriginal Health Worker and Torres Strait Islander Health Worker National Standards and Qualifications project, which began in 2003.

The Aboriginal Health Worker and Torres Strait Islander Health Worker National Competency Standards are packaged within the National Health Training Package. There are two streams of health work within the training package, the Community Care Stream and the Practice Stream.

The Workforce Information Policy Officer's (WIPOs) played a significant role over two years in coordinating/managing the State/Territory wide validation workshops for the numerous drafts for both the Practice Stream and the Community Care Streams. This validation process was under the direction of the Community Services and Health Industry Skills Council (CS&HISC).

The Practice Stream was signed off by our sector late in 2005 and it is anticipated that most States/Territories will sign off on the Community Care Stream by September. It is important to note that some Affiliates have advised (in their validation sign off's) that there are particular concerns with both streams but acknowledge these concerns can be addressed when the competencies are reviewed in two years time.

It is expected that Aboriginal Community Controlled Registered Training Organisations (ACCRTOs) will be able to deliver the National Competencies at the start of 2007. For an RTO to deliver the competencies in 2007 an RTO has to apply for a scope of registration to deliver the new course. This permission to deliver the national AHW competencies/qualification lies with individual State/Territory training authorities.

It is of particular concern that in some ACCRTOs have been advised that public funds to private RTOs are going to be cut. ACCRTOs are in the category of 'private' therefore their capacity to deliver the new national AHW qualification is in question. This issue of not

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funding ACCRTOs goes against Objective 2 Strategies 11 and 17 of the WSF. NACCHO will continue to raise this issue with OATSIH/DEST and ATSIHWWG.

NACCHO and the sector as a whole remains concerned regarding the process and content of proposed implementation strategy for the National AHW Competencies. OATSIH are in the process of developing an implementation plan in which there is a proposal for an Industry Reference Group and a Steering Committee. NACCHO will continue to have discussions with OATSIH to ensure the appropriate ACCCHO representation is included at all levels of the proposed implementation process.

An open tender process is being managed by DEST/OATSIH for consultants to undertake the Implementation of the National AHW Competencies. Meetings between DEST/OATSIH are being held to progress the proposed implementation strategy.

Important issues for the proposed Industry Reference Group will be initiating a national stock take of resources already developed and the funding of a Scoping/Mapping exercise.

Once the AHW Competencies have been endorsed there is to be a national launch, complete with media coverage, information workshops and a CD.

National Aboriginal Health Worker Association

OATSIH are in the process of developing a contract for the successful tenderer scoping exercise for a National AHW Association. It is expected that this national scoping exercise will commence by October 2006.

THE NATIONAL WORKFORCE INFORMATION POLICY OFFICER (WIPO) NETWORK

All States/Territories have developed workforce plans based on the priorities particular to each State/Territory, utilising the WSF as the baseline document. At the WIPO Network meetings, progress reports based on these regional plans are tabled.

Each State/Territory WIPO report twice yearly to OATSIH on the progress of the workforce plans. Reports on workforce are also tabled at the Indigenous Planning Forums which exist in each State/Territory as part of the Framework Agreements.

Issues of national importance to the ACCHS sector are discussed e.g. the Competencies project, the formation of the National Aboriginal Health Worker Association and the formation of the National Aboriginal Community Controlled Health Organisation Registered Training Organisation Network.

A Communication Strategy for the WIPO Network is currently being developed and it is hoped that this will be finalised by the end of 2006.

ABORIGINAL AND TORRES STRAIT ISLANDER WORKFORCE STRATEGIC FRAMEWORK MID TERM REVIEW

Consultants from the Australian Rural Health Education Network (ARHEN) and the Northern NSW University Department of Rural Health were contracted to work on the Workforce Strategic Framework (WSF) Mid-Term Review. Consultation with some stakeholders took place via face to face visits in NT, NSW, SA and the ACT and by phone in other jurisdictions. The WIPO network supplied documentation as requested and informed the consultant of significant stakeholders who should be included in the review process.

All WIPOs will receive copies of their State/Territory contributions to the consultations in August 2006. It is hoped that this review will be finished towards the end of 2006.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE WORKING GROUP (ATSIHWWG)

NACCHO is a member of ATSIHWWG and disseminates reports from ATSIHWWG meetings to the NACCHO Board and the WIPO Network.

ATSIHWWG is the body responsible for implementation of national strategies under the WSF. The OATSIH and ATSIHWWG Secretariat organised a seminar for States/Territories to showcase the work achieved under the Workforce Strategic Framework. All State/Territory WIPOs participated in either developing presentations or presenting on the day. The NACCHO network found it a very useful initiative and one that should be supported annually. NACCHO sent a letter to the Chair of ATSIHWWG advising of NACCHO's support of an annual showcase and also offering the members of ATSIHWWG support from WIPOs in drawing up its strategic plan for the WSF.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH REGISTERED TRAINING ORGANISATION NETWORK (ATSIHRTON)

NACCHO has been involved in extensive discussions with OATSIH on the establishment of a National ACCRTO Network for the past couple of years.

In April 2006, AHCSA developed a discussion paper titled *Reviving and Re-Focusing the RTO Network*. On 23 June 2006, an in-principle decision was made by the Chair and Deputy Chair of NACCHO that AHCSA manage the National RTO Secretariat, to be known as the Aboriginal and Torres Strait Islander Health Registered Training Organisation Network (ATSIHRTON). It is anticipated that this decision will be ratified by the NACCHO Board in August 2006.

The need for greater support for the Aboriginal and Torres Strait Islander RTOs has been an issue for NACCHO for as long as there have been ACCHSs who have been RTOs. Over the past five years the numbers of RTOs has dropped. In the NT alone, there were five RTOs but as of June 2006, there is only one still operating.

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It is anticipated that DOHA will send AHCSA a letter of offer to become the Secretariat for the ATSIHRTON in the near future.

The main objectives of ATSIHRTON are:

- provide mutual support for RTOs as key organisations in the delivery of training to the Aboriginal and Torres Strait Islander health sector;
- assist in driving the process for a nationally consistent Aboriginal and Torres Strait Islander Health Worker training framework;
- support the development of nationally applicable learning resources on an ongoing basis;
- consolidate the position of the health sector RTOs in the Vocational Education Training (VET) sector; and
- represent the interests of independent Aboriginal Community Controlled Health training providers within the VET sector.

AHCSA are currently in the process of developing a draft implementation strategy for the network based on recommendations coming out of the two national meetings held in Alice Springs in 2003 and at Coojee in 2004. Once AHCSA have completed the draft a meeting of stakeholders will be called to workshop the document.

This network has long been anticipated and we look forward to working with AHCSA in supporting the ATSIHRTON initiative.

NATIONAL STRATEGIC FRAMEWORK FOR ABORIGINAL AND TORRES STRAIT ISLANDER MENTAL HEALTH AND SOCIAL AND EMOTIONAL WELL BEING

NACCHO had an ongoing involvement in the development of this Framework in 2002-03 and we were pleased to see the framework was finally printed and distributed this financial year. However, we are very disappointed that for a document that took so long to be developed and with significant time and input provided by our sector very little action has since transpired. NACCHO continued to urge OATSIH to form the implementation working group and discussions with OATSIH are ongoing. To date this group has not formed.

GENERAL PRACTICE EDUCATION AND TRAINING

NACCHO continues to work with GPET as a member of the GPET Aboriginal and Torres Strait Islander Health Training Reference Group to support the roll out of Registrar Training Programs within Aboriginal Medical Services. NACCHO is represented on this Reference group by Jill Gallagher, Mary Martin and Elaine Lomas.

NACCHO attended two face to face meetings and continues to have input into the Evaluation of the GPET Framework; the Cultural Mentor Position; the *Working In Aboriginal And Torres Strait Islander Health* Brochure; and, the NGAAMiNYA GPET Aboriginal Health Newsletter.

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NACCHO will continue to support GPET as a member of this Reference Group. For this reporting period 78 registrars are being trained in 35 NACCHO Member Services.

NACCHO STATE AFFILIATE POSITIONS FOR GPET

Recruitment for all 8 NACCHO Affiliate positions to work in with the Regional Training Providers (RTPs) was completed. These positions are working well with some developing meaningful relationships with their RTP's. GPET funded these positions for the 2005/2006 financial year, and have recently negotiated and approved contracts for 2006/2007.

GPET CULTURAL MENTORS/MEDICAL EDUCATORS

NACCHO continues to support GPET in the development of the roles and responsibilities of Cultural Mentor/ Educators and Medical Educators. There are 21 RTP's who support the Cultural Mentor/Educators and often assists by attending relevant training sessions and meetings, however, some are part time or on an 'as needed' basis.

NACCHO and GPET have insisted on the use of Aboriginal Elders in cultural training and that they are paid accordingly for their time and input.

NACCHO as a member of the GPET Aboriginal and Torres Strait Islander Health Reference Group are supporting GPET in seeking appropriate payment for Cultural Mentor/ Educators on a fulltime basis, the same way as the Northern Territory General Practice Education have employed two fulltime Cultural Mentors/Educators that run the GP Registrar training for the NT. NACCHO believes that this would not only enhance the training for GP Registrars but also provide more professional resources for our services.

CULTURAL SAFETY TRAINING

NACCHO has been involved with the Royal Australian College of General Practitioners (RACGP) for several years on a series of projects related to aspects of cultural safety training for GPs. Approximately two years ago NACCHO State/ Territory Affiliates were invited by RACGP to express interest in developing cultural safety training modules for GPs. AHCWA were subsequently contracted to develop the modules and accompanying train the trainer materials. AHCWA have since piloted the materials in each State and the NT in urban and rural locations. More than 30 cultural and medical facilitators have been trained and more than 70 GPs across Australia have undertaken the Cultural Safety Training Course. Evaluations by all groups and the external evaluator have been positive. The major concern of local facilitators has been local capacity building and sustainability, as there is no ongoing funding.

AHCWA met with representatives from the Primary Care Section of the Department of Health and Ageing and understands the Department is keen to accept a proposal for review of the course and development of a process for national roll out with ongoing RACGP involvement.

