

#### **Artist recognition**

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

http://dreamtimepr.com/artwork/

#### **Story**

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

The cover illustration symbolises NACCHO as the peak body for Aboriginal and Torres Strait Islander health working together with its members and affiliates delivering on all aspects of comprehensive and culturally competent primary health care.

#### **Design and layout**

Studio Elevenses

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

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

#### **Acknowledgment of Country**

NACCHO acknowledges all Aboriginal and Torres Strait Islander peoples as Custodians of Country and recognises their continuing connection to land, sea, culture and community. We pay our respects to Elders past and present.



25 September 2022

Ms Deborah Jenkins Acting Commissioner Australian Charities and Not-for-profits Commission Parliament House Canberra ACT 2600

Dear Commissioner Jenkins

I am pleased to present the National Aboriginal Community Controlled Health Organisation (NACCHO) 2021–22 Annual Report to the Australian Charities and Not-for-profits Commission.

NACCHO's Annual Report is an accurate account of the organisation's activities and financial performance in accordance with the requirements under the *Charities Act 2013*. Included in the 2021–22 Annual Report are NACCHO's audited financial statements for the period 1 July 2021 to 30 June 2022.

Yours sincerely

**Donnella Mills** 

Chair

**Patricia Turner** 

CEO

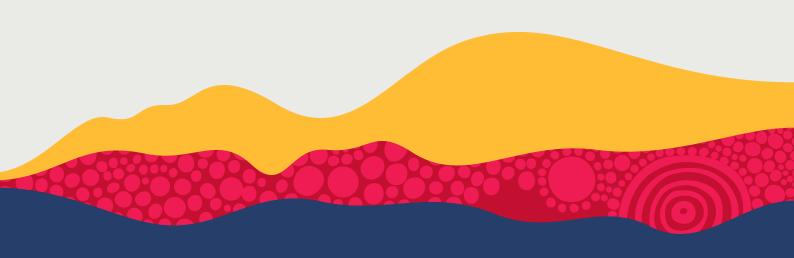
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Aboriginal and Torres
Strait Islander people enjoy
quality of life through
whole-of-community
self-determination and
individual spiritual, cultural,
physical, social and
emotional wellbeing.
Aboriginal health in
Aboriginal hands.



## NACCHO's Core Values and Behaviours

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



## Report from the NACCHO Chair Donnella Mills

It is a privilege to have led the NACCHO
Board over the last three years. I am so
proud of our sector and the work of our 145
members in delivering more than 3.1 million
episodes of care each year to our mob. In the
storm of the pandemic, our model succeeded
in protecting our communities in ways that
few could have imagined.

From the first days of the pandemic to the end of June 2022, there were about 200,000 confirmed cases of COVID-19 reported in Aboriginal and Torres Strait Islander people. Nationally there were 135 confirmed and 29 probable COVID-19-related deaths among our people. No death is acceptable. Every loss is a tragedy. But it is fair to say that, through the efforts of our members, we avoided a much worse result. The expectation at the start of the pandemic was that the deaths of our people would be counted in the low thousands, not the low hundreds.

In 2021–22 NACCHO continued to support the national ACCHO vaccination effort, with the focus eventually shifting to children's vaccinations and the winter dose. There were about 105 ACCHOs involved via more than 160 clinics. NACCHO also continued to advocate for continued access to Rapid Antigen Tests and oral therapies for our ACCHOs,

providing weekly updates to affiliates on vaccination demand and availability and developing COVID-19 vaccination communication materials adapted to local regions.

NACCHO, along with affiliates, were members of the Australian Government's Aboriginal and Torres Strait Islander COVID-19 Advisory Group, co-chaired by our Deputy CEO, Dawn Casey and a senior executive of the Department of Health (DoH). NACCHO's Senior Medical Advisor, Dr Jason Agostino, represented NACCHO on the GP Peaks Group, which addressed implementation issues in primary health care and roll out of the vaccine, Fluvax, telehealth and 'living with COVID' guidelines. These were key liaison, coordination and communication mechanisms for the sector at the height of the emergency.

By the end of June 2022, NACCHO had received \$41.25 million to support the sector's COVID-19 outbreak response and vaccination activities. We responded to funding requests for vaccination workforce support and COVID-19 response and outbreak activities. Funding was allocated as equitably as possible, with allocations considering doubledose vaccination rates, and supports being provided by DoH's vaccination programs using organisations including Aspen Medical, the Royal Flying Doctor Service, Vanguard and contributions from state/territory governments and affiliates.

Additional COVID-19 outbreak funding was later provided to flood-affected services in New South Wales and Queensland which were dealing with COVID-19 outbreaks following the catastrophic inundations of 2021–22





When I look back at this period, I am amazed how effectively it all came together and how our sector stood tall at a critical hour.

In her report the CEO also highlights the COVID-19 response. In addition, she provides a long list of other initiatives that NACCHO has led in 2021–22 on behalf of the sector. Therefore, I wanted to focus part of my report on the advocacy side of our work. This role is more likely to go 'unnoticed', but it is just as vital as some of our programs on the ground. NACCHO's broader role as an influential voice on a range of Aboriginal and Torres Strait Islander issues should not be underestimated.

For example, NACCHO publicly opposed the draft voter ID laws that would have seen so many of our people disenfranchised. As a Queenslander, I remember the impact on our people of a similar measure introduced by the Newman Government. Other peaks like ACOSS also opposed this legislation and, fortunately, plans were abandoned in the last days of the last Parliament. It was a similar story with the cashless welfare card, a punitive measure that few supported and has now been wound back. NACCHO's voice was effective in influencing the review of the Corporations (Aboriginal and Torres Strait Islander) Act (CATSI Act) Amendment Bill. The Hon Linda Burney MP quoted our submission in federal Parliament. We advocated for the interests of our 80+ members subject to the CATSI Act and served as witnesses at the Senate Committee. Through these efforts, we eventually won support for key amendments.

Of course, advocacy is not just about raising your voice. It hinges on whether people are listening. There is no point shouting into an empty room. Hence, through our increased following and the high profile of our CEO and her Deputy, NACCHO's influence has continued to expand. It is an entity

of the Referendum Council, Pat Anderson AO at the 'Lawyers of Uluru' event to celebrate the 5th anniversary of the Uluru Statement from the Heart.

that the private sector now turns to for advice. NACCHO has nine memorandums of understanding (MoUs) with major partners. We also continue to develop close working relationships with important stakeholders. With NBN Co and the Australian Digital Health Agency, we collaborated across a number of digital health issues (e.g., promotion of My Health Record, connectivity and digital literacy for remote clinics, telehealth advocacy, etc.). Our work in this area also attracted pro bono support from Partners in Performance in early 2022 (costing work behind the NACCHO digital health Budget proposal).

As our influence has grown, NACCHO's audience has exponentially increased. Before 2017 fewer people looked at our website or knew who we were. Since then, our newsletter and website hits and social media followers have exploded. From 2017 to 2021 our Communique subscribers jumped from 4314 to 6105, our Communique views from 628,887 to 1,352,438, our Twitter followers from 24,200 to 37,275, and our Facebook followers from 9561 to 20,587.

Where our voice will need to be most effective over the course of the new term of Parliament is in guarding against an increase in the funding gap as an unintended consequence of austerity measures that may be introduced to repair the federal Budget. We need to redirect the argument away from calls to source new moneys (if there are none) to accessing our fair share of existing sources and portfolio appropriations. According to the Australian Institute of Health and Welfare the burden of disease for the Aboriginal and Torres Strait Islander population is 2.3 times higher than for the rest of the population. This compounds the historical funding shortfall. In light of this knowledge, NACCHO commissioned Equity Economics to estimate the precise health-funding gap. The result was more disturbing than we had anticipated. They calculated a funding gap of \$4.4 billion a year, which is about \$5000 for every Aboriginal and Torres Strait Islander person. Yet dangerous myths persist that our programs and services are generously funded. Therefore, we need to continue to push for a fairer share of health funding.

I have been fortunate to serve alongside some dedicated and expert directors on the NACCHO Board. I thank them all for their contributions over the past year. I need to acknowledge in particular the staunch support of the Deputy Chair, Chris Bin Kali, who was elected at the March AGM. There have been some key changes in Board personnel in the last year. Although our directors are appointed by the affiliates only for 12-month periods, some of our directors have served on the NACCHO Board for several years in succession. Among others, we lost two of the longest-serving directors on the Board—Donna Ah Chee and Julie Tongs. I thank them both on behalf of the membership for having served our sector for so many years and so effectively. Though we lost some of our most experienced directors, we also welcomed new directors to the Board. We should always keep an eye on succession and supporting the development of emerging leaders.

I must thank our long-serving Company Secretary, Chris Chenoweth, who retired at the March 2022 AGM. He will be missed by the Board. Also important in supporting our efforts have been Anne Cregan, Nicole Lojszczyk and Jessie-Grace Stephenson of Gilbert & Tobin.

I have to admit that the continuation of the pandemic into 2021–22 did not make the work of the Board easy. It saw further postponement of the Extraordinary General Meeting on a new constitution and a delay in renewal of NACCHO's strategic directions plan. It also stopped us from visiting many of our members. Nevertheless, we continued to meet as planned and worked through a number of key policies and issues.

Before I move on to the recognition of key member anniversaries, there is one more topic I want to highlight. This is the work that I have been undertaking in representing NACCHO on the Advisory Group for the National Plan to Reduce Violence Against Women and Their Children 2022-32. I provided feedback and a submission to the Department of Social Services advising that development of the plan must align with the National Agreement on Closing the Gap and have a strong focus on working to eliminate racism and improve cultural competency across policing, justice and community-service systems and workforces. I will continue to advocate for the development of strong partnerships between our ACCHOs and government to codesign holistic responses, shaped by local need, to support Aboriginal and Torres Strait Islander people experiencing domestic and family violence.

I also took on the position of co-chair of the Reducing Structural Stigma and Discrimination Technical Advisory Group to guide the National Mental Health Commission's work to develop a national strategy to reduce stigma and discrimination towards people experiencing mental ill health. The strategy will initially concentrate on stigma and discrimination reduction in the following areas: mental health system; health system; justice, legal, financial services and insurance; education and training; employment; social services, disability support services; and housing.

It is now my pleasure to acknowledge a number of significant anniversaries that our records show fell within the 2021–22 financial year. We acknowledge the work and success of these wonderful organisations and congratulate them on these important milestones.

30th

Ampilatwatja (NT), Bulgarr Ngaru (NSW), Coomealla (NSW), Danila Dilba (NT), Miwatj (NT), Ramahyuck (Vic.), and Winda-Mara (Vic.)