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AHCWA has also presented a modified version of the training to the Australian Divisions of General Practice Board. In an ADGP Board Communiqué following their meeting they recommended the training for all GPs, including GPs on Divisional and State Based Organisation Boards.

RACGP ACCREDITATION STANDARDS AND AUSTRALIAN GENERAL PRACTICE ACCREDITATION LIMITED (AGPAL)

In order to support member services to reach full accreditation, NACCHO worked with the RACGP who offered its services to assist the NACCHO Membership with a pre-accreditation assessment.

This service will allow the AMS to assess whether or not it can begin the accreditation process immediately or whether additional work is required to bring the AMS up to the required standard before accreditation measures can begin. To date no AMS has specifically taken up this offer, but contact has been made with the RACGP to seek more information about the mechanics and effectiveness of accreditation. Accreditation is of great importance for NACCHO members as it is the only way to access the *Practice Incentive Payment* and *Service Incentive Payment* funding.

NACCHO have encouraged AGPAL to train Aboriginal Surveyors to do the Accreditation of AMSs. While progress is slow it is pleasing to hear that AGPAL have trained one Aboriginal surveyor (Mary Martin from the NACCHO Affiliate's QLD Office QAIHC).

NACCHO is pleased to see that there is an increase of AMS's being accredited since last year rising from 45 to 57. NACCHO will continue to support our Member Services to reach and maintain accreditation status.

SINGLE FUNDING AGREEMENT

NACCHO worked consistently with OATSIH this financial year to ensure that members concerns were taken into consideration and acted upon with respect to the Single Funding Agreement (SFA).

NACCHO sought explanation from OATSIH regarding the changes made to the 2006/07 SFA. In response, OATSIH provided a document listing all the changes and providing reasons for these changes. Some services were concerned that audit costs would increase as a result of the changes. OATSIH have agreed to consider applications from services for assistance in the event that compliance costs directly related to the changes could not be met.

For the 2007/08 SFA, OATSIH have foreshadowed that the agreement will have to be more consistent with the standard Office for Indigenous Coordination (OIPC) funding agreement and that the process of consultation over the SFA will commence early in the year to enable sufficient time to be spent consulting with NACCHO members.

ACCESS TO THE PHARMACEUTICALS BENEFITS SCHEME

We are pleased to report that there have been a number of outstanding achievements in relation to equitable access to pharmaceuticals over this past year. NACCHO's two main areas of activity have been particularly effective:

1. Access to the PBS for non-remote ACCHSs; and
2. Special listing of medicines on the PBS for Aboriginal peoples.

Access to the PBS

All Australians have access to medications through the PBS which subsidises their cost under Section 85 of the National Health Act (1953), but the Aboriginal population (even though we suffer more illness) accesses only one third of what non-Aboriginal Australians access. This is especially the case for Aboriginal peoples in non-remote areas because of the outstanding success of the Section 100 pharmacy provision in remote Australia.

Meetings were held throughout the year with the Pharmaceutical Access Branch of the Department of Health and Ageing, and the AMA in order to progress the Australian Pharmaceutical Advisory Council (APAC) endorsed proposal (from June 2004). This proposal was effectively rejected and thus efforts were redirected towards the 4th Community Pharmacy Agreement.

NACCHO entered into a partnership with the Pharmacy Guild of Australia to develop a separate *Program for the Improved Access of Aboriginal peoples and Torres Strait Islanders to the PBS*. The Rural Pharmacy Newsletter (November 2005) outlined the Guild-NACCHO proposal. The allocation of \$10 million under the 4th Community Pharmacy Agreement for work through the community pharmacy network in rural and urban Australia was

approved in the Agreement on 16 November 2005 and covers the period to June 2010. A full proposal to enhance Aboriginal people's access to the PBS through non-remote ACCHS was developed and submitted to the Professional Programs and Services Advisory Committee, but no outcome can be reported at this time. We are hopeful that with the support of the Pharmaceutical Access Branch and the OATSIH in the Department of Health and Ageing, that this proposal may be approved with tremendous potential to benefit Aboriginal peoples.

Special listing of medicines

There are medicines that are needed by Aboriginal populations that are not on the PBS. To address this problem, the Department facilitated an expert reference group with the NACCHO membership to advise on these medicines and facilitate their listing exclusively for Aboriginal people. NACCHO undertook a scoping of medicines that might be suitable for such a listing, drafted a *Special Drugs list* from key informant GPs, and collated evidence in support of these inclusions in the PBS. In May 2006, we were pleased to report to our members that antifungal medicines, iron and folate, thiamine, albendazole tablets, and topical ciprofloxacin had been approved for inclusion in the PBS as Authority items for Aboriginal peoples. More medicines are being considered. This is a major achievement for our members and the efforts of the Chair, Professor Lloyd Sanson, Health Departmental personnel and other members of the reference group in this initiative are acknowledged with thanks.

The PBS listing of topical ciprofloxacin for 'runny ears' (will appear in the February 2007 Schedule) deserves a special mention, because of the significant role played by the findings of the NACCHO Ear Trial. Significant efforts were made over this last year to generate the ancillary evidence for the Therapeutic Goods Administration (TGA) registration of this medicine, the Australian Drug Evaluation Committee, and ongoing advice to Alcon Laboratories Pty Ltd for submission to the PBAC. All committees approved this medicine. In addition to the successful PBS listing, we note that the Therapeutic *Antibiotic Guidelines* which (as a result of the NACCHO Ear Trial) now advocate topical aminoglycosides for 7 days only (instead of 6 weeks) and topical ciprofloxacin was recommended for the first time as therapy for failed primary or prolonged therapy.

Other Medicines related activity

The NACCHO Board endorsed the *Pharmaceutical Society of Australia Standards* into the provision of service delivery to remote AHSs and these were disseminated by NACCHO to member services.

Work continued during this year on the Community Quality Use of Medicines Project (now called the Better Medicines, Better Health Project) funded by the Australian Government through the National Prescribing Service. This included the final preparation of four short courses on asthma, hypertension, quality use of medicines and diabetes. More information on this project can be found in the Service Support Section of this report.

ACCESS TO MEDICARE

NACCHO undertook a substantial amount of work in this area during the year. Efforts were focused around the Aboriginal Health Worker (AHW) rebates to enable equitable eligibility criteria regardless of jurisdictional place of residence, which is a current restriction.

For example, the MBS item 10996 is for the provision of wound care by AHWs, but the Schedule only permits AHWs in the NT to claim this rebate. NACCHO outlined the anomaly in the MBS that recognises AHWs as allied health professionals regardless of place of residence in a related item (10950) for Team Care Arrangements in patients with chronic and complex needs. NACCHO also outlined in correspondence with the Department of Health and Ageing (DOHA) that uptake of item 10950 was low and this needed investigation. NACCHO offered to assist this investigation; however, DOHA restrictions still continue to apply.

Efforts continued in encouraging the DOHA to support an implementation strategy for adult health checks (item 710). NACCHO outlined the need for strategies to enhance 'consumer demand' for these items especially the new child health check in meetings throughout the year. We are pleased that OATSIH used the *Healthy for Life* programs to support these strategies later in 2006.

NACCHO was a key member of the Reference Group developing a new MBS *Child Health Rebate* and worked with the RACGP to ensure the descriptor was appropriate. The NACCHO/RACGP *National Guide to a Preventive Health Assessment* was used in the development of the MBS Child Health Check rebate to assist the evidence-base for this rebate. This new Rebate was launched in May 2006.

NACCHO assisted OATSIH in strategies to enhance consumer demand for this check and in the preparation of a Medicare 'cheat sheet', provided advice on the draft MBS descriptor for the Antenatal Care item, and worked with Medicare Australia on Voluntary Indigenous Identifier issues.

Efforts continued in relation to the Urbis Keys Young Evaluation for PBS and MBS access by Aboriginal peoples (which followed the landmark 1997 evaluation heavily influenced by NACCHO). Many contributions were made throughout the year culminating in the reports findings in June 2006 which confirmed poor access persisted.

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. Ongoing dialogue with OATSIH occurred in relation to the SAR, SDRF and PIRS.

NATIONAL ADVISORY GROUP ON ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH INFORMATION AND DATA (NAGATSIHID)

NACCHO attended two NAGATSIHID 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. NAGATSIHID continued the implementation of the National Indigenous Health Information Plan which this year focused on:

- **Health Performance Framework (See detail below)**
- **National Data Principles (See detail below)**
- **Family Violence**

The Australian Institute of Health and Welfare (AIHW) prepared a draft report for NAGATSIHID at its May 2006 meeting and requested NAGATSIHID members' comments and further advice on wider consultation i.e. needs and expertise required to keep this project on track for completion within the period provided, namely mid 2007. The Report as it stands at present represents an assessment by AIHW of data sources and data quality. It builds on past and present initiatives to address the issues of family and domestic violence in Australia as a whole and in the Indigenous population in particular.

- **Indigenous Identification and National Coroners Information System**

Both of these projects are being conducted for NAGATSIHID by AIHW. In the case of Indigenous Identification AIHW has recently signed an MOU with NHRMC to carry this project forward to create a set of best practice guidelines. In the case of the National Coroners Information System this work is ongoing and a NACCHO representative from NAGATSIHID will work with the AIHW on this project. However to date, no joint work has been undertaken.

- **Report on Indigenous disadvantage**

A draft submission by NAGATSIHID to the Productivity Commission Review of the *Report on Overcoming Indigenous Disadvantage* was revised by NAGATSIHID members, and subsequently the NAGATSIHID Chair was instructed by members to forward the revised NAGATSIHID submission to the Productivity Commission.

- **Social and emotional wellbeing (module in the Aboriginal and Torres Strait Islander Health Survey)**

In 2005 NACCHO was funded by AHMAC through AIHW to undertake formative research to develop a culturally appropriate understanding of isolation and loneliness and its impact on SEWB on Aboriginal and Torres Strait Islander Peoples. NACCHO, ABS and AIHW are collaborating on this project and a report was provided to NAGATSIHID members on progress at its meeting in May 2006.

AIHW, NACCHO and ABS will jointly host a workshop to review the data from the 2004–2005 Indigenous Health Survey in accordance with agreement reached by all parties, this meeting will be held in November 2006. Further details are outlined below.

- **Trends in Indigenous health**

At the May meeting AIHW sought advice from NAGATSIHID members on the way forward and the members decided that the project should be advanced by AIHW working out of session with ABS and to report at the next meeting.

- **Safe place for Indigenous data**

AIHW has made a proposal to NAGATSIHID at its May meeting to establish a NAGATSIHID working group to consider creation of a safe place for Indigenous data. As a result of the fact that the majority of NAGATSIHID members supported the proposal it was decided that the proposal would proceed and two NAGATSIHID members, Professor Ted Wilkes and Steve Larkin were nominated to be the NAGATSIHID representatives on the working group. A further report will be made to the next meeting of NAGATSIHID in December 2006.

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.

HEALTH PERFORMANCE FRAMEWORK (HPF)

NACCHO, as a member of NAGATSIHID, continues to contribute towards the development of the HPF measures, which will eventually total approximately 70 measures. The first set of 13 measures were finalised late 2005. The second set of eleven measures was placed before NAGATSIHID for endorsement on an out of session basis in early May 2006. It is anticipated that the final set of measures will be finalised at the next NAGATSIHID meeting in Hobart in December 2006.

NACCHO provided comments and submissions throughout the development of the HPF measures and NACCHO's comments have been reflected in the changes to the draft measures. In summary, NACCHO's comments were to protect members and the comments were in both broad ranging and specific form. They were also provided with the intention that the comments would assist OATSIH to incorporate them as part of the development of the rest of the specifications that is TIERS 2 and 3 e.g. the suggestion to include and additional specification in TIER 1 on notifications for vaccine preventable diseases. Also as

a result of later comments from NACCHO on the specifications on TIER 3 OATSIH decided to delete the measures in TIER 3 'avoidable and preventable measures' and 'avoidable and preventable deaths' as a result of NACCHO's comments, that these measures were unnecessary and had already been provided for in the existing specifications.

NACCHO's feedback was reflected in the revised draft measures which were tabled at the May 2006 NAGATSIHID meeting in Darwin. It is anticipated that these measures will be finalised at the next NAGATSIHID meeting.

NATIONAL DATA PRINCIPLES

NAGATSIHID agreed in 2001 that OATSIH would convene a working group to develop a set of National Data Principles for the collection, use and publication of standardised data in State, Territory and Australian Government Administrative Data Sets. The initial working group, which included NACCHO, commenced its work in April 2003. A discussion paper was developed after meetings were held in 2003 and 2004.

A writing group, (with NACCHO represented) was then given the task of developing a set of National Data Principles. This group finalised 9 principles by the end of 2005. The outstanding principle was the subject of ongoing and intense negotiation which resulted in the final agreement being reached in May 2006.

As a result of the agreement NAGATSIHID complimented the members of the writing group, including NACCHO for their efforts.

NACCHO were very pleased to finally have the opportunity to endorse the final draft data principles which were subsequently endorsed by NAGATSIHID at its May Darwin meeting. It was also agreed that a review of the principles should be undertaken in 2008. A copy of the data principles can be located on the NACCHO website.

NAGATSIHID will now seek AHMAC endorsement. Once they are endorsed by AHMAC, NAGATSIHID will also assist in ensuring that the Data Principles are communicated to all jurisdictions. All parties have stated their commitment to the roll out of the Data Principles; however at this stage no implementation plan has been discussed or designed. NACCHO will continue to monitor compliance with the principles throughout the intended target sectors mentioned above.

SOCIAL AND EMOTIONAL WELLBEING DATA PROJECT

The project, *NACCHO Formative Research on Isolation and loneliness within Aboriginal and Torres Strait communities to inform the development of measures for inclusion in the national SEWB Module* will inform the development of a series of questions which will be developed for inclusion in the ABS Indigenous Health Survey's SEWB module.

The project is in its final stages, this financial year saw the completion of focus group meetings, data transcription and the development of a framework for data analysis.

Next financial year the data will be interpreted and analysed with a report anticipated to go before the NACCHO Board and NAGASTIHID in November 2006.

Although the final analysis is yet to be completed, an initial finding indicates that at the level of 'Me', 'My Family', 'My Mob' and 'the Community' there are a range of risk and protective factors which appear to be linked to resilience. This suggests that by developing a greater understanding of resilience and its links with family, mob and community, it may offer an opportunity to build capacity at each of these levels to strengthen resilience.

It is also anticipated that a workshop planned for November 2006, will review the Confidentialised Unit Record File data from the National Indigenous Health Survey 2005, and will seek to bring together a range of stakeholders who can assist in informing the future direction, use and cultural context in which the data needs to be considered.

SERVICE ACTIVITY REPORTING

NACCHO continued to work closely with OATSIH in the area of Service Activity Reporting (SAR). The key result areas for 2003/2004 were made available in early 2006 and the 2004/2005 key result areas were supposed to be available by mid 2006. This has not yet occurred.

NACCHO convened a meeting of the SAR Steering Committee in October 2005 and has also been in attendance in subsequent telephone conferences about SAR Steering Committee business on 10 February 2006 and 12 April 2006.

At the October 2005 meeting OATSIH provided a paper, which reflected its own project, conducted in late 2005, to review SAR needs. The main finding of the OATSIH paper was that it would now be possible for the services to make better use of SAR as a result of the fact that the Key Result Reports were now being made available more quickly. The paper also said that better feedback mechanisms were required as were more standard definitions e.g. 'episodes of care'. Also moves to online reporting were recommended—see PIRS section below—for quantitative data only.

The next meeting of the SAR Steering Committee was to have taken place in September 2006 and was to be in the form of a workshop to discuss client level data. In response to this NACCHO sought a workshop with OATSIH at first instance on the question of client level data. This request for a meeting was refused by OATSIH in June 2006. At this stage the next meeting of the SAR Steering Committee is now likely to take place in February 2007.

There are a number of items, such as integration of SAR and SDRF, PIRS and the reduction of the reporting burden on services that are ongoing and accordingly, need to be progressed by the SAR Committee as soon as possible.

It should be said that after OATSIH advised the SAR Steering Committee of its review of SAR needs in October 2005, it has finalised the PIRS Stock take in May 2006, produced the 2003/2004 Report (but not the 2004/2005 Report) and conducted workshops on SDRF around Australia in early 2006.

NACCHO will continue to strive for progress in this area over the next financial year.

SERVICE DEVELOPMENT AND REPORTING FRAMEWORK (SDRF)

At the October 2005 SAR Steering Committee Meeting OATSIH advised the Committee that they are progressing their IT solutions with a view to advancing the ability to integrate SAR and SDRF. OATSIH also conducted a number of workshops around Australia in early 2006 with a view to making it easier for services to distinguish SAR and SDRF processes and to assist services with practical examples of how SDRF requirements are to be met e.g. how to complete an Action Plan. Finally a report on PIRS progress was given to the Committee in general terms (and OATSIH said that a further report on PIRS progress would be provided as part of its intended workshop on Client Level Data in September 2006) and a discussion took place on future directions including collection of client level data.

In May 2006 a report on SDRF called the Quality Improvement Initiative Evaluation Report was produced by the Department of Health and Ageing. The report recommended that SDRF receive substantial enhancement from OATSIH and that this would require additional resources to achieve significant quality improvement.

NACCHO is continuing to advocate for greater integration of SAR and SDRF processes in response to requests from our members. NACCHO have also advised OATSIH that it needs to improve communication with ACCHSs about the respective roles of the SAR and SDRF.

PATIENT INFORMATION RECALL SYSTEMS (PIRS)

Since the SAR Steering Committee meeting in October 2005, OATSIH has produced what they refer to as the PIRS Stock Take in May 2006 (the full name of the report is PIRS Stock Take of IT Infrastructure in Commonwealth funded ACCHSs). A number of recommendations were made which includes better communication with services and with NACCHO, the expansion of funding for PIRS to include recurrent expenditure, related to ongoing support and also expanded funding for ongoing costs for IT infrastructure, were made in the PIRS Stock Take.

Further meetings between OATSIH and NACCHO are planned in the near future with a view to pushing forward with the implementation with the PIRS Stock Take recommendations.

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.

NACCHO also carried out lobbying activities with all political parties and continued to build alliances with a wide range of NGO organisations.

BOARD MEDIA TRAINING

After the May 2006 NACCHO Board meeting in Adelaide, some of the NACCHO Board, CEO and Secretariat staff undertook a one day media training session conducted by Aboriginal Journalist Kerryne Liddle from *One for Words – Media Training*. Those who attended felt the session was valuable and said that they would be able to put this training in to good use.

PRESS RELEASES

A number of press releases and letters to the editor were made through the year which can be viewed on the NACCHO website. In summary they include the following:

- | | | |
|---------------|---|-------------------|
| • 5 July 05 | Medicare Initiative - Joint PR NACCHO, ADGP and RACGP | |
| • 6 Sept 05 | Shared Focus On Outcomes | |
| • 7 Sept 05 | Critical Health Spending Fails | |
| • 9 Sept | Support Critical for Aboriginal Health | |
| • 12 April 06 | Yet Another Report Fails | |
| • 11 May | Funds Misdirected | |
| • 17 May | Invest In Infrastructure | |
| • 23 June 06 | Rheumatic Heart Disease | |
| • 12 June 06 | Letter to Editor | Budget |
| • 28 June 06 | Letter to Editor | Abbott's Comments |

SHOWCASING

ATSIHWWG Seminar (Affiliates and others provided an overview on current Aboriginal health workforce issues, June 2006)

National Medicines Symposium (presentation delivered by Ms Dea Delaney Thiele, June 2006, Canberra)

United Nations Permanent Forum for Indigenous Peoples (Ms Kathy Malera-Bandjolan, New York, May 2006)

National Community Care Conference (Aged and Community Care Services: Meeting the needs of Aboriginal peoples), delivered by Mr Henry Councillor, in Sydney May 2006)

Health Promotion Conference (presentation delivered by Ms Dea Delaney Thiele jointly with Amanda Justice from NPS regarding Health Promotion and QUMs, Alice Springs, 2006)