25th

North Coast Aboriginal Corporation for Community Health (Qld), Tobwabba (NSW), and Tamworth Aboriginal Medical Service (NSW)

Donnella Mills at the Indigenous Basketball Association tournament with Coen Naden, son of NACCHO director and CEO Coonamble, Phil Naden. Coen is undergoing training as an Aboriginal Health Professional at the Dubbo AMS.

## Report from the NACCHO CEO Pat Turner AM

As in 2020–21, the last 12 months have been dominated by the pandemic and natural disasters. The results achieved by our sector in combatting COVID-19 have been applauded not just in Australian studies but also in international reports. Our record of success has shown how important it is to have community-controlled models of primary health care on the ground. But, understandably, our 7000+ staff across the sector are exhausted and the next financial year will be about rejuvenation. We still need to be on our guard. The pandemic is far from over and we must continue to keep our communities and, especially our Elders, safe.

Nevertheless, we have started seeing a sense of normality return. We are beginning to travel again and are reestablishing the relationships that make us so strong. I look forward—as I am sure you all do—to reconnecting with our members face-to-face at the national members' conference in Canberra in mid-October 2022, the first time we will have been able to come together since 2019.

Over the last year, NACCHO has continued to advocate and support its members in a range of seminal initiatives. We have also helped to deliver increased funding for our sector. The move to four-year rolling funding arrangements has brought stability to the sector. A new National Network Funding Agreement (for the affiliates) was negotiated, and indexation and hard-won increases for ACCHOs through the Indigenous Australians Health Program (IAHP) have seen the sector's funding increase by almost 24 per cent—from \$420 million in 2019–20 it has risen to about \$520 million. A strong national voice has been fundamental in achieving these gains. It is important that we keep engaging with ministers and their executive staff as advocates. We have most impact if we speak with one voice.

The past year also saw significant infrastructure funding announced: \$254 million for investment in new and renovated health clinics and associated housing for health professionals. This was in response to a serious shortfall calculated by NACCHO in its last three pre-Budget submissions to Treasury. In these documents, NACCHO estimated that a total investment of \$900 million was required for the sector. Over half our clinics are more than 30 years old. Despite this deficit, the funding announced was an important first step, particularly if we remember that the Australian Government previously set aside only \$15 million a year for infrastructure needs. I thank my deputy, Dr Dawn Casey for her sterling advocacy on this issue.



Over 2021 – 22 a number of key national plans were developed, all of them significant in supporting the work of our sector. The Joint Council on Closing the Gap agreed to the Health Sector Strengthening Plan which will guide us not just in helping build a stronger sector, but also in rebounding after the pandemic. The ten-year National Aboriginal and Torres Strait Islander Health Plan 2021 – 31 was released in November 2021. NACCHO will continue to be involved in its implementation over coming years. We were part of a successful bid to develop a National Health Literacy Strategy. Another important plan was the Aboriginal and Torres Strait Islander Health Workforce Plan, released in March 2022. Workforce development—particularly after the pandemic—is critical for us and will be key to building our resilience going forward. This was also why we were so encouraged by the incoming Albanese Government's \$111 million in election commitments in Aboriginal health, based on our pre-Budget submissions; this investment includes more than \$52 million for 500 new Aboriginal and Torres Strait Islander health trainees.

NACCHO worked with the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives and the Australian Government to deliver a series of virtual 'yarning circles' as targeted consultations in the development of the Nurse Practitioner Ten Year Plan. And NACCHO worked with the general practitioners' colleges—the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM)—on an improved model for GP training in our ACCHOs.

NACCHO has supported several ACCHOs to apply for the Australian Government's Specialist Training Program (STP) accreditation and funding. All affiliates now either receive STP funding or have been placed on the STP reserve list. All of these developments should help increase the recruitment of registrars and retention of GPs and nurses in our clinics.

Mike Stephens and his team have continued to deliver in the medicines area to ensure that the Indigenous Pharmacy Programs under the Seventh Community Pharmacy Agreement are implemented effectively. Dr Dawn Casey was appointed to sit on the National Health Technology Assessment Review Committee. This is a foundational way to influence how Pharmaceutical Benefits Scheme (PBS) and Medical Benefits Scheme (MBS) items are listed and reviewed for Aboriginal and Torres Strait Islander people.

A consortium of bodies, including the Telethon Kids Institute, Kimberley Aboriginal Medical Service and NACCHO, received grant funding from the National Health and Medical Research Council (NHMRC) for the inaugural Aboriginal and Torres Strait Islander Antimicrobial Stewardship Academy.

## 33 ACCHOs

enrolled in the Enhanced Syphilis Response

## 29 ACCHOs6 affiliates

participating in the Blood Borne Viruses and Sexually Transmissible Infections Program











Top-left: Pat Turner on ABC The Drum. Bottom-left: Pat Turner on ABC Four Corners. Top-right: Jana Stewart, Labor's first Indigenous female Senator for Victoria; Pat Turner; Phynea Clarke of the Central Australian Aboriginal Family Legal Unit; and Wynetta Davis of Queensland Indigenous Family Violence Legal Service; at the National Coalition of Peaks meeting in Naarm (Melbourne). Bottom-left: 'Whilst I remain hopeful for a reconciled nation and I acknowledge the journey to date, we still have a long way to go in Australia. Reconciliation is a daily practice,' Pat Turner on National Reconciliation Week 2022.

In the last financial year 33 ACCHOs were enrolled in the Enhanced Syphilis Response across Queensland, the Northern Territory, Western Australia and South Australia. NACCHO will continue to work closely with them on delivery of the program, including providing point-of-care testing training in collaboration with Flinders University. There are also 29 ACCHOs and six affiliates participating in the Blood Borne Viruses and Sexually Transmissible Infections Program. For some ACCHOs, this funding has enabled sexual health to be delivered in the service for the first time. NACCHO has led the development of the Sixth National Aboriginal and Torres Islander BBV and STI Strategy (2023–30).

One issue that is close to my heart is the development of a new model of care for acute rheumatic fever (ARF) and rheumatic heart disease (RHD). The previous Australian Government provided NACCHO with \$12 million to coordinate this work. Following the ABC's Four Corners report on the issue, the Department of Health (DoH) committed an additional \$6 million to target ARF and RHD in certain Queensland communities. NACCHO will continue to advocate for more funding to ensure that all ACCHOs in communities with ARF and RHD are supported to deliver prevention and treatment services. The incoming Albanese Government has pledged a further \$13.5 million—a welcome announcement. We have also been seeking support from the

private sector. The statistics are shocking. Young Aboriginal people are 55 times more likely to die from RHD than other young Australians. We need to turn this around.

NACCHO convened an Aged Care Working Group consisting of a range of affiliates and ACCHOs currently delivering aged-care services or looking to expand into this space. NACCHO was successful in its tender for the Home Care Workforce Support Program, receiving \$86 million. The program will assist in recruitment and wrap-around supports for Aboriginal and Torres Strait Islander people in a range of settings wanting to enter the aged-care workforce.

All ACCHOs who participated in the National Community Connector Program (NCCP) have been offered funding to support their disability programs and most have committed to the Aboriginal Disability Liaison Officers program.

NACCHO has been funded by the Department of Social Services to deliver the NDIS Ready program to increase and expand ACCHOs' capability to deliver NDIS services in their communities; increase the number of registered NDIS service providers; and increase community participation in the NDIS. The NDIS Ready Yarning Circle for remote and very remote ACCHOs took place in June 2022 in Darwin and was attended by around 63 ACCHO representatives and 42 government and stakeholder representatives.

NACCHO also finalised grant-funding arrangements to support national coordination and roll out of up to 31 community-controlled Suicide Prevention Networks, after-care services and Aboriginal and Torres Strait Islander mental health first aid training. In March 2022, the Australian Government announced \$2.4 million for the sector to deliver culturally-appropriate, locally-designed mental health services in flood-affected communities and DoH sought assistance from NACCHO to manage the grants. NACCHO also continued to work in partnership with the Transforming Indigenous Mental Health and Wellbeing Team, led by Professors Pat Dudgeon and Helen Milroy.

We signed an agreement with the Australian Government to work in partnership to support the coordination and delivery of a range of maternal and child-health programs and policies. The Foundation for Alcohol Research and Education partnered with NACCHO to develop and implement the National Fetal Alcohol Spectrum Disorder (FASD) Campaign to raise awareness of FASD risks. NACCHO is leading the stream focused on co-designing solutions for our people in rural and remote areas.

Vision and hearing have continued to be priorities.

NACCHO worked with Vision 2020 Australia to implement nationally-consistent standards on the provision of subsidised spectacles. This included distribution via ACCHO-led pilots in Western Australia, the Northern Territory and Tasmania. The PrioritEYES survey, to collect nation-wide data and map eye-care priorities from all ACCHOs, was conducted with 87 per cent of ACCHOs engaged. NACCHO also signed an agreement to work in partnership to support the coordination and delivery of a range of ear and hearing health initiatives.

Throughout the year, NACCHO continued to help develop a national cancer plan. Our people are 1.4 times more likely to die from cancer than other Australians. NACCHO was engaged by the Australian Government to develop a Training and Support Framework for delivery of an alternative approach for Aboriginal and Torres Strait Islanders aged 50–74 to access free bowel cancer screening kits. Bowel cancer is the third most prevalent cancer diagnosis in our people. Our proposed approach includes a focus on community awareness as well as training for ACCHO staff to distribute screening kits.

All the programs and projects I have mentioned rely on the hard work of a range of very talented and dedicated officers in NACCHO who, in turn, work collaboratively with the eight affiliates and their expert staff. Together, the knowledge and capabilities now available to us are a critical factor in our continuing success, right across our vast network, stretching from Broome to Bega. Our policy expertise and the extent of our influence is evinced by the fact that, in the past financial year, we lodged no less than 28 submissions on topics varying from road safety to obesity. Together with my deputy and senior staff, we sit on a large range of expert panels, committees and reference groups. We have represented the sector as witnesses before several Parliamentary Committees. I am also the Lead Convener of the Coalition of Peaks, whose work is covered separately in this annual report.

Once again, I thank my deputy, Dr Dawn Casey and the NACCHO staff. But I also need to acknowledge the hard work of the NACCHO Board, the affiliate CEOs who attend our regular forums and, of course, the 145 indefatigable members of NACCHO who roll up their sleeves, day-in and day-out, to deliver such an effective and innovative model of health care to our people across the country.



#### **About NACCHO**

NACCHO is the national peak body representing 145 Aboriginal Community Controlled Health Organisations (ACCHOs) across Australia. Our primary health care network represents a national footprint of more than 550 sites. ACCHOs provide 3.1 million episodes of care a year for 410,000 people across Australia, including about one million episodes of care in remote regions.