NACCHO delivered a formal presentation to APAC November 2005 entitled *Aboriginal peoples making the health system equitable*

ADGP Annual Forum (Key note address delivered by NACCHO Chairperson Mr Henry Councillor, supported by a workshop by AHCWA on the Cultural Safety Training Package, Perth, November 2005)

Clinical Oncology Society Conference (Mr Brian Riddiford accepted the invitation and delivered the Chairing role on Nov 2005)

NSW Aboriginal Health Research Conference (Access to the Asthma 3+ Visit Plan delivered by Dr Sophie Couzos and Mr Scott Davis October 2005)

International Group for Indigenous Health Measurement (presentation delivered by Ms Dea Delaney Thiele Vancouver, Canada, October 2005)

GPPHC Research Conference (Asthma Inequities delivered by Dr Sophie Couzos, Adelaide July 2005)

Paediatric Otolaryngology Scientific meeting, (Ms Margaret Culbong, Dr Sophie Couzos, Fiji July 2005)

PUBLICATIONS

NACCHO brochure

NACCHO Achievements – *Aboriginal peoples making the health system more equitable*

Councillor H, Couzos S. *Clinical need for ototopical fluoroquinolones outweighs miniscule risk of antibiotic resistance* Journal of Paediatrics and Child Health, 2005;41:1-4

Starling RN, O'Connell C, Couzos S. *NACCHO GP Network. Enhancing communication in Aboriginal health*. Australian Family Physician. 2005 Oct; 34(10):849-50

Couzos S, Davis S. *Inequities in Aboriginal health: Access to the Asthma 3+ Visit Plan*. Australian Family Physician. 2005 Oct;34(10):837-40. <http://www.racgp.org.au/Content/NavigationMenu/Publications/AustralianFamilyPhys/2005Issues/afp2005/200510couzos.pdf>

Couzos S. *PBS medications. Improving access for Aboriginal and Torres Strait Islander peoples*. Australian Family Physician. 2005 Oct; 34 (10):841-4. <http://www.racgp.org.au/Content/NavigationMenu/Publications/AustralianFamilyPhys/2005Issues/afp2005/200510couzos2.pdf>

National Aboriginal Community Controlled Health Organisation, the Chronic Disease Alliance of Non-Government Organisations (Aboriginal and Torres Strait Islander Health), RACGP. *National Guide to a Preventive Health Assessment in Aboriginal and Torres Strait Islander Peoples*. RACGP, Melbourne, August 2005. Can be found at: <http://www.racgp.org.au/guidelines/nationalguide>

NACCHO. *Aboriginal Peoples making the Health System Equitable*. December 2005

The Journal of Paediatrics and Child Health published a letter from NACCHO entitled: *Clinical need for ototopical fluoroquinolones outweighs miniscule risk of antibiotic resistance* in April 2006

NACCHO WEBSITE

The NACCHO Website provides information which can be viewed by our members and the general public at any time. NACCHO are delighted to report that the website has shown a significant increase in this past year.

Total hits: 1,395,296

Total page views: 555,905

Average page views per day: 1523

Average visitors per day: 300

SUBMISSIONS AND PAPERS

Submissions and papers prepared over the year are detailed in the report. Other notable inclusions include:

- Response/Submission to OATSIH/KordaMentha on the NACCHO review by KordaMentha;
- Family Violence (Child Sexual Abuse) Position Paper (available on NACCHO Website);
- Cancer Research in the Future (as invited by Australian Screening Advisory Committee);
- Visiting Optometry Scheme;
- Social Justice Report, Human Rights Equal Opportunity Commissions Health and Human Rights;
- NHMRC, National Statement on Ethical Conduct in Research Involving Humans http://www.nhmrc.gov.au/publications/_files/submissions/qimr/51.pdf and http://www.nhmrc.gov.au/publications/_files/submissions/statementsec/25.pdf; and
- MBS descriptor for the *Antenatal Check*.

RESEARCH

We were honoured to be awarded for 'highly commendable Aboriginal health research' on 18th October 2005 following the presentation given regarding *Access to the Asthma 3+ Visit Plan* at the NSW Aboriginal Health Research Conference.

Every year, more than 10 peer reviews are conducted of research proposals or submissions for publication and a significant number are declined due to limited secretariat capacity.

2005 AGM AND MEMBERS MEETING

130 (voting) delegates with a total of 145 participants attended the 2005 Members meeting and Annual General Meeting in Alice Springs, 6-9 September 2005.

State and Territory reports

State and Territory reports were presented to the members. The following is an overview of those reports.

Western Australia

AHCWA is now an incorporated body. AHCWA's current projects include the Cultural Safety Training and train the trainer; General Practice education and training; NACCHO/SIDS and Kids project; Oxfam Community Aid Abroad Projects; and a Western Australian Centre for Remote and Rural Medicine project.

Victoria

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) thrives as its members thrive and while there are challenges there are markers of success. Njernda (Echuca) is to open a chroming healing centre and Wathaurong (Geelong) is constructing a purpose-built health centre. VACCHO has been supporting the establishment or re-establishment of ACCHS; provides support for its membership through training (VACCHO has RTO status), policy advice, workforce development and support; has completed strategic development process and is being developed into applied section plans and organisational business plans; continues to build and develop partnerships with other organisations in the political environment, the health and community sector; continues to build a public profile for Indigenous health and for VACCHO and its members; has been successful in its own efforts being awarded a Prime Minister's award for business partnership and a Premier's award for blood borne virus initiative.

Tasmania

The Tasmanian Aboriginal Centre (TAC) provides state wide services with offices, in Hobart, Launceston and Burnie. Currently the TAC provides services in a variety of areas including: Legal; Health; Land management; Language maintenance; Family support; Children's Services. Major achievements this year include: The return of Cape Barren Island to the Aboriginal people of Tasmania; Agreement by the Tasmanian Government to compensate the children of the Stolen Generations; Establishment of a high school on Cape Barren Island; Community consultation to determine the best child protection system for the Aboriginal community.

South Australia

AHCSA's key activities include: Policy development, research and ethics and workforce development; Aboriginal Hospital Liaison Officers in four major hospitals; The Aboriginal Health Research and Ethics Committee and the Aboriginal Primary Health Care Workers Forum; Board of Management training; Senior management training; Development of a Persona Health Profile for Aboriginal people. Other state-wide programs include: Rural AHW Program where there are no ACCHS; State Wide Dental Program; Chronic Disease Specialist Support Program. AHCSA is also an RTO and has established the Centre for Health Education and Training, offering Aboriginal Primary Health Care Certificates 3 and 4 and Diploma level courses. AHCSA is also managing the consultation and validations of the AHW Competency Standards Project, working with NACCHO and the Industry Skills Council. AHCSA also manages the Clinical Centre for Research Excellence in Aboriginal Health in partnership with Flinders University.

Key issues include: Transport and assistance for Aboriginal clients from remote areas coming to Adelaide for hospital and specialist treatment; the South Australian Framework Agreement which expired in 2004 is being renegotiated between three partners, AHCSA, OATSIH and State Department of Health); and Medicare funding.

Australian Capital Territory

Winnunga Nimmityjah has relocated to an ACT Health building, shared with ACT Community Health in Narrabundah ACT. It has also successfully negotiated a full time WIPO position.

New South Wales

AHMRC's key activities include: The Aboriginal Health College; AHMRC Consultancy Service (projects include the Blood Borne Disease Report, harm minimisation projects and a gambling related project); Coalition of Research into Aboriginal Health (CRIA); Collaborative Centre for Aboriginal Health Promotion; Prime Minister's Award for Partnerships in NSW; Memoranda of Understanding was signed with the Hepatitis C Council and NCOSS; Funding was gained for the establishment of a data base for all ACCHS; Recruitment; Shared Procurement; Men's Business and Groups; AH&MRC Web site; NSW Partnership Awards Night; Top Psychiatrist Award was conferred on Dr Pat Delaney from the RANZCP; NSW Health restructuring has precipitated the need for ACCHS to form regional groups; and, governance training for the ACCHSs Sector.

General Meeting

Key issues discussed at the meeting included deliberations on the *Draft Korda Mentha Report on NACCHO* and members decisions regarding constitutional changes as they pertained to the draft report. The members unanimously rejected the Korda Mentha's Review recommendation to have the NACCHO Membership replaced by the Affiliates.

The members also expressed concern that OATSIH was willing to accept a report which was flawed and incorrect and recommended action with the Minister for Health, other Ministers and parliamentary members to raise such concerns.

Presentations

Presentations were made by:

- Alison Larkin, OATSIH, DOHA, discussion centred on the *Draft Korda Mentha Report on NACCHO*;
- James Babbin, Health Insurance Commission (now Medicare Australia). This presentation discussed the role of the HIC and of Liaison Offices, the Indigenous Access Program; Enhanced Primary Care; outreach programs and other HIC programs;
- Katherine Cullerton, who provided an overview of the National Aboriginal and Torres Strait Islander Nutrition Action Plan; and
- Joy Savage, OATSIH, who provided an overview on the Healthy for Life Initiative.

Workshops

The meeting also provided the opportunity to workshop other key issues for the sector including:

- Single Funding Agreement;
- Risk Assessment Procedures;
- Service Delivery Reporting Framework;
- Service Activity Reporting;
- Patient Information Recall Systems;
- Sport and Health;
- Whole of Government Approaches;
- Primary Health Care Access Program;
- Cultural Safety Training; and
- Workforce Issues.

EXTRAORDINARY GENERAL MEETING – MARCH 2006

Constitutional Changes

126 (voting) delegates attended the NACCHO Extraordinary General Meeting in Adelaide on 9 March 2006 in order to consider a number of special resolutions. The special resolutions arose out of the Korda Mentha Review on NACCHO which members will recall was rejected at the NACCHO Annual General Meeting held in Alice Springs in August 2005. The NACCHO Board agreed that NACCHO needed to deal with the Korda Mentha Review by means of the Special Resolutions to make changes to the NACCHO Constitution. After Chairperson

Mr Henry Councillor had provided introductory remarks the special resolutions were put to the members for their decision.

All of the resolutions except one were easily passed by meeting and exceeding the high threshold required for Special Resolutions, that is, 75% of those members eligible to vote on them.