0

145

Aboriginal Community
Controlled Health Organisations
(ACCHOs)

9

550+

Sites providing primary health care to Aboriginal and Torres Strait Islander people 0

**3.1 mi**l

Episodes of care each year for about 410,000 people

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

The ACCHO model is proven and value for money. The model was developed over 50 years ago when the very first Aboriginal medical service was established at Redfern, NSW in 1971. ACCHOs are community organisations with all revenue re-invested into our clinics.

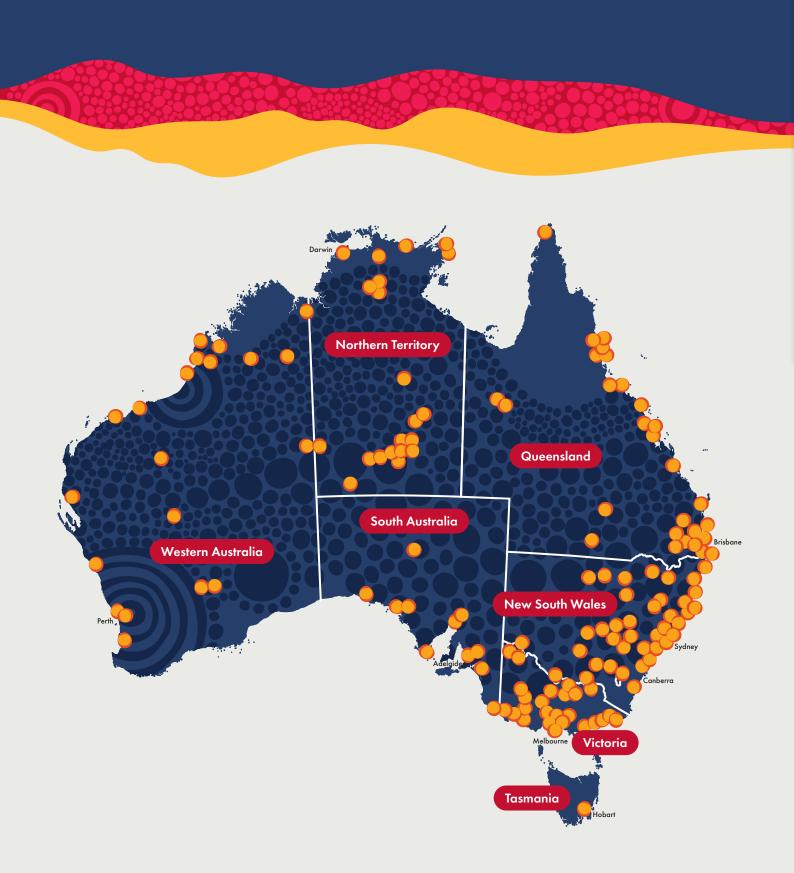
There is a need to advocate successfully for targeted additional resources that support high-quality health services to address growing need and to contribute to closing the health gap. The Australian Institute of Health and Welfare calculates that the burden of disease for Aboriginal people

and Torres Strait Islanders is 2.3 times higher than for other Australians. Furthermore, our population, with its growth rate of 2.0–2.3 per cent per year, is greater than that of the rest of the population (1.3 per cent). Therefore, demand is increasing more rapidly among our people and our health needs are more complex and significant.

During the last two years of the pandemic, NACCHO led the sector's response and engagement with governments to ensure that the pandemic's impact was minimised among Australia's First Nations. Given the higher levels of comorbidity and socio-economic factors (e.g. overcrowding and poverty) in this population, much higher death rates were expected. The risk remains, but the existence of a national network of community-controlled health services has been critical to the success thus far. If the pandemic has shown anything in our sector, it is that ACCHOs are flexible and effective front-line services. Now, more than ever, the network needs to be developed and supported.

## Aboriginal Community Controlled Health Organisations (ACCHOs)

#### There are 145 ACCHOs throughout Australia





#### **About the ACCHO sector**

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

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

<sup>1</sup> Modified from 'Characteristics of Indigenous primary health care service delivery models: a systematic scoping review.' NHMRC CREATE, S. Harfield, C. Davy, A. McArthur, Z. Munn, A. Brown and N. Brown, 2018.

### **Strategic direction**

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

Strate	э	Key performance indicators
1	NACCHO will maintain and strengthen its position as the national peak body for Aboriginal and Torres Strait Islander health and wellbeing in Australia.	<ul> <li>Achievement of a National Framework Agreement with the Australian Government</li> <li>NACCHO represented on key national advisory groups and committees</li> <li>NACCHO is recognised as the leader on Aboriginal and Torres Strait Islander health and wellbeing in government policy frameworks and key documents</li> </ul>
2	NACCHO will enhance and demonstrate the value it offers to members by exhibiting strong leadership.	<ul> <li>Establishment of a functional Medical Advisory Group and a Policy Officer's Forum</li> <li>Undertake an annual Board performance review</li> </ul>
3	NACCHO will continue to strengthen its governance structure and skills base processes to assist similar improvements in state and territory peaks and ACCHOs.	<ul> <li>Establishment of a NACCHO Board State and Territory Peaks CEOs' Committee</li> </ul>
4	NACCHO will develop a research and Continuous Quality Improvement (CQI) framework.	<ul> <li>Increased capacity of state and territory peaks to support members</li> <li>Engagement of NACCHO in national initiatives like My Health Record</li> </ul>

<b>Closing the Gap requires</b>
the rate of improvement
in Aboriginal health
to be faster than the
rate of improvement in
non-Aboriginal health.

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

	Males	Females
Life expectancy gap (years)	8.6	<b>7.8</b>
Aboriginal and Torres Strait Islander (years)	<b>71.6</b>	<b>75.6</b>
General population (years)	80.2	83.4

#### Governance

The NACCHO Board met regularly throughout the year, usually through video-conference due to the travel restrictions connected to the pandemic. Unfortunately, the pandemic meant that the 2020–21 National Members' Conference and Youth Conference both had to be cancelled. In March 2022 NACCHO convened its postponed Annual General Meeting (AGM) as a virtual event. Members were kept informed during the delay via open letters and the early dissemination of the annual report and financial statements. The Board also continued to engage closely with members, affiliates, and the Secretariat staff in response to numerous policy and program initiatives and the preparation of a range of public submissions, including NACCHO's pre-Budget submission to Treasury.

NACCHO has three subcommittees reporting to its Board:

- Audit and Assurance Subcommittee
- Finance Subcommittee
- Remuneration Subcommittee.

These subcommittees all have independent chairs and meet on a regular basis throughout the year to meet the objectives set out in their respective charters. There are also external audit reports and internal audit programs.

The Operational Plan was reviewed at the start of the year. This plan was developed to operationalise the NACCHO Strategic Plan 2018–2023.

NACCHO and affiliate CEOs and other team members meet regularly throughout the year to share knowledge and expertise. These meetings include a collaborative summit with representatives from the Commonwealth Department of Health and Ageing. NACCHO has coordinated many national projects involving affiliates, demonstrating a long-standing history of collaboration to achieve shared goals that result in benefits at a jurisdictional and national level.

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

The Network Implementation Plan is a deliverable of the Network Funding Agreement (NFA) with the Department of Health, which ensures the alignment of NACCHO and the affiliates' approach to delivering against the NFA Outcomes. The plan is developed by NACCHO in consultation with the affiliates and a performance report is provided to the Department of Health and Ageing annually.

The NACCHO Chair, CEO and the Secretariat extend thanks to outgoing Board members in the 2021–22 financial year for their dedication, expertise, and guidance.



#### **Our CEO and Board**

NACCHO's Board consists of one delegate each from Tasmania and the ACT and two delegates from each of the remaining six jurisdictions. They are nominated by their respective affiliates and endorsed by members at the AGM. There is also a Chair and Deputy Chair, who are directly elected by the 145 NACCHO members, every three years.



Pat Turner
CEO NACCHO and Lead
Convener of the Coalition
of Peaks

Pat is the daughter of an Arrernte man and a Gurdanji woman and was raised

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



Donnella Mills
NACCHO Chair

Donnella Mills is a proud Torres Strait Islander woman with ancestral and family links to Masig and Nagir. She is Chair of NACCHO, Chair of

Wuchopperen Health Service, a member of James Cook University Council and was recently appointed to the Australian Government's Advisory Council on Family, Domestic and Sexual Violence. From 2014 to 2021, she worked as a Cairns-based lawyer with LawRight, a community legal centre which coordinates the provision of pro-bono services for vulnerable people. She was also the managing lawyer for the innovative Wuchopperen Health Justice Partnership, in which lawyers and health professionals partnered to achieve improved health, wellbeing and justice outcomes for Aboriginal and Torres Strait Islander people. In 2020-21 she served as the Partnerships Director at Health Justice Australia. In August 2021 she was appointed Senior Associate, Pro Bono Manager at King & Wood Mallesons.



Chris Bin Kali NACCHO Deputy Chair

Christopher (Chips) Bin Kali was born in Derby WA and is a Gija/Bardi man from the Kimberley region. Chris started in the health field as

Director/Chairperson of Kimberley Aboriginal Medical Services (KAMS) and the Broome Regional Aboriginal Medical Service (BRAMS) before being appointed as the CEO of BRAMS. Chris is currently on the boards of BRAMS (local), KAMS (regional) and AHCWA (state). Previously Chris worked in the education, alcohol rehabilitation and Community Development Employment Projects (CDEP) sectors.



Adrian Carson CEO Institute for Urban Indigenous Health (IUIH)

Adrian Carson is a Cobble Cobble man from Queensland's Western Downs region; however, he was born

and has spent most of his life on Turrbal and Jagera country in Brisbane. Adrian has almost 30 years' experience in the Aboriginal and Torres Strait Islander health sector. He is currently the CEO of the Institute for Urban Indigenous Health (IUIH) Ltd in south-east Queensland, a position he has held for more than ten years. Adrian is a former CEO of Queensland Aboriginal and Islander Health Council (QAIHC), director of the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane Ltd—Queensland's first community-controlled health service—and is a founder member of the Galangoor Duwalami Health Service in the Fraser Coast region. Adrian holds a Graduate Certificate in Health Service Management from Griffith University and is completing a Master of Business Administration from the University of Queensland.