Resolution 1 – Designed to change the Aims and Objectives of the NACCHO Constitution into ‘primary’ and ‘secondary’ categories. After the NACCHO Board took legal advice the Board decided it could not support resolution one. Consequently when the resolution was put to the members it failed.

The resolutions passed were briefly the following:

Resolution 2 – This resolution dealt with the number of NACCHO Board Members and resulted in a reduction from 22 members to 16 members i.e. 2 ordinary members from each State or Territory, appointed by their boards.

Resolution 3 – This resolution resulted in the insertion in the NACCHO Constitution of a provision which allows the Chief Executive Officers of Affiliates to attend NACCHO Board Meetings in a non-voting capacity.

Resolution 4 and 5 – These resolutions resulted in the insertion in the Constitution of a schedule that lists the names of State and Territory Affiliates of NACCHO.

These changes were:

- Acted upon by the NACCHO Board and Secretariat immediately. This meant that some Board members resigned in May 2006 to affect this change (ie reduce the Board from 22 to 16 members):
- Articulated to OATSIH. NACCHO have sufficiently complied with the KordaMentha review report recommendations to enable OATSIH to make funding available to NACCHO for this financial year. In addition, the 60/40 split which has been very contentious for the sector over the past few years no longer applies; and
- Reflected in the revised Constitution. This document will be made available at the members meeting in Perth.

ACTIVITIES IN PARTNERSHIP WITH KEY NGOS

NACCHO has worked with many NGOs on initiatives which aim to strengthen the role that ACCHSs play in providing quality services to Aboriginal peoples. The following provides an overview of activities in this area:

AMA Indigenous Taskforce

NACCHO is an important member of the *AMA Indigenous Taskforce*. An essay in the AMA journal *Australian Medicine* on Indigenous health issues appeared in the 5th September 2005 issue. During this time, the AMA position statement on Aboriginal Health was

launched in Queensland and NACCHO was a significant contributor to this Statement. A number of health issues are being progressed through this Taskforce and include work in the development of *Centres for Teaching Excellence*, Rheumatic fever advocacy, workforce support, salary parity within ACCHSs, and AMA Report Cards every year.

Asthma Foundation and National Asthma Council

NACCHO has worked a great deal with the Asthma Foundation (AF) and National Asthma Council over this reporting period. A Memorandum of Understanding (MOU) between NACCHO and the Asthma Foundation was endorsed by the NACCHO Board in May 2006. Several NACCHO representatives for various AF and NAC committees were appointed. NACCHO endorsed the Asthma Foundations 'Short Wind' booklet as a consumer guide for asthma spacers.

Cancer Council

NACCHO developed a joint submission with the Cancer Council Australia for the *Senate Inquiry into Gynaecological Cancers*, in June 2006. This will be followed by NACCHO attendance at the Senate Committee Hearing in August 2006. An MOU with the Cancer Council is being considered.

Kidney Health Australia

NACCHO has worked with Kidney Health Australia over this period in the development of the *National Kidney Disease Strategy*. NACCHO contributed extensively to this process with respect to Aboriginal Peoples kidney health needs.

National Heart Foundation

The NACCHO Board endorsed the National Heart Foundation's *Rheumatic Fever Guidelines* which were contributed to by NACCHO. (*Diagnosis and management of acute rheumatic fever and rheumatic heart disease in Australia: An evidence-based review 2006*). These were launched in 2006.

Diabetes Australia

NACCHO, in partnership with *Diabetes Australia* commenced work to ascertain the effectiveness of a federal funded program—the *National Diabetes Services Scheme* (NDSS). An MOU is currently under consideration.

National Prescribing Service

In addition to working with the National Prescribing Service (NPS) on the Better Medicines Better Health project, NACCHO attended the NPS Planning Day and the NPS Medicines Symposium to communicate ideas on how the NPS can better meet the health needs of Aboriginal Peoples and Torres Strait Islanders.

AIDA

NACCHO and AIDA have held discussions to progress a range of General Practice training and support issues.

HREOC

The Human Rights and Equal Opportunity Commission (HREOC) have worked with NACCHO in drafting the 2006 *Social Justice Report* and in the development of a Health and Human Rights campaign for Aboriginal peoples.

ADGP

NACCHO is working with ADGP to review and update the current MOU and re-signing it at the ADGP National Forum in Queensland in November 2006. Dr Jenny Thomson the Chairperson of ADGP attended the February NACCHO Board meeting to meet the Board and to reiterate the ADGP's strong commitment to work with NACCHO to address the serious health issues experienced within the Aboriginal communities.

The ADGP Board recently participated in the Cultural Safety Training (CST) produced and delivered on behalf of the Sector by ACHWA. ADGP have unanimously supported the roll out of the CST training and are encouraging their state based members and local Divisions to participate in sessions nearest to them.

NACCHO and ADGP are encouraged by the increased number of Divisions that have developed MOU's and partnerships with their local Aboriginal Medical Services.

RACGP

NACCHO continues to work with The RACGP and its newly appointed Manager of the RACGP Aboriginal and Torres Strait Health Unit, Mr Alan Brown, (a current Board member of the Victorian Aboriginal Health Service, Melbourne) to advocate on issues of health, inequity and RACGP support for initiatives that promote the health of Aboriginal and Torres Strait Islander Peoples and communities.

SIDS and Kids

On behalf of NACCHO, AHCWA drafted a NACCHO/SIDS and Kids work plan and the development of a booklet on 'Safe Sleeping' Messages. The booklet, yet to be finalised, provides pictorial messages about Sudden Infant Death Syndrome (SIDS) and what we can do to reduce the chances of SIDS. The booklet also has stickers to promote safe sleeping messages within the community.

The safe sleeping booklet has two audiences. First, community members who are the information givers and secondly, through pictorial stickers that were developed for people who might not be comfortable with the written word..

NACCHO and AHCWA look forward to working with the SIDS and Kids to finalise the draft workplan and booklet.

NATIONAL COMMITTEES/WORKING GROUPS REPRESENTATION

In addition to working with key Non-Government Organisations, NACCHO makes its self available to work with a range of Government and non-government committee's and working groups to advance Aboriginal health matters. NACCHO is represented by a range of people within the network. There is a never ending demand for NACCHO Representation on such groups, and as such they are prioritised by the Board. NACCHO extends its thanks to all those who assisted in representing NACCHO on the following National committee's and working groups:

- National Aboriginal and Torres Strait Islander Health Council
- Australian Pharmaceutical Advisory Council
- National Health Priorities Action Council
- National Public Health Partnership Advisory Group
- National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data
- AMA Taskforce on Indigenous Health
- Aboriginal and Torres Strait Islander Health Workforce Working Group
- Reference Group for Research into Indigenous Access to Major Health Programs
- Healthy for Life Evaluation Framework Reference Group
- HREOC Planning Committee
- Urbis Keys Young HIC Evaluation Reference Group
- Indigenous Australians Sexual Health Committee
- National Influenza Pandemic Action Committee (Primary Care WG)
- Diabetes Australia (Analysis of NDSS)
- National Asthma Reference Group
- National Diabetes Strategies Group
- Aboriginal and Torres Strait Islander Women's Forum
- Leading Public Health Measures Reference Group
- National Heart Stroke and Vascular Strategies Group
- National Heart Foundation (RRAAC)
- Mental Health Council of Australia
- National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan Ref. Group
- National Competency Project Steering Committee
- Service Activity Report Steering Committee
- Allied Health and Dental Care Consultative Group

- National Diabetes Strategies Group
- National Committee on the Review of Alcohol Advertising
- Steering Committee: Guidelines for the mgt of drug dependant women and their neonates
- Burden of Disease and Injury Study in Indigenous Australians
- Hepatitis C Council (Indigenous Reference Group)
- Asthma Foundation (Asthma Community Grants Support Steering Committee)
- Australian Screening Advisory Committee
- National Heart Stroke and Vascular Strategies Group
- Cardiac Rehabilitation Guidelines Reference Group
- Indigenous Social Survey (ABS) Reference Group;
- National Rural Health Alliance Council
- Workforce Information Policy Officer's Network
- Australian General Practice Training - (General Practice Education and Training)
- Royal Australian College of Physicians Aboriginal and Torres Strait Islander Health Ref. Group
- Australian Divisions of General Practice/ NACCHO MOU Joint working Party
- RACGP /ACCRM Joint Consultative Committee on Aboriginal Health
- RACGP Scientific Convention Planning Committee Brisbane 2006
- RACGP National GP workshop on Aboriginal Health – Brisbane 2006
- General Practice Education and Training Aboriginal Health Reference Group
- GPET Cultural Mentors/ Educators Reference Group.

SERVICE SUPPORT

PUBLIC HEALTH

This was a very productive year. Key activities have been grouped under the following disease and population areas.

Child Health

NACCHO worked with OATSIH throughout this period with regard to the 2005 Federal Budget allocation for maternal and child health and chronic disease prevention known as the *Healthy for Life* (HFL) program. Many ACCHSs have signed up to this program. NACCHO activity included contributions to the development of promotional material as well as advice regarding the program. Permission was granted for OATSIH to use the *National Guide* in the *Healthy for Life* Information package. In particular, NACCHO stressed the importance of building the capacity of our State/Territory Affiliates' capacity in their role as facilitators for ACCHSs undertaking the HFL program. However, only QAIHC is currently acting as facilitator. Key efforts were focused around the development and appraisal of the evaluation framework. NACCHO accepted membership of the *Healthy for Life Evaluation Reference Group* and attended several meetings. NACCHO attended the meeting of the Healthy for Life Orientation Workshop, in Brisbane, on 20-21 June 2006. On 27 June 2006, a *NACCHO Issues paper* was drafted for this Group. The paper outlined the limitations to the proposed data collection from ACCHSs. Further work is progressing on these important matters.