Matthew Cooke
CEO Gladstone Region
Aboriginal and Islander
Community Controlled
Health Service t/a Nhulundu
Health Service

Matthew is a proud Aboriginal man from the Byellee people in Gladstone, Qld. He has a strong background in Aboriginal and Torres Strait Islander affairs having served as both company director and CEO for more than 15 years. His active involvement spans all jurisdictions: local, regional, state and national, including representation at the UN Permanent Forum on Indigenous Issues in New York. Matthew currently chairs

NACCHO affiliate the Queensland Aboriginal and Islander Health Council (QAIHC). He is also Executive Chairman of the First Nations Bailai, Gurang, Gooreng Gooreng Taribelang Bunda peoples Prescribed Body Corporate and member of the Central Queensland Hospital and Health Service board, as well as being CEO of Nhulundu Health Service. During the construction of the LNG facility on Curtis Island he was appointed as the Indigenous Affairs Manager for Bechtel Oil Gas and Chemicals, a worldwide engineering, procurement, and construction company.



Kane Ellis CEO Illawarra Aboriginal Medical Service

Graduating in 1998, Kane started as a health worker at Danila Dilba Health Service in Darwin, NT, then moved to

a community health clinic (Bagot) for two years. Kane ran the men's health program in the NT at the Heart Foundation before moving into the Clinic Manager's role at Danila Dilba for seven years; during this time he acted as the CEO for a period of six months. Kane then moved to Wollongong, NSW, commuting to Sydney to work at the Aboriginal Legal Service as the Regional Manager of the South-Central Region and acting for a period as the legal service's CEO. Kane returned to his original passion when he took on the role of Comprehensive Care Practice Unit Manager at NACCHO affiliate, the AH&MRC. He is currently CEO of Illawarra Aboriginal Medical Service and a proud board member of both the AH&MRC and NACCHO.



Raylene Foster
COO Tasmanian Aboriginal
Centre (TAC)

Raylene represents Tasmania/Lutruwita on the NACCHO Board. She has a deep and historical understanding

of the Aboriginal and Torres Strait Islander health sector, at national and local levels. For the past 25 years, Raylene has worked for the TAC in various leadership roles building the capacity of the organisation, staff and community to provide health services for Aboriginal and Torres Strait Islander people.



Michael Graham
Chairperson Victorian
Aboriginal Community
Controlled Health
Organisation (VACCHO)

Michael is a Dja Wurrung and

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



Dr Leisa McCarthy
CEO Anyinginyi Health
Aboriginal Corporation

Leisa is a Warumungu woman with strong family ties to Tennant Creek and surrounding Barkly region of the

Northern Territory. Leisa commenced as Anyinginyi Health Aboriginal Corporation CEO in February 2022, based in Tennant Creek.

Leisa has worked in Aboriginal health for close to 30 years and held positions in policy, management, coordination, and service delivery at the national, state/territory and local levels across the government, non-government and Aboriginal community-controlled sectors. She has also worked in a research institute. Leisa has formal training in Public Health Nutrition; she holds a Bachelor of Applied Science in Nutrition, Masters of Community Nutrition and PhD in Public Health.



Rob McPhee CEO Danila Dilba Health Service

Rob McPhee is the CEO of Danila Dilba Health Service in Darwin, NT. Prior to this, he was Deputy CEO and

COO at Kimberley Aboriginal Medical Services in Broome, WA. He is currently Deputy Chairperson of the Aboriginal Medical Services Alliance NT (AMSANT).

His people are from Derby in the west Kimberley and from the Pilbara region of Western Australia. He has an undergraduate degree in Aboriginal Community Management and Development and a Graduate Certificate in Human Rights.

He is passionate about social justice for First Peoples and has spent the past 30 years working in Indigenous affairs.



Phil Naden
CEO Dubbo, Gilgandra and
Coonamble Aboriginal
Health Service

Phillip Naden is a proud Aboriginal descendant of the Gamilaroi people

from north-western New South Wales near Coonabarabran where his mother grew up on Burrabadee Mission. Phil is also a proud descendant of the Wiradjuri people from Peak Hill/Condobolin, NSW (Bogan River People). Phil is well qualified, a panel beater/spray painter by trade, a former sworn Queensland Police Officer, former CEO of Australia's largest Aboriginal legal service, former CEO with Bourke Aboriginal Medical Service, Bila Muuji Regional Consortia, and now the CEO of Dubbo, Gilgandra and Coonamble Aboriginal Health Service. Phil recently finished his Masters Degree in Business and is the current Chairperson of the AH&MRC and of Dreamtime Housing, director with the Rural Doctors Network and director with the Justice Reinvestment Project, Maranguka at Bourke.



Vicki O'Donnell
CEO Kimberley Aboriginal
Medical Services

Vicki is a Nyikina Mangala woman from Derby who has worked as a strategic leader in Aboriginal

community-controlled health for 15 years. Currently CEO of the Kimberley Aboriginal Medical Service (KAMS) in Broome, Vicki was instrumental in the establishment of both the Derby Aboriginal Health Service dialysis unit and the Kimberley Renal Service. Vicki has been a board member of AHCWA for over 15 years (eight years as chair) and chairs the WA Aboriginal Health Ethics Committee. She is an advisor on numerous state and federal ministerial committees involved in Aboriginal health including the WA Aboriginal Advisory Committee and the national Closing the Gap Coalition of Peaks. Vicki's passion for Aboriginal health is recognised at a regional, state, and national level. She has gained enormous respect for her knowledge, attention to detail, and communication skills at a grass-roots level.



Craig Ritchie
CEO Australian Institute of
Aboriginal and Torres Strait
Islander Studies

Craig Ritchie is a Dhunghutti man who is currently CEO of the Australian

Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) in Canberra, ACT. Craig's career spans senior roles that include work heading Aboriginal and Torres Strait Islander higher education, university access and participation for people from low-SES backgrounds and international student mobility. He was founding Director, Aboriginal and Torres Strait Islander Health in the ACT Government. Craig's community-sector work includes serving as NACCHO CEO and chair of Canberra's Winnunga Nimmityjah Aboriginal Health and Community Services.



Basil Sumner Executive Director Nunkuwarrin Yunti

Basil (Mulla) Sumner is an Elder and community leader of the Ngarrindjeri Community in South Australia and

a Director on the Aboriginal Sobriety Group Indigenous Corporation, an organisation that runs alcohol and drug prevention programs for Aboriginal youth and adults across SA. He was formerly the CEO of the Aboriginal Sobriety Group and an executive member of the Aboriginal Drug and Alcohol Council (SA) Inc. He was also previously a member of the AHCSA Board for a number of years. Mulla is passionate about the health and welfare of all First Nation's people and is a strong advocate for the rights of incarcerated Indigenous Australians.



Polly Sumner-Dodd
Chair Aboriginal Health
Council of South Australia
(AHCSA)

Now retired, Polly was CEO of Nunkuwarrin Yunti of South Australia

for over 30 years. Polly advocates strongly for Aboriginal community control, self-management and self-determination. She has participated on a wide and varied range of committees and boards, including NACCHO, Aboriginal Sobriety Group, Aboriginal Legal Rights Movement, Women's Legal Service, Pharmacy Board SA and the Women's Art Movement, to name a few. Polly's involvement with NACCHO affiliate the AHCSA has spanned more than 38 years, beginning with the Aboriginal Health Organisation that underwent major transformations, giving birth to ACHSA and, more importantly, moving to Aboriginal community control. Polly believes that ongoing improvements to the health and wellbeing of all members of the Aboriginal and Torres Strait Islander community are crucial if our people are to reach and maintain a quality of life equal to that of the wider community.



Preston Thomas
Deputy Chair Ngaanyatjarra
Group

Preston Thomas, known as 'Mr T', is a former Deputy Chairperson of the Aboriginal Land Trust of Western

Australia. He is currently Deputy Chair of the Ngaanyatjarra Group, which includes the Ngaanyatjarra Council Aboriginal Corporation, Ngaanyatjarra Services and Ngaanyatjarra Health Service. Mr T also chairs the Kanpa Community Council. He is an active member of the Aboriginal Legal Service of WA and has been on the board of NACCHO affiliate the Aboriginal Health Council of Western Australia (AHCWA) since 2015. He is committed to the development of Aboriginal people in Western Australia.



Dallas Widdicombe
Executive Director Bendigo
and District Aboriginal
Co-operative

Dallas Widdicombe is a proud Darug man who holds a Bachelor of Social

Work and an Advanced Diploma of Business (Governance). Dallas previously worked in the remote Western Australian community of Balgo for more than seven years where he held positions including CEO of the Wirrimanu Aboriginal Community. Over the past seven years Dallas has worked for the Bendigo & District Aboriginal Co-operative (BDAC) as the Executive Director overseeing the Medical Clinic and Family and Community Services teams. In this time BDAC has grown to over 130 staff running various programs for the community with significantly increased income for the organisation's medical clinic. Dallas has developed several programs to help his community with substance addiction, family violence and positive health.

## Coalition of Aboriginal and Torres Strait Islander Peaks



The Coalition of Peaks had a busy year, and our activities reflected a maturing of the organisation. The Coalition of Peaks formed in 2018 and the National Agreement on Closing the Gap was signed in 2020; we're past the excitement of the signing of this historic agreement and well into its implementation.

The National Agreement's outcomes are centred on what Aboriginal and Torres Strait Islander people have been saying for decades is needed to achieve equality in life outcomes between our people and other Australians, while strengthening our right to self-determination as Aboriginal and Torres Strait Islander people.

Following the election, we welcomed the new Albanese Government's commitment to working with the Coalition of Peaks partnership, and particularly welcomed the leadership that it will provide to governments generally, and the active support it will bring to progressing the reforms embodied in the National Agreement. We were delighted with the historic composition of the new Parliament, with the number of Aboriginal and Torres Strait Islander members now in double figures—for the first time ever.

Lead Convener Patricia Turner AM met with the Minister for Indigenous Australians, the Hon Linda Burney MP, shortly after the election and outlined how the Peaks and Australian Government could work together in partnership to accelerate reform. Deep transformative change in outcomes requires the backing of all governments over a long period, so this meeting helped solidify the continuity of effort with the change in federal government.



#### **Progress on the National Agreement**

Priority Reform 2: Building the community-controlled sector  Sector Strengthening Plans have been agreed for Health and Early Childhood Care and Development, with Housing and Disability set to follow, and more sectors to be identified.  Priority Reform 3: Transforming government organisations  We have agreed an initial stage-one approach to Priority Reform 3 with our government partners and are developing tools and resources to assist with implementation.  Priority Reform 4: Shared access to data and information at a regional level  Socio-economic targets  Community data projects are up and running in western Sydney, NSW and the Kimberley, WA; two further locations are being considered.  Community Infrastructure and Inland Waters Targets are behind schedule; complexities arising from different approaches to the Inland Waters Target are causing delays, but the Peaks are pushing hard for ambitious approaches.  Knowing we are making a difference: data development and modelling  The Peaks have fought hard to have Indigenous Data Sovereignty acknowledged in the Data Development Plans.  The Closing the Gap Modelling Steering Committee is working on a Proof of	Priority Reform 1: Formal partnerships and shared decision-making	A policy partnership on Justice is underway, Early Childhood Care and Development and Social and Emotional Wellbeing are progressing towards establishment, and Housing and Languages partnerships are due to be established later in 2022.  Place-based partnership locations have been agreed for Maningrida, NT;  Doomadgee, Qld; the western suburbs of Adelaide, SA; Tamworth, NSW; the Kimberley, WA.
government organisations  government partners and are developing tools and resources to assist with implementation.  Priority Reform 4: Shared access to data and information at a regional level  Socio-economic targets  Community Infrastructure and Inland Waters Targets are behind schedule; complexities arising from different approaches to the Inland Waters Target are causing delays, but the Peaks are pushing hard for ambitious approaches.  Knowing we are making a difference: data development and modelling.  The Peaks have fought hard to have Indigenous Data Sovereignty acknowledged in the Data Development Plans.	,	and Development, with Housing and Disability set to follow, and more sectors to be
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difference: data development the Data Development Plans.	Socio-economic targets	complexities arising from different approaches to the Inland Waters Target are
Concept to better understand data modelling under the National Agreement.	difference: data development	the Data Development Plans.  The Closing the Gap Modelling Steering Committee is working on a Proof of



Overall, we are tracking well against our commitments in the Coalition of Peaks Implementation Plan. COVID-19 continued to impact our ability to undertake face-to-face engagements, which also set us back on some key milestones for the place-based partnerships and community-data projects where community engagement is key. However, we are pleased to report progress is ramping up against all our goals and we look forward to a very productive next 12 months.

#### Our highlights of the last 12 months



Meeting face-to-face in Naarm in May 2022 with more than 70 Peaks representatives to workshop our strategic priorities.



Growing our Policy and Secretariat team to better support our members and communities, including through the development of more accessible communications.



Achieving key milestones and commitments under the National Agreement including the establishment of the Policy Partnerships and completion of the Sector Strengthening Plans.



#### Our partnership activities

At the Coalition of Peaks, we lead by example with our government partners by demonstrating a commitment to consensus decision-making and respectful engagement. Our governance model brings all our members' voices to the table to discuss, debate and agree our shared policy positions and priorities. This is achieved through fortnightly teleconferences chaired by our Lead Convener and open to all Peaks' members.

#### Strengthening key sectors

In clause 49 of the National Agreement, the parties commit to identify sectors for joint national strengthening effort every three years, through sector-strengthening plans.

The initial sectors of focus are:

- **Tarly Childhood Care and Development**SNAICC's CEO, Ms Catherine Liddle co-led the development of this Sector Strengthening Plan with the Australian Government Department of Education, Skills and Employment
- Housing National Aboriginal and Torres Strait Islander Housing Association Public Officer, Mr Tom Slockee co-led the development of the Housing Sector Strengthening Plan with the Australian Government Department of Social Services
- Health
  NACCHO Deputy CEO, Dr Dawn Casey co-led the development the Health Sector Strengthening Plan with the Department of Health; the plan sets out 17 transformative sector-strengthening actions
- 4 Disability
  First Peoples Disability Network CEO, Mr Damian
  Griffis co-lead the development of the Disability
  Sector Strengthening Plan with the Department of
  Social Services.

The Housing and Disability Sector Strengthening Plans will be considered for in-principle agreement by the Joint Council in August 2022.

#### **Developments in data**

#### **Data Development Plan**

The Data Development Plan (DDP, clause 92 of the National Agreement) is a plan to action the data-development measures listed under the four Priority Reforms and the 17 socioeconomic targets in the National Agreement. Data is critical to the successful implementation of the National Agreement.

The National Agreement states that the DDP must be endorsed by the Joint Council within two years of the agreement's commencement; this deadline falls in July 2022. While the DDP has been drafted, it is yet to be endorsed due to significant and lengthy negotiations to include Indigenous Data Sovereignty Principles in the document.

#### Community data projects

Clauses 74 and 75 of the National Agreement commit parties to establishing six locations across Australia to enable Aboriginal and Torres Strait Islander communities and organisations to access and use location-specific data on the Closing the Gap outcome areas.

The data projects will:

- support Aboriginal and Torres Strait Islander communities to analyse and use regional-specific data to help drive their own development and discussions with governments on Closing the Gap
- enable Aboriginal and Torres Strait Islander communities and organisations to collect and access other data which they consider important
- be covered by localised agreements, consistent with Priority Reform 1, between governments and participating Aboriginal and Torres Strait Islander organisations in the region.

Currently there are two Community Data Project sites that have been established and are up and running: western Sydney, NSW and the Kimberley region, WA. Two further sites have been discussed but are still in the process of being settled and established. These are Maningrida, NT and the western suburbs of Adelaide, SA.

#### **Events**

#### **Nurse Practitioner Yarning Circles**

In February 2022, in partnership with CATSINaM and DoH, NACCHO hosted two online Yarning Circles to consult on the development of the Nurse Practitioner Ten Year Plan. Participants heard from Lesley Salem, the first Aboriginal Nurse Practitioner, about her journey to the role, and provided their insights on how to grow the workforce. This consultation was important in informing the plan.

#### Aboriginal and Torres Strait Islander Health Worker training package workshop

NACCHO is a member of the Industry Reference Committee (IRC) for the Aboriginal and Torres Strait Islander Health Worker training package. The training package, which includes the qualification for Aboriginal Health Practitioners (AHPs), has been under review since 2019. In 2021, the IRC put forward a proposal to change the registration qualification for AHPs from a Certificate IV to a Diploma.

NACCHO consulted widely across its members and affiliates, and received overwhelming feedback indicating that the proposal was not widely supported.

In March 2022, NACCHO hosted a two-day workshop with representatives from the community-controlled sector to develop a proposal for new Certificate IV and Diploma Practice qualifications. This proposal formed the basis for the final version of these qualifications, recently endorsed by the IRC. NACCHO is pleased to note the IRC heard and reflected the needs and views of the sector in its considerations.

#### **NDIS Ready Yarning Circle**

NACCHO held an NDIS Ready Yarning Circle in Darwin on 8–9 June 2022. The Yarning Circle was attended by 63 representatives across 31 remote and very remote services, and 42 sector and government stakeholders from 14 organisations. The event was designed to help ACCHOs understand and navigate the NDIS and increase their capacity to deliver NDIS services.









Left: L–R: Sandra Conejeros, Mawarnkarra Health Service; Rachel Samson, Mawarnkarra Health Service; Joan Hicks, Mawarnkarra Health Service.

Top-right: Cassie Atchison, Broome Regional Aboriginal Medical Service (BRAMS) and Chris Bin Kali, Chair BRAMS, Treasurer KAMS and Deputy Chair NACCHO. Bottom-right: L–R: Lisa Gundani, Aboriginal Health & Medical Research Council of New South Wales; Jessie Blattman, Coonamble Aboriginal Health Service; Chris Lee, NACCHO; Kylah Fernando, Coonamble Aboriginal Health Service.

Attendees gathered for a welcome event, with a Welcome to Country performed by Chris Lee, a Gulumerridjin (Larrakia) Traditional Owner. The Yarning Circle started with participants sharing their expectations for the event (resoundingly excited to be reconnected after COVID-19); they proceeded to share challenges and learnings, understand pathways to NDIS access and provision, strengthen relationships with stakeholders, and celebrate community-controlled ideas for NDIS delivery.

Across the two days, six ACCHOs shared their journeys to becoming an NDIS provider and delivering sustainable services to their communities despite many challenges. Many attendees found this session the most useful; they said that hearing these stories reassured them that they were not alone in the long and sometimes difficult journey toward NDIS service delivery.

It was a very successful event that highlighted the ACCHO sector's critical role in delivering culturally-appropriate NDIS support and services to Aboriginal and Torres Strait Islander people with disability.

#### **ATSIHAW Trivia 2021**

For the second year in a row NACCHO joined forces with the University of Queensland's Poche Centre for Indigenous Health to co-host Aboriginal and Torres Strait Islander HIV Awareness Week (ATSIHAW) Trivia which coincides with World AIDS Day 2021. Thirteen teams (40 people in total) from NACCHO members, affiliates and partners across Australia participated in the sexual health virtual trivia contest. Sexual health-themed costumes were encouraged and the NACCHO team led by example.

After three rounds of trivia questions on HIV, sexual health and Aboriginal and Torres Strait Islander culture, sports and geography, AHCWALube (Aboriginal Health Council of Western Australia) took home the first prize, followed by Us Mob (Mawarnkarra Health Service) and GladiAIDors (Miwatj Health Aboriginal Corporation). The costumes were all amazing and after much deliberation the Chancre Sisters (Central Australian Aboriginal Congress) won the prize for best dressed.







Left and centre: #ATSIHAW2021 Virtual Trivia hosted by NACCHO and the University of Queensland Poche Centre for Indigenous Health. Right: Chancre Sisters (Central Australian Aboriginal Congress) took home the prize for best dressed.



#### **National Condom Day 2022**

For National Condom Day 2022 NACCHO shared messages across social media platforms and in the NACCHO Aboriginal and Torres Strait Islander News with dual messaging driving awareness around being safe while celebrating Valentine's Day during COVID-19 times.

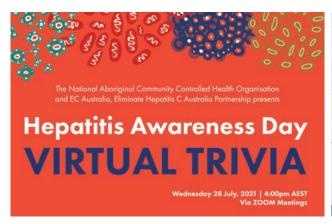
#### **World Hepatitis Day Trivia 2021**

Eliminate Hepatitis Australia and NACCHO co-hosted a Hepatitis Awareness Day Virtual Trivia on World Hepatitis Day 2021. There were 11 teams who competed for some great prizes and the winners were first: AHCWAlube (AHCWA), second: Derbarl Dragons (Derbarl Yerrigan Health Service Aboriginal Corporation) and third: Bunya Nuts (Cherbourg Regional Aboriginal and Islander Community Controlled Health Services). The prize for the best dressed team went to Watj Mi Djama, Miwatj Health Aboriginal Corporation.

#### **RACP Congress 2022**

Dr Dawn Casey, NACCHO Deputy CEO was the keynote speaker at the Royal Australasian College of Physicians Congress 2022 held on 12–14 May in Melbourne:

NACCHO acknowledges the RACP fellows and trainees as critical partners in our collective efforts to Closing the Gap. We welcome this opportunity to come together to explore the best ways of working into the future to reduce the unacceptable and inequitable burden of preventable mortality and morbidity currently experienced by Aboriginal and Torres Strait Islander peoples in Australia.





Left: World Hepatitis Day Trivia 2021 promotion tile. Right: NACCHO Deputy CEO, Dr Dawn Casey at the RACP Congress 2022.