Asthma

NACCHO reported a great deal of asthma related activity during this period due to the importance in addressing the need for enhanced quality use of asthma medicines as has been made apparent through earlier NACCHO work. At the Quality Use of Asthma Medicines workshop (3rd May 2004), NACCHO first argued for an asthma spacer supply scheme that might be similar to the supply of diabetes products (NDSS). The Australian Family Physician published the outcomes of the Asthma 3+ Plan evaluation undertaken by NACCHO and the Hansard Senate Estimates (Nov 2005) Report included comments by Senator Crossin on the lack of ACCHS access to asthma spacer devices following the NACCHO evaluation. In all these forums, the use of 'coke' bottles as makeshift spacers presented a powerful image that generated policy.

The Asthma Section of DOHA and the Asthma Foundation developed the *Asthma Spacers Ordering Scheme* (ASOS), for the supply of asthma spacers to ACCHSs at a subsidised rate. NACCHO undertook an informal scoping exercise of types of asthma spacers of most benefit to ACCHSs and services were notified of the scheme in a NACCHO memo on the 20 April 2006. It was agreed by all parties that the evaluation of the ASOS will involve audit of orders placed and Service Activity Reporting (SAR) data. NACCHO drafted a set of preferred SAR questions on the ASOS which were subsequently endorsed.

NACCHO successfully advocated for a national *Asthma Awareness Raising Strategy* for Aboriginal peoples to be concurrently developed with the mainstream strategy. In addition, work progressed in the revision of the chronic disease management MBS Items in light of the findings of the Asthma 3+ Plan evaluation.

Pandemic Influenza Planning

NACCHO has contributed efforts towards DOHA's activity with regard to Pandemic Influenza preparation, especially in view of the need for specific support for ACCHSs. The Secretariat coordinated NACCHO's participation in the Australian Governments *National Influenza Pandemic Primary Care Working Group* and attended the *National forum on the Pandemic Influenza*. Appraisal and edits to the draft Primary Health Care Annex for the Pandemic Influenza Plan were made. A NACCHO presentation (June 2006) drafted for the General Practice Pandemic Flu Summit, at the Australian National University was entitled, *Australian Flu Pandemic: Preparedness and the Aboriginal population*.

Sexual Health and Hepatitis C

NACCHO has undertaken a substantial amount of work in sexual health and blood-borne virus (BBV) transmission over this period. These efforts were directed towards the development of new sexual health strategies and Hepatitis C and their implementation plans which supplement and coordinate ACCHS's efforts in sexual health. This was possible through NACCHO membership of the Indigenous Australians Sexual Health Committee. The NACCHO Chair and CEO attended the Canberra launch on 13 October 2005.

Several submissions were prepared including for AFAO on *A Consultation and Development Project for a National Campaign Addressing Injecting Drug Use in Indigenous Communities* and a *National Approach to Hepatitis C Care and Prevention in Australian Prisons* and submitted to OATSIH. Work with the Australian Hepatitis Council led to NACCHO nominations for the Indigenous Reference Group on Hepatitis C.

PUBLIC HEALTH STRATEGIES GUIDELINES AND SUBMISSIONS

We are pleased to report that the *National Guide to a Preventive Health Assessment in Aboriginal and Torres Strait Islander Peoples* which was developed in partnership with the Royal Australian College of General Practitioners (RACGP), and eight NGO's, was finally launched on 30th September 2005. The Guide provides valuable practical advice to GPs and AHWs on how to deliver a preventive child and adult health check. It precluded the development of both the adult and child Aboriginal health assessment MBS Items and helped to inform the descriptor for both those items. The Department of Health and Ageing provided the funding for printing and its dissemination to GPs across Australia. The Guide was a major collaborative effort of many NGO's and a significant achievement.

We were also pleased to report that the *'Making the Connections' National Public Health Partnership (NPHP) Guidelines* were finally published in April 2006. NACCHO had a long-

standing involvement in these guidelines. The document can be accessed at:
http://www.nphp.gov.au/publications/making_connections.pdf.

Many additional guidelines were contributed to, appraised or supported by endorsement or representation throughout the year, which included the NHF National Rheumatic Fever Guidelines, the NHMRC Cardiac Rehabilitation Manual, Diabetes Retinopathy Guidelines (Australian Diabetes Society), the Asthma Management Handbook (NAC), Department of Health and Ageing National Trachoma Guidelines, Remote Area Renal Dialysis and Transplant Services Standards, Pharmaceutical Society of Australia Standards into the provision of service delivery to remote AHSs, and the new National Antenatal Care Guidelines which are in development.

NACCHO commenced collaboration with the Kimberley Aboriginal Medical Services Council in preparing for the 3rd Edition of the Oxford University Press textbook: *Aboriginal Primary Health Care: An evidence-based approach*.

NACCHO GP NETWORK

In November 2005, the funding period ceased for the project and DOHA engaged a consultant to evaluate the NACCHO GP Network project within the overall evaluation of the program in which it was funded.

Whilst the NACCHO GP Network is not funded for its activities the site is still being accessed. Other Organisations, such as the Rural Education Health Foundation and ANTaR continue to use the Network as an avenue to post the latest papers or information about up and coming events or broadcasts.

The GP Network is also playing a role as a forum for assessing practitioner's clinical views. In February 2006, NACCHO recommended further investigation be undertaken to ascertain why Zyban is not used by GPs within ACCHSs and generally with Aboriginal patients. This led to the development of a draft questionnaire by OATSIH to examine this matter further. NACCHO recommended the use of the NACCHO GP Network. The NACCHO Secretariat appraised the draft survey instrument in April and the project was endorsed by the NACCHO Board in May 2006.

The NACCHO GP Network is also used by NACCHO Members as a resource to advertise for filling vacancies for GPs. To date, 15 advertisements have been successfully placed by AMSs. The site has also been used by DOHA to advertise a Senior Medical Officer position.

The GP Network is also an important link for GPs in mainstream health services who have Aboriginal clients, and who wish to learn more or have an interest in Aboriginal health in general. Other links are advertised and maintained for use by GP Network members such as lists of Locums, RACGP, ADGP and the Rural Doctors Association of Australia.

SERVICE SUPPORT

The *GP Network* was described by NACCHO in an article published in the *Australian Family Physician* (October 2005). Some interesting statistics for the period 2005–06 indicate:

- Since the NACCHO GP Network was re-launched in August 2004 membership has grown from 100 to 398.
- 56% of registrants are female, 84% are members of RACGP, 88% bulk bill, 16% are Locums of whom 61% are female. There are 26% Overseas Trained Doctors, 66% are working in the Aboriginal Community Controlled Health Sector, 21% in private practice and 13% in State/Territory Health Services.
- Over 50 news items have been posted chronologically for 2005, to date. Links to the Rural Doctors Association News provides live news feeds.
- An on-line facility has been created for Locums to register interest in working in an ACCHS. The site includes a mapping module as a means of locating an ACCHS or area of interest, or to identify those ACCHSs in an area of interest.

NACCHO remain hopeful that the GP Network will secure future funding to maintain and strengthen this network which has already proved to be a useful source of information and support for many users. NACCHO also wishes to acknowledge and thank RACGP for the funding and in particular highlight the hard work and support of Dr Jenny Reath and Pauline Curtis, from the RACGP National Rural Faculty throughout the lifespan of this short term project.

NATIONAL INDIGENOUS DISABILITY NETWORK (NIDN)

NACCHO has been working to support the development of state and nationally based Aboriginal Disability Networks on behalf of the NIDN. NACCHO received a small grant over two years by FACSIA. Its primary outcomes are to develop a network of state based consumer groups which can disseminate information about the services available to Aboriginal and Torres Strait Islander people with disabilities, and to advocate for policy and services to meet their specific needs, which would ultimately form a national network.

A report for the period May 2005–April 2006 was submitted to FACSIA which identified the need for an increase in funds to establish effective networks in each of the States/Territories. NACCHO then met with representatives from FACSIA to discuss the report recommendations. NACCHO indicated at this meeting that although the organisations are committed to achieving the contract outcomes, additional support would be required for the project to succeed. NACCHO is awaiting a formal response to the report, and a decision will then be made on how to proceed with the project from here as NACCHO do not want to build expectations it cannot meet to the NIDN members.

BETTER MEDICINES, BETTER HEALTH PROJECT

NACCHO and the National Prescribing Service (NPS) have continued work on a project designed to help Aboriginal Health Workers improve their knowledge and skills about medicines. The role of Aboriginal Health Workers makes them ideally placed to educate their communities about medicines.

SERVICE SUPPORT

NACCHO had commissioned the drafting of modules from KAMSC and these were technically appraised during this reporting period. The modules cover four main topics: quality use of medicines (QUM), asthma, diabetes and hypertension. The intention is for *trainers* to use the training modules to train other Aboriginal Health Workers.

Due to the resignation of the QUM Project Officer in early 2006, progress towards achieving the project outcomes was limited. Thus NACCHO re-negotiated the remainder of the NPS, NACCHO *Good Medicines, Better Health Project*, formerly known as the *Community Use of Medicines Project*. The project will be completed by July 2007.

NACCHO would like to acknowledge and thank KAMSC for their efforts in developing components of the training package, the participating project sites for their input and participation, and the NPS for their funding, support and patience. We look forward to working with the project sites, AHCSA and the NPS over 2006/07 to complete the project.



NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

ABN 89 078 949 710

DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2006.

Directors

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

Henry Andrew Councillor (appointed September 2005)
Naomi Ruth Mayers
Karlene Dwyer
Rachel Atkinson
Frank Vincent
Justin Mohamed
Polly Sumner Dodd
Jill Gallagher (resigned May 2006)
Julie Tongs
Valda Keed
Ray Dennison (resigned May 2006)
Robert Dann (resigned November 2005)
Maureen Williams (resigned November 2005)
Vanessa Davies (resigned May 2006)
Gloria Khan
Phillip Matsumoto
June Sculthorpe
Stephanie Bell
John Paterson (appointed December 2005)
Sheryl Lawton (appointed September 2005)
Coralie Ober (appointed September 2005, resigned May 2006)
Fabian Peel (appointed November 2005, resigned May 2006)
Yvonne Buza (appointed November 2005)
Brian Riddiford (resigned September 2005)
Michael Adams (resigned September 2005)

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

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

ABN 89 078 949 710

Operating Results

The loss of the company for the financial year after providing for income tax amounted to \$16,346 (2005: \$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.

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

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

Meetings of Directors

DIRECTORS	DIRECTORS' MEETINGS	
	Number eligible to attend	Number attended
Henry Andrew Councillor	5	5
Naomi Ruth Mayers	5	3
Gloria Khan	5	5
Phillip Matsumoto (appointed November 2005)	4	3
June Sculthorpe	5	5
Karlene Dwyer	5	3
Rachel Atkinson	5	2
Frank Vincent	5	4
Stephanie Bell	5	4
Justin Mohamed	5	5
Jill Gallagher (resigned May 2006)	4	3
Julie Tongs	5	5
Polly Sumner-Dodd	5	3
Valda Keed	5	4
Ray Dennison (resigned May 2006)	4	4
Robert Dann (resigned November 2005)	1	1
Maureen Williams (resigned November 2005)	1	1
Vanessa Davies (resigned May 2006)	4	3
John Paterson (appointed December 2005)	4	4
Sheryl Lawton (appointed September 2005)	4	4
Coralie Ober (appointed September 2005, resigned May 2006)	2	0
Fabian Peel (appointed November 2005, resigned May 2006)	2	0
Yvonne Buza (appointed November 2005)	4	3
Brian Riddiford (resigned September 2005)	1	1
Michael Adams (resigned September 2005)	1	1

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

ABN 89 078 949 710

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.

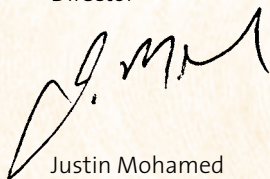
The company was not a party to any such proceedings during the year.

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 49.

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

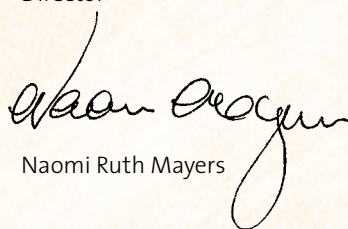
Director



Justin Mohamed

Dated: 31 August 2006

Director



Naomi Ruth Mayers

NACCHO FINANCIAL STATEMENTS

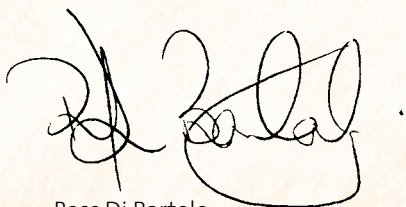
NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

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 2006 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 large, stylized flourish at the end.

Ross Di Bartolo
Partner

Dated: 30 August 2006

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

INCOME STATEMENT

For the year ended 30 June 2006

	Notes	2006 \$	2005 \$
Revenue from ordinary activities	2	2,363,451	2,478,064
Employee benefits expense		(1,328,023)	(1,397,810)
Depreciation and amortisation expenses	2	(19,040)	(26,025)
Other expenses from ordinary activities		(1,026,473)	(1,079,392)
Borrowing costs expense	2	(6,261)	(1,339)
Profit from ordinary activities		(16,346)	(26,502)
Total changes in equity other than those resulting from transactions with owners as owners		(16,346)	(26,502)

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

BALANCE SHEET

As at 30 June 2006

	Notes	2006 \$	2005 \$
CURRENT ASSETS			
Cash and cash equivalents	3	269,755	359,785
Receivables	4	28,025	147,220
Other	5	7,825	21,136
TOTAL CURRENT ASSETS		305,605	528,141
NON-CURRENT ASSETS			
Property, plant and equipment	6	96,726	87,591
TOTAL NON-CURRENT ASSETS		96,726	87,591
TOTAL ASSETS		402,331	615,732
CURRENT LIABILITIES			
Payables	7	94,386	227,836
Provisions	8	80,833	72,197
Other	9	59,862	111,554
TOTAL CURRENT LIABILITIES		235,081	411,587
NON-CURRENT LIABILITIES			
Provisions	8	-	20,549
TOTAL NON-CURRENT LIABILITIES		-	20,549
TOTAL LIABILITIES		235,081	432,136
NET ASSETS		167,250	183,596
EQUITY			
Retained profits		167,250	183,596
TOTAL EQUITY		167,250	183,596

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

STATEMENT OF CHANGE IN EQUITY

For the year ended 30 June 2006

	Retained Earnings \$	Total Equity \$
Balance at 1 July 2004	210,098	210,098
Net Surplus/(Loss) for the year	(26,502)	(26,502)
Balance at 30 June 2005	183,596	183,596
Balance at 1 July 2005	183,596	183,596
Net Surplus/(Loss) for the year	(16,346)	(16,346)
Balance at 30 June 2006	167,250	167,250

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

STATEMENT OF CASH FLOWS *for the year ended 30 June 2006*

	Notes	2006 \$	2005 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		20,666	17,823
Operating grant receipts		2,636,327	2,567,386
Payments to suppliers and employees		(2,709,876)	(2,901,128)
Interest received		15,506	19,017
Borrowing costs		(6,261)	(1,339)
Net cash provided by/(used in) operating activities	13(b)	(43,638)	(298,241)
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		44,912	28,440
Payment for property, plant and equipment		(91,304)	(34,144)
Net cash used in investing activities		(46,392)	(5,704)
Net increase/(decrease) in cash held		(90,030)	(303,945)
Cash at beginning of financial year		359,785	663,730
Cash at end of financial year	13 (a)	269,755	359,785

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2006

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 non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

Australian Accounting Standards include Australian equivalents to International Financial Reporting Standards (IFRS). Compliance with the Australian equivalents to IFRS (AIFRS) ensures that the financial report, comprising the financial statements and notes complies with IFRS.

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.

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

ABN 89 078 949 710

Plant and equipment

Plant and equipment is measured on the cost basis.

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

Depreciation

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

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

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

(c) Employee Benefits

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

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

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

ABN 89 078 949 710

(d) Cash

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

(e) Revenue

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).

(f) Goods and Services Tax (GST)

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

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

The company has managed the transition to Australian Equivalent of International Financial Reporting Standards (AIFRS) effective for financial years commencing from 1 January 2005. The adoption of AIFRS has not had any material impact on the company.

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

	2006	2005
Notes	\$	\$

NOTE 2: PROFIT FROM ORDINARY ACTIVITIES

Profit (losses) from ordinary activities has been determined after:

(a) Expenses

Borrowing costs:

- other persons	6,261	1,339
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Depreciation of non-current assets

- Plant and equipment	19,040	25,797
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Amortisation of non-current assets

- capitalised leased assets	-	228
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- intangibles	-	-
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Amortisation of non-current assets	-	228
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Consultancy fees	50,621	98,950
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Meetings and workshops	356,550	76,034
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Wages and salaries	970,678	998,063
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Rent	77,607	158,115
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(b) Revenue and Net Gains

Net gain on disposal of non-current assets

- property, plant and equipment	(18,217)	1,105
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Grant funding	2,329,158	2,446,211
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Administration fees (EGM)	50,470	-
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Interest Income	15,506	19,017
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NOTE 3: CASH & CASH EQUIVALENTS

Cash on hand	294	339
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Cash at bank	230,449	349,446
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Deposits at call	39,012	10,000
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	269,755	359,785
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NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

	Notes	2006 \$	2005 \$
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NOTE 4: TRADE & OTHER RECEIVABLES

CURRENT

Trade & other debtors		28,025	147,220
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NOTE 5: OTHER ASSETS

CURRENT

Prepayments		7,825	-
Other current assets		-	21,136
Total Other Assets		7,825	21,136

NOTE 6: PROPERTY, PLANT AND EQUIPMENT

PLANT AND EQUIPMENT

(a) Plant and equipment

At cost		74,004	60,010
Less accumulated depreciation		(54,705)	(48,853)
		19,299	11,157

(b) Motor vehicles

At cost		25,775	54,142
Less accumulated depreciation		(3,044)	(6,268)
		22,731	47,874

(c) Office equipment

At cost		65,869	48,564
Less accumulated depreciation		(39,013)	(36,505)
		26,856	12,059

(d) Computer equipment

At cost		134,636	119,824
Less accumulated depreciation		(106,796)	(103,323)
		27,840	16,501

Total property, plant and equipment		96,726	87,591
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NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

(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	11,157	47,874	12,059	16,501	87,591
Additions	13,994	45,193	17,305	14,812	91,304
Disposals	-	(62,102)	(1,027)	-	(63,129)
Depreciation expense	(5,852)	(8,234)	(1,481)	(3,473)	(19,040)
Carrying amount at end of year	19,299	22,731	26,856	27,840	96,726
			Notes	2006 \$	2005 \$

NOTE 7: TRADE & OTHER PAYABLES

CURRENT

Trade creditors and accrual	18,849	92,234
Sundry creditors	75,538	135,602
	94,386	227,836

NOTE 8: PROVISIONS

CURRENT

Employee benefits	10(a)	80,833	72,197
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NON-CURRENT

Employee benefits	10(a)	-	20,549
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(a) Aggregate employee benefits liability	80,833	92,746
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NOTE 9: OTHER LIABILITIES

CURRENT

Deferred income	59,862	111,554
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NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTE 10: RELATED PARTY TRANSACTIONS

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

Henry Andrew Councillor	Polly Sumner-Dodd
Naomi Ruth Mayers	Ray Dennison (resigned May 2006)
Karlene Dwyer	Robert Dann (resigned November 2005)
Rachel Atkinson	Maureen Williams (resigned November 2005)
Frank Vincent	John Paterson
Greg Stubbs	Stephanie Bell
Justin Mohamed	Gloria Khan
Sheryl Lawton	June Sculthorpe
Jill Gallagher (resigned May 2006)	Coralie Ober (resigned May 2006)
Vanessa Davies (resigned May 2006)	Phillip Matsumoto
Julie Tongs	Fabian Peel (appointed November 2005, resigned May 2006)
Valda Keed	Yvonne Buza (appointed November 2005)

Key Management Personnel

Key management personnel comprise directors and other key persons having authority and responsibility for planning, directing and controlling the activities of the organization.

	Notes	2006 \$	2005 \$
<i>Key Management Personnel Compensation Summary</i>			
Short Term Employee Benefits		350,512	292,888
Long Term Employee Benefits		33,330	20,549
		383,842	313,437

NOTE 11: 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 12: SEGMENT REPORTING

The Company operates in the Community Services Segment.