# Supporting Aboriginal and Torres Strait Islander people to stop vaping

Webinar: Thursday 27 January 2022 at 12:30pm - 1:30pm (AEDT)



NACCHO partnered with the Therapeutic Goods Administration (TGA) and RACGP to deliver a webinar on the legislative changes affecting access to nicotine vaping products and what the changes might mean for our communities and ACCHOs.

Professor Renee Bittoun from the University of Notre Dame Australia and Avondale University, together with Ms Alice Nugent, ACCHO pharmacist and member of the NACCHO Medicines Advisory Team, presented on:

- an approach to vaping cessation and supporting clients who are dual users
- key issues related to vaping in young people including nicotine replacement therapy options to consider
- validated tools and resources available for assessment and cessation support.

#### Webinar on the funding gap in Aboriginal and Torres Strait Islander health

NACCHO commissioned and released an Equity Economics report that identified a \$4.4 billion gap for the sector across Australian Government, state/territory government and private health expenditure. The report's calculations account for an Aboriginal and Torres Strait Islander burden of disease at twice the rate for other Australians, which translates to at least twice the cost-of-service provision.

NACCHO briefed the sector on these alarming findings via a webinar where CEO, Pat Turner and Deputy CEO, Dawn Casey outlined the report's findings and highlighted obstacles to improving the health and life expectancy of Aboriginal and Torres Strait Islander people.





Webinar releasing the Equity Economics report.

The Organisation

# Media and communications activities



NACCHO CEO joins
PRE-ELECTION
HEALTH DISCUSSION
to talk about pressing issues



	2021-22	2020-21	Difference
Subscribers	6,264	6,105	+159
Twitter followers	38,799	37,275	+1,524
Facebook followers	21,158	20,587	+571
Instagram followers	4,308	3,858	+308
in LinkedIn followers	3,426	new	

NACCHO's extensive social media engagement across the different platforms is evident in the year-on-year growth as set out in the graphic above, with Facebook attracting the highest engagement with followers.

NACCHO continues to have a strong social media presence with a combined following of 68,000+ and shares important and culturally appropriate public health messages across all social media platforms and the daily blog, the NACCHO Aboriginal and Torres Strait Islander Health News, which has a 6,200+ growing subscriber base.

Through these channels, NACCHO regularly shares current affairs, government news and policies, clinical updates especially around COVID-19 and significant health issues specific to the Aboriginal and Torres Strait Islander health sector, and positive and encouraging stories that promote the work carried out by members and affiliates.

Mainstream and First Nations media have consistently reached out for NACCHO comments and insights across various health and wellbeing topics as the voice for Aboriginal and Torres Strait Islander people.

In 2021-22, NACCHO's strategic media and communications activities continued to support NACCHO's goals and ensured Aboriginal and Torres Strait Islander health issues were elevated in the national arena by:

- disseminating media releases, statements, newspaper editorials and member alerts across important announcements, commemoration of health and Aboriginal and Torres Strait Islander dates and events such as National Close the Gap Day, National Reconciliation Week, NAIDOC Week, and announcements around the National Agreement on Closing the Gap
- facilitating and organising national media interviews and placement across news platforms
- publishing a daily blog, the NACCHO Aboriginal and Torres Strait Islander Health News, delivering a steady stream of information on national, regional and remote Aboriginal and Torres Strait Islander issues
- extensive social-media information sharing and engagement across platforms especially around COVID-19 and the COVID-19 vaccine
- promoting the work carried out by the Aboriginal and Torres Strait Islander heath sector through developing and publishing this Annual Report.

#### **NACCHO Aboriginal and Torres** Strait Islander Health News blog

www.nacchocommunique.com

3,475+

informative news alert blogs were posted

A survey was conducted with the NACCHO Aboriginal and Torres Strait Islander Health News subscribers to gauge feedback and suggestions for improvement. This received many positive responses—recipients looked forward to receiving the blog and congratulated NACCHO on the valuable information shared.

Great feedback from the sector via the survey on NACCHO Aboriginal and Torres Strait Islander Health News



#### Social media

#### **Facebook**

By far the most successful platform for engagement continues to be the NACCHO Facebook, with around 21,158 followers, an additional following of more than 580 people over the last financial year.

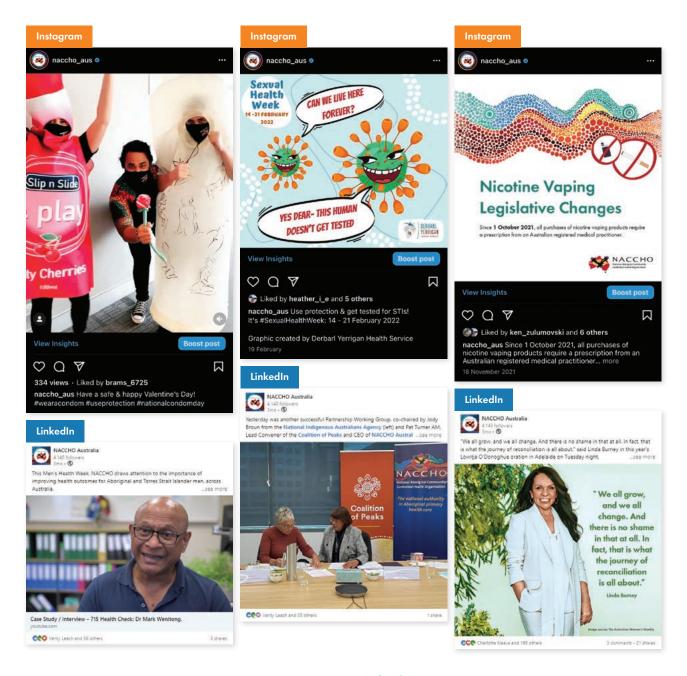
2,000
posts that had approximately
46,408
engagements

#### **Twitter**

1,236

NACCHO continues with a prestigious Blue Tick from Twitter for its health-sector contributions and engagement. Followers grew by an additional 1524 in 2021–22, and Twitter remains NACCHO's most followed platform.





#### Instagram

**152** posts

Since the launch of its Instagram account in 2017, NACCHO has gained more than 4308 followers. Instagram is important in NACCHO's mix of social media platforms as it reaches out to the younger generation.

#### LinkedIn

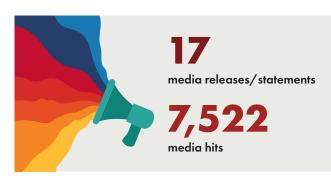
330+ posts

NACCHO launched a LinkedIn account in February 2021, the main purpose being to highlight professional opportunities, conferences, and webinars. Since February 2021, NACCHO has had a total of 3426 followers.

#### YouTube

NACCHO TV has proven to be a great asset in housing NACCHO's television and radio interviews, panel discussions, speeches, COVID-19 vaccination promotions, and campaigns targeting Aboriginal and Torres Strait Islander health issues.

#### **Print, Online and TV News Media**



3,877,196,179
reach
\$35,864,069

Overall, there has been a strong positive sentiment in the news media towards NACCHO and the sector, as it leads the roll out of key health-related campaigns and pursues its advocacy work.

NACCHO undertook regular media appearances—on ABC Radio National Breakfast, ABC News Breakfast (television), NITV, ABC The Drum, The Guardian Australia, The Australian and Sydney Morning Herald—capturing and spreading vital messages for the sector.

NACCHO has consolidated a central role in advocating not just for better health and wellbeing but also on broader issues of importance for Aboriginal and Torres Strait Islander people and communities. NACCHO CEO Pat Turner is the principal spokesperson. She has commented on developments in relation to the National Agreement on Closing the Gap, the proposed Indigenous Voice to Parliament and Aboriginal housing, as well as numerous health-related matters, including the funding gap in health services between Aboriginal and Torres Strait Islander Australians and other Australians.

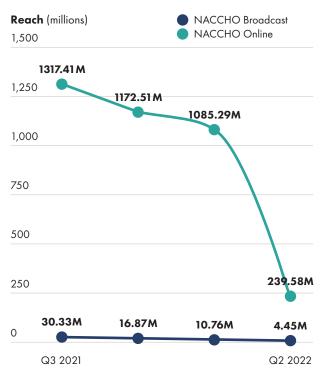
#### **Communications around COVID-19**

Advertising Value Equivalent (AVE)

- NACCHO key spokespersons Dr Jason Agostino, Emily Phillips, Pat Turner and Dr Dawn Casey have been the port of call for providing media with COVID-19 updates and developments.
- NACCHO's clinical team hosted a series of interactive webinars to deliver updated COVID-19 information and provide a culturally-safe, private platform for staff to share experiences.
- NACCHO led the development and distribution of a video campaign across Australia, including pastors discussing the benefits of COVID-19 vaccinations and countering misinformation.
- NACCHO managed the design and development of COVID-19 polo shirts for ACCHO staff and community members, generating significant attention across social media.

#### **Potential reach**

(1 Jul 2021 - 30 Jun 2022)







Top: NACCHO Medical Advisor, Dr Jason Agostino in conversation with presenter Stan Grant on ABC *The Drum.* Bottom: NACCHO Director Communicable Diseases, Emily Phillips on NITV.





The COVID-19 pandemic has continued to highlight the responsive and resilient nature of the Aboriginal and Torres Strait Islander community-controlled health sector. As in the previous year, ACCHOs played a significant role in raising awareness of COVID-19 and promoting and delivering vaccines; this year they were called on to support those with COVID-19.

ACCHOs have assisted communities recover from lockdown measures and developed additional local planning strategies to protect Aboriginal and Torres Strait Islander people from getting and being severely affected by COVID-19. The sector has tirelessly advocated for equitable access to vaccinations for Aboriginal and Torres Strait Islander people aged five years and over, personal protective equipment (PPE), rapid antigen tests (RATs) and oral antiviral treatments.

NACCHO and the Australian Government Department of Health (DoH) have continued to work together to support ACCHOs and the wider community-controlled health sector to access necessary COVID-19 resources and funding. As a result, in mid-2022, more than 110 ACCHOs are participating in the COVID-19 vaccination program and have access to various COVID-19 vaccinations including the Pfizer, Moderna, AstraZeneca and Novavax vaccines. To date, more than \$45 million has been committed to ACCHOs and affiliates to ensure people who want to be vaccinated have access to vaccines.

ACCHOs have also had priority access to oral antivirals with direct supply from the National Medicines Stockpile. NACCHO has worked with DoH to ensure supply; it has also advocated for criteria on the Pharmaceutical Benefits Scheme that reflects the higher risk of severe disease among Aboriginal and Torres Strait Islander people.

As many ACCHOs reported experiencing staffing shortages due to COVID-19 outbreaks, there has been a national focus on increasing workforce availability to meet demand and deliver more vaccinations as state/territory borders opened and people returned to their pre-pandemic activities. Consequently, DoH introduced the Vaccine Administration Partners Program, providing necessary workforce support to ACCHOs to assist them increase the number of vaccines delivered.

Despite the challenges associated with COVID-19 outbreaks across the country over the last few years, there have been fewer than 200 COVID-19 deaths in Aboriginal and Torres Strait Islander people up until June 2022, largely due to the proactive and collaborative efforts of the community-controlled primary health care sector.

Above: Kimberley Aboriginal Medical Services COVID-19 team. Inset: Wuchopperen Health Service COVID-19 team.

# COVID-19 Vaccine Support and Outbreak Response Grants

To further support the sector's vaccination activities, DoH provided an additional \$15 million in late 2021. Activities continued to be tailored to meet local needs at specific points of the pandemic, with a particular focus on promoting vaccinations and addressing misinformation and vaccine complacency. Funding has been utilised for health promotion and communication activities, minor site remediation, and workforce support.

Due to the rising number of COVID-19 cases in late 2021, a further \$4 million was provided to support ACCHOs' and affiliates' response needs in early 2022. Funding flexibility was crucial for this grant, given the unique needs of each ACCHO due to their varying client populations and catchment areas. Activities and items funded included workforce support, PPE additional to that already provided through the National Medical Stockpile, cleaning and hygiene products, delivering medications and supplies to isolating clients, as well as transporting clients to access support.

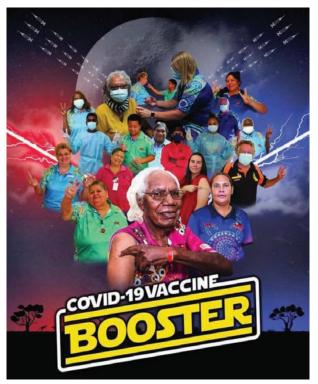
#### Working in partnership

NACCHO and affiliates are members of the Aboriginal and Torres Strait Islander COVID-19 Advisory Group, cochaired by NACCHO Deputy CEO, Dr Dawn Casey, and a senior DoH executive. Given the efficacy of these meetings last financial year, the group met fortnightly during 2021–22 to prepare culturally-appropriate and consistent advice to Aboriginal and Torres Strait Islander health organisations and communities.

NACCHO has continued to work with the Australian Government, affiliates and ACCHOs to support the vaccine roll out through activities including, but not limited to:

- supporting ACCHOs to increase vaccine dose allocations to ensure all Aboriginal and Torres Strait Islander people are able to be vaccinated
- providing regular updates to ACCHOs and affiliates on important changes to the roll out
- meeting fortnightly with the Australian Government's COVID-19 Taskforce to identify and resolve emerging issues
- updating affiliates weekly on the number of vaccinations ordered by ACCHOs and the status of vaccine delivery.

NACCHO also worked in partnership with social media and telecommunication companies such as Facebook, Telstra and the National Indigenous Television service to provide strategic marketing support to ACCHOs and promote COVID-19 vaccine-engagement efforts, as well as increase the prevalence of culturally appropriate vaccine messaging across Australia.







Top: Anyinginyi Health Aboriginal Corporation COVID-19 vaccine promotion. Middle: Galambila Aboriginal Health Service. Bottom: Anyinginyi Health Aboriginal Corporation COVID-19 vaccine team.

## Member Case Study Ngaanyatjarra Health Service, Ngaanyatjarra Lands, WA

Vaccination 2021-22

5

Vaccination drives, including two specifically for paediatric vaccination

2,414

Total number of COVID-19 doses administered

68

Community members have received a fourth dose

Vaccination doses

87%

First dose

**74%** 

Second dose (fully-vaccinated)

60%

Booster

Ngaanyatjarra Lands

3%

of mainland Australia

≈1,600

people

11

communities

Sitting in the far east of Western Australia, adjoining South Australia and the Northern Territory, the Ngaanyatjarra Lands cover approximately 3 per cent of mainland Australia and are home to around 1,600 people (2016 ABS Census). Keeping members of the 11 communities COVID-safe was no easy task.

Vaccination drives had to cover large areas, combatting harsh environments, distances and cold-chain vaccine management, as well as early vaccine hesitancy. Transporting vaccines to communities and into arms required significant coordination of local resources, assistance from the Royal Flying Doctor Service (RFDS) and Australian Government, as well as time and community education.







COVID-19 vaccine messaging and promotions.

Ngaanyatjarra Health Service (NHS) worked closely with Elders and its board who pushed for early vaccination. Board members were the first to roll up their sleeves. NHS's clinical staff and public health team, along with staff from Ngaanyatjarra (NG) Council, ran public-education campaigns around vaccination and hygiene. Meetings and gatherings were held in both English and Ngaanyatjarra. To reach those who could not attend meetings, videos in language were posted to social media. NHS coordinated five major vaccination drives across the Lands in 2021–22, with assistance from the RFDS. Additionally, NHS took vaccination to the people, capitalising on events such as large community gatherings at the Oz Minerals meetings in Mantamaru, where NHS set up a vaccination hub.

NHS's position as part of the wider Ngaanyatjarra Council group allowed for consistent health policies across all services on the Lands to protect community members, while biosecurity measures created a sense of alertness and opportunities to learn from other places. Early on, NHS was one of the first to set up PCR and waste-water testing in communities to

give community members confidence COVID-19 would be detected early. When the first outbreak occurred, NHS and the communities were well prepared. They acted quickly and were able to implement infection-control measures and prioritise RAT screening. For those who required isolation, NHS helped coordinate crisis payments, electricity cards and food packages from the council. Those infected with COVID-19 who met the criteria were rapidly provided with antiviral medication such as Paxlovid and Lagevrio.

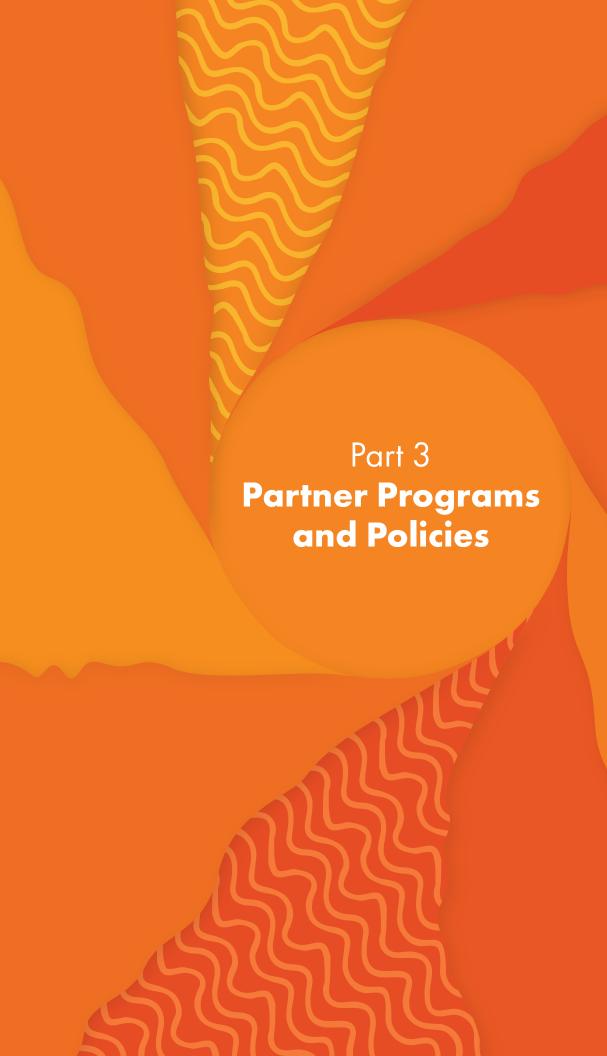
Whole-of-community approaches, multiple vaccination drives, collaborations with other agencies, and community education resulted in high vaccination rates across the Lands. Community members, NHS and NG have been able to protect the vulnerable in the community, lessen the severity of symptoms for those who contracted it, and enabled them to receive treatment and recuperate at home. No community members have been required to medically evacuate to another health service for COVID treatment. All of these efforts have allowed people to stay connected to their country, their lands and their kin during the pandemic.











## Memorandums of Understanding (MoUs)

#### NACCHO has several Memorandums of Understanding (MoUs)

#### **Australian Healthcare & Hospitals Association (AHHA)**

NACCHO's partnership with the AHHA harnesses the strengths of both organisations to reverse the differences in health status between Aboriginal and Torres Strait Islander peoples and other Australians. In December 2015 the NACCHO and AHHA Chairs signed an MoU to facilitate policy development, advocacy, communication, joint planning and collaboration on all aspects of Aboriginal and Torres Strait Islander health. The partnership continues to explore new opportunities for collaboration.



#### **Council of Presidents of Medical Colleges**

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



#### **END Rheumatic Heart Disease (RHD) Coalition**

The END RHD coalition aims to eliminate rheumatic heart disease in Australia. A national Endgame Strategy and a national Endgame Report was presented in 2021. Coalition members are the Australian Medical Association, the Heart Foundation, the Menzies School of Health Research and the Telethon Kids Institute as well as NACCHO and its affiliates in New South Wales, the Northern Territory, Queensland, South Australia and Western Australia.



#### James Cook University and Pharmaceutical Society of Australia

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





#### **NPS MedicineWise**

In January 2021 NACCHO and National Prescribing Service (NPS) MedicineWise signed an MoU committing both organisations to working collaboratively to improve Quality Use of Medicines and clinical decision-making to achieve better health outcomes for Aboriginal and Torres Strait Islander people. The MoU incorporates an annual activity schedule, with NACCHO and NPS MedicineWise working together to co-design and implement priority projects and activities that meet the needs of Aboriginal and Torres Strait Islander people.



#### Pharmacy Guild of Australia (the Guild)

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



#### **Royal Australian Air Force (RAAF)**

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



#### Royal Australian College of General Practitioners (RACGP)

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



#### Vision 2020 Australia

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



#### **Partners**

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

### Department of Health

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



# Royal Australian College of General Practitioners

The NACCHO RACGP Partnership project continues, with the focus shifting to the development of the fourth edition of the National Guide to Preventive Health Care for Aboriginal and Torres Strait Islander people. The project executive group, with representatives from NACCHO, RACGP, ACRRM, NAATSIHWP and CATSINaM oversees the development of this key guideline to support high quality primary health care.

In preparing for the fourth edition, the previous version of the National Guide has undergone a user review. Since its launch in 2018 there have been 3,000 hardcopies distributed and over 12,000 downloads of the guide with a further 3,000 downloads of the evidence base to inform the guide. Health check templates developed by NACCHO RACGP to support implementation have had almost 22,000 downloads, highlighting the wide reach of these resources. A user survey emphasised the ways the guideline is used outside of individual clinical care, including through supporting education, informing how to provide annual health checks, setting the frequency of recalls/follow up of patients, and supporting continuous quality improvement.

The next version of the guide is planned for late 2023 with further updates to health check templates to support implementation.

National Guide to Preventive Health Care for Aboriginal and Torres Strait Islander people (third edition)

3,000 hardcopies distributed

12,000 downloads of the guide

Health check templates

22,000 downloads

### **NACCHO Policy and Advocacy**

The National Agreement on Closing the Gap has provided the community-controlled sector with a strong framework on which to advocate for policy and program reform.

NACCHO has demonstrated to government how the integration of several federal Budget funding allocations can enable holistic approaches across a range of areas that reflect ACCHOs' models of care as well as sustainable approaches to workforce and training.

Successful areas of NACCHO's advocacy to align policy and program reform with the National Agreement include:

- mental health through the Culture Care Connect Program
- disability services
- maternal and child health
- hearing-health partnerships
- aged-care programs
- workforce.

More information is provided below, and throughout this report, including in the reports of the Chair and CEO.

## Developing the Health Sector Strengthening Plan

From July 2020 the National Agreement on Closing the Gap committed its parties to four agreed Priority Reforms. One of these Priority Reforms is strengthening the community-controlled sector.

Clause 49 of the National Agreement also requires that the parties develop Sector Strengthening Plans for nominated sectors. Health was one of the four sectors identified.

The Health Sector Strengthening Plan (H-SSP) was developed throughout 2021 and co-designed through a newly established working group co-chaired by the NACCHO Deputy CEO, Dr Dawn Casey, with DoH. It included members from the health sector and representatives from each state/territory government. The plan's focus, as directed by the Joint Council on Closing the Gap, was to be on Workforce, Capital Infrastructure, Service Delivery, Governance, Consistent Funding Model, and Peak Bodies.

The H-SSP identified 17 Key Actions to build capability of the sector, in line with the strong sector elements in Clause 45 of the National Agreement. The final H-SSP received in-principle approval from the Joint Council in November 2021. After this, four of the 17 Key Actions were funded through the Closing the Gap Virtual Funding Pool, managed by the National Indigenous Australians Agency (NIAA). These are:

- Optimal Utilisation of the Medicare Benefits Schedule (MBS) Project
- 2 Governance Program
- National Strategic Roadmap for Establishing an Environmental Health Workforce
- Strengthening the ACCHO Regional Training Organisation (RTO) sector.

Planning is currently underway on each of these projects.

# Infrastructure grants: leading the way in co-design

Following the announcement in August 2021 of \$254.4 million to address deteriorating or non-existent health infrastructure across the ACCHO sector, DoH approached NACCHO in collaboration with affiliates to co-design two Closing the Gap Infrastructure Grants programs: a Service Maintenance Program and a Major Capital Works Program.

NACCHO had surveyed its members and identified there was a \$1 billion capital-works backlog across the sector. This was highlighted in NACCHO's 2022 pre-Budget submission to Treasury. NACCHO also negotiated with DoH's Indigenous Health Division to agree this area as a priority.

Working in full partnership, the project proceeded to:

- establish the program parameters and structure
- develop and approve the Grant Opportunity Guidelines and Assessment Plans
- jointly approve grant outcomes after assessment by a co-chaired committee.

In addition, a package of communications materials and other support was developed for ACCHOs including:

- fact sheets on both grant opportunities
- two webinars hosted by NACCHO to provide an opportunity for ACCHOs to ask questions about the programs' parameters and processes
- regular email updates from the NACCHO Executive
- funding provided to NACCHO to support ACCHOs that would not normally have access to staff who can write a competitive grant application or Expression of Interest (EOI); this facility was provided through a panel arrangement established by NACCHO.

This co-design, and in particular the changes to how the department made decisions, was supported by engaging an external probity advisor who oversaw the processes and assisted in managing any conflicts of interest. Co-design involved incorporating NACCHO into government decision-making and approval processes, and in some cases changing these processes, but the results to date have been robust granting processes supported by the ACCHO sector.

**Major Capital Works Program** 

\$140m

available in 2021–22

**142 EOIs** 

received and assessed, totalling \$554m 70

applications invited to apply to stage 2

**Service Maintenance Program** 

\$25.5m

on mainland Australia

85

applications assessed

**79** 

approved for funding

### **NACCHO Programs and Projects**

#### Communicable diseases

Blood borne viruses (BBVs) and sexually transmissible infections (STIs), including syphilis, continue to affect Aboriginal and Torres Strait Islander peoples at a disproportionately higher rate than the wider population. NACCHO aims to improve access to sexual-health care through innovation and expanding the capacity of existing health care services. NACCHO would like to acknowledge and thank the incredible ACCHO and affiliate sexual-health workforce, as we work together to support local Aboriginal and Torres Strait Islander people.

Once again, this year provided many challenges with health workers balancing a range of competing priorities, working to keep staff and the community safe from COVID-19 while trying to minimise disruption to screening and treatment. Despite these challenges Sexual Health Workers have continued to show innovation in community-engagement activities and in working to overcome shame and stigma. These efforts have gone a long way in tackling BBVs and STIs, including the ongoing syphilis outbreak. But there is still more to do. Together we need to increase rates of testing—both point-of-care testing (PoCT) and serology—and connection to treatment.

#### **Enhanced Syphilis Response**

An outbreak of infectious syphilis began in Queensland in January 2011; this extended to the Northern Territory in 2013; the Kimberley, WA in 2014; Eyre and the Western and Far North regions of SA in 2016; the Pilbara, WA in 2018; and Adelaide, SA, the Goldfields, WA and Central Queensland in 2019. Since the outbreak began, there have been 4772 syphilis cases (to 31 March 2022), predominantly affecting young people aged 15 to 29 years. In addition, there have been 28 cases of congenital syphilis (to 31 March 2022). In response, NACCHO and DoH co-lead the Enhanced Response to the Syphilis Outbreak (ESR – Enhanced Syphilis Response), working with targeted ACCHOs within outbreak regions to codesign actions to meet the needs of their communities.

After strong advocacy from NACCHO, the Australian Government committed a further \$21.7 million in 2021 to continue the ESR program for three years (July 2021–June 2024). The program's continuation saw NACCHO take on a larger coordination role, including grants management and reporting, streamlining the process for many ACCHOs and strengthening the community of practice. All 37 ACCHOs enrolled in the original ESR program were transitioned to the new program and funding was equitably distributed by NACCHO.

NACCHO and affiliates are continuing to assist ACCHOs to reinvigorate the sexual-health sector after COVID-19 disruptions through in-person jurisdictional workshops and developing a sexual-health community of practice promoting jurisdictional collaboration through the ESR and BBVSTI programs. Syphilis PoCT continues to be an important engagement tool.

At the Albury Wodonga Aboriginal Health Service
(AWAHS): NACCHO staff members Anna-Louise
Kimpton, Kate Alexander, Melania Beacroft, Jodi
Knight; 3rd from left is David Noonan, AWAHS CEO.

### Blood Borne Viruses and Sexually Transmissible Infections

Throughout 2021–22 NACCHO continued coordination and development of the Blood Borne Viruses and Sexually Transmissible Infections (BBVSTI) Program, in line with current evidence-based BBV and STI testing, treatment and prevention strategies. In consultation with the sector, NACCHO is also leading the development of the 2023–2030 National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy.

The program enrolled 18 ACCHOs and six NACCHO affiliates in 2021, and 13 additional ACCHOs in 2022. Australian Government funding provided to NACCHO has been distributed to ACCHOs with a high prevalence of BBVs and/or STIs to increase workforce capacity, testing and subsequent treatment of BBVs and STIs within the community. The flexible funding allows ACCHOs to develop community-specific resources and sexual-health programs that address local concerns. It also allows ACCHOs to further resource existing Sexual Health Teams or, in some cases, form such teams for the first time. The sector has shown great resilience and innovation in developing staffing models that suit their communities' needs, while also dealing with COVID-19-related staffing shortages.

South West Aboriginal Medical Services (SWAMS) in Western Australia says that the BBVSTI Program has led to:

... a notable shift in the openness to discuss sexual health in the clinic and community. This has been achieved by development of a Sexual Health Team and having ongoing conversations with staff and community members. Recruitment of a male and female Indigenous Outreach Worker has contributed greatly to reducing the stigma and engaging community.

#### NACCHO continues to advocate for:

 standardisation of guidelines for maternity and neonatal syphilis testing, including a consistent national approach to syphilis screening in pregnancy

- improved access to vaccinations for BBVs in Aboriginal and Torres Strait Islander communities
- inclusion of hepatitis B vaccination on the National Immunisation Program for all non-immune Aboriginal and Torres Strait Islander adults
- access to s100 highly-specialised medications for hepatitis
   B on the Closing the Gap Pharmaceutical Benefits Scheme
- structural support for increased STI and BBV testing, including an MBS item to support STI PoCT and universal hepatitis B screening
- further funding for an expanded and stronger sexualhealth workforce
- increased access to novel strategies to prevent and treat STIs and BBVs (e.g. dried blood spot testing for hepatitis C).

#### **Hearing health**

## Aboriginal and Torres Strait Islander Ear and Hearing Health Partnership Committee

Established this year, the Aboriginal and Torres Strait Islander Ear and Hearing Health Partnership Committee provides a culturally-safe partnership structure to identify and drive reforms to improve the ear and hearing health of Aboriginal and Torres Strait Islander people. The committee is co-chaired by Dawn Casey, NACCHO Deputy CEO and Gavin Matthews, First Assistant Secretary of the Indigenous Health Division in the Department of Health (DoH), with representation from member services, industry, academic stakeholders and Hearing Australia.

The committee will identify and co-design reforms to programs and systems to drive improvement in ear and hearing health outcomes for Aboriginal and Torres Strait Islander people. This includes overseeing development of a national Aboriginal and Torres Strait Islander ear and hearing strategy lead by NACCHO with feedback from the ACCHO sector to support local implementation of ear and hearing health activities.





Left: KAM's Sexual Health Team flying out to support the COVID-19 response and maintain the sexual health screening. Right: Dr Mark Wenitong conducting an ear screening during a 715 Health Check at his clinic in Cairns.

#### **Ear Health Coordinators**

Since 2019 NACCHO has provided support and coordination to the national Ear Health Coordinator network. NACCHO has maintained regular communications through monthly virtual meetings, while forward planning for a face-to-face meeting enabled by the lifting of COVID restrictions. These activities support information sharing, network strengthening and national coordination of ear and hearing health provision.

#### **