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTE 13: 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	294	339
Cash at bank	230,449	349,446
At call deposits with financial institutions	39,012	10,000
	269,755	359,785

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

Loss from ordinary activities after income tax	(16,346)	(26,502)
Non-cash flows in profit from ordinary activities		
Amortisation	-	228
Depreciation	19,040	25,797
Net (gain) / loss on disposal of property, plant and equipment	18,217	(1,105)
Changes in assets and liabilities		
(Increase)/decrease in receivables	119,195	(90,873)
(Increase)/decrease in other assets	13,311	4,755
Increase/(decrease) in grants received in advance	(51,692)	(165,946)
Decrease in payables	(133,450)	(16,347)
Increase/(decrease) in provisions	(11,913)	(28,248)
Cash flows from operations	(43,638)	(298,241)

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

ABN 89 078 949 710

NOTE 14: FINANCIAL INSTRUMENTS

Exposures to interest rate risk on financial assets and liabilities

2006

	Fixed Interest Maturing					Floating Interest	Total
	Non Interest Bearing	1 Year or Less	1 to 2 Years	2 to 5 years	More than 5 years		
	\$	\$	\$	\$	\$	\$	\$
(i) Financial Assets							
Cash and Cash Equivalents	294	39,012	—	—	—	230,449	269,755
Trade & Other Receivables	28,025	—	—	—	—	—	28,025
Total Financial Assets	28,319	39,012	—	—	—	230,449	297,780
<i>Range of Effective Interest Rates</i>	—	4.75%	—	—	—	4.25%	

(ii) Financial Liabilities

Trade & Other Payables	94,386	—	—	—	—	—	94,386
Other Liabilities	59,862	—	—	—	—	—	59,862
Total Financial Liabilities	154,248	—	—	—	—	—	154,248
<i>Range of Effective Interest Rates</i>	—	—	—	—	—	—	

2005

	Fixed Interest Maturing					Floating Interest	Total
	Non Interest Bearing	1 Year or Less	1 to 2 Years	2 to 5 years	More than 5 years		
	\$	\$	\$	\$	\$	\$	\$
(i) Financial Assets	339	10,000	—	—	—	349,446	359,785
<i>Range of Effective Interest Rates</i>	—	3.00%	—	—	—	3.00%	
(ii) Financial Liabilities	339,390	—	—	—	—	—	339,390
<i>Range of Effective Interest Rates</i>	—	—	—	—	—	—	

Credit Risk Exposure

The maximum credit risk exposure of financial assets is represented by the carrying amounts of assets recognised in the statement of financial position net of any provisions for losses.

There are no significant concentrations of credit risk with any single counterparty or group of counterparties.

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTE 15: COMPANY DETAILS

The registered office of the company is:

National Aboriginal Community Controlled Health Organisation

Level 1, 15 Torrens Street

BRADDON ACT 2612

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

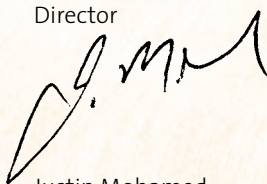
DIRECTORS' DECLARATION

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 50 to 63 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 2006 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.

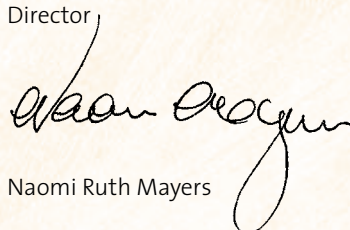
Director



Justin Mohamed

Dated: 31 August 2006

Director



Naomi Ruth Mayers

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

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 2006.

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.

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

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

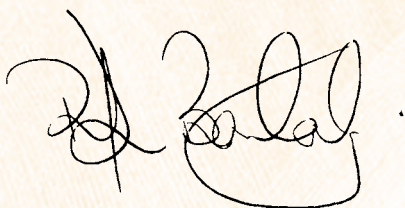
In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements and the *Corporations Act 2001*.

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 2006 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 Di Bartolo
Partner

Dated: 29 September 2006

Canberra
GPO Box 588
CANBERRA ACT 2601

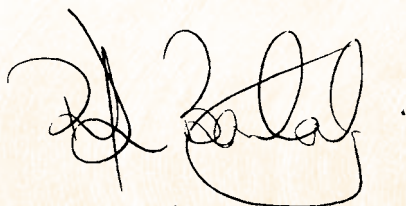
NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

DISCLAIMER TO THE MEMBERS OF NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

The additional financial data presented on pages 68-69 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 2006. 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 Di Bartolo', with a stylized flourish at the end.

Ross Di Bartolo
Partner
Canberra

Dated: 28 September 2006

NACCHO FINANCIAL STATEMENTS

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

DETAILED PROFIT AND LOSS

For the year ended 30 June 2006

	2006 \$	2005 \$
INCOME		
Interest	15,506	19,017
Subsidies and grants	2,329,158	2,446,211
Other income	18,787	13,941
TOTAL INCOME	2,363,451	2,479,169
LESS EXPENSES		
Audit & bookkeeping fees	12,361	25,353
Administration costs	-	6,450
Advertising	865	850
Amortisation	-	228
Bank charges	1,771	1,270
Government funding carried forward	-	71,554
Cleaning	2,614	4,972
Computer expenses	24,051	18,421
Consultancy fees	50,621	98,950
Consumables	20,044	16,658
Depreciation	19,040	25,797
Electricity	4,559	5,237
Employees' amenities	3,866	2,446
Fines and penalties	420	3,087
Fringe benefits	289,631	325,146
Fuel and oil	11,291	5,120
Insurance	6,745	5,530
Interest paid	6,261	1,339
Leasing charges	3,709	28,584
Legal costs	1,201	21,928
Loss on disposal of non current assets	18,217	-

NACCHO FINANCIAL STATEMENTS

	2006	2005
	\$	\$
Meeting Costs	306,080	76,210
Motor vehicle expenses	4,066	6,870
Operating expenses	10,796	21,150
Postage	4,381	11,696
Printing and stationery	17,271	25,204
Promotion & Media Costs	-	7,336
Recruitment costs	1,380	6,764
Relocation costs (new office)	47,796	-
Rent	77,607	158,115
Repairs and maintenance	4,338	4,548
Salaries and on costs	970,678	998,063
Security costs	2,205	1,408
Storage fees	7,145	1,098
Subscriptions	3,459	4,417
Sundry expenses	-	21,265
Superannuation	67,714	72,156
Telephone	39,257	52,129
Training & professional development	2,891	-
Travelling expenses	335,466	367,322
Uniforms	-	1,000
TOTAL EXPENSES	2,379,797	2,505,671
OPERATING SURPLUS/(LOSS)	(16,346)	(26,502)

APPENDIX 1

ABBREVIATIONS AND ACRONYMS

ABS	Australian Bureau of Statistics
ACCHRTOs	Aboriginal Community Controlled Health Registered Training Organisations
ACCHSs	Aboriginal Community Controlled Health Services
ADGP	Australian Divisions of General Practice
AF	Asthma Foundation
AFAO	Australian Federation of AIDS organisations
AGM	Annual General Meeting
AHCSA	Aboriginal Health Council of South Australia
AHCWA	Aboriginal Health Council of Western Australia
AHMRC	Aboriginal Health and Medical Research Council of NSW
AHMAC	Australian Health Ministers Advisory Council
AHW	Aboriginal Health Worker
AIHW	Australian Institute of Health and Welfare
AIDA	Australian Indigenous Doctors Association
AMA	Australian Medical Association
AMS	Aboriginal Medical Service
AMSANT	Aboriginal Medical Services Alliance Northern Territory
ATSIHWWG	Aboriginal and Torres Strait islander Health Workforce Working Group
APAC	Australian Pharmaceutical Advisory Committee
AQF	Australian Quality Framework
BBV	Blood borne virus
CEO	Chief Executive Officer
CS&HISC	Community Services and Health Industry Skills Council
DOHA	Department of Health and Ageing
DEST	Department of Education, Science and Technology
FACSA	Department of Family and Community Services and Indigenous Affairs
GP	General Practitioner
GPPAC	General Practice Partnership Advisory Council
HPF	Health Performance Framework
HREOC	Human Rights and Equal Opportunity Commission
HFL	Healthy for Life
MA	Medicare Australia
MBS	Medical Benefits Scheme
MOU	Memorandum of Understanding
NAC	National Asthma Council

NACCHO	National Aboriginal Community Controlled Health Organisation
NAGATSIHID	National Advisory Group for Aboriginal and Torres Strait Islander Health, Information and Data
NAIHO	National Aboriginal and Islander Health Organisation
NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
NATSIWSF	National Aboriginal and Torres Strait Islander Workforce Strategic Framework
NATSIWWG	National Aboriginal and Torres Strait Islander Workforce Working Group
NDSS	National Diabetes Services Scheme
NHF	National Heart Foundation
NHMRC	National Health and Medical Research Council
NIDN	National Indigenous Disability Network
NPHP	National Public Health Partnership
NPS	National Prescribing Service
NGO	Non Government Organisation
OATSIH	Office of Aboriginal and Torres Strait Islander Health
OIPC	Office of Indigenous Policy Coordination
PBAC	Pharmaceutical Benefits Advisory Committee
PBS	Pharmaceutical Benefits Scheme
PGA	Pharmacy Guild of Australia
PIRS	Patient Information Recall System
QAIHC	Queensland Aboriginal and Islander Health Council
RACGP	Royal Australian College of General Practitioners
RACP	Royal Australian College of Physicians
RTO	Registered Training Organisation
SAR	Service Activity Reporting
SDRF	Service Development Reporting Framework
SFA	Single Funding Agreement
SEWB	Social and Emotional Well Being
SNAICC	Secretariat for National Aboriginal and Islander Child Care
TAC	Tasmanian Aboriginal Centre
TGA	Therapeutic Goods Administration
UN	United Nations
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
WHO	World Health Organisation
WIPO	Workforce Information Policy Officer

APPENDIX 2

CONTACTS AND ORGANISATIONAL DETAILS

If you would like to know more about NACCHO's activities please contact:

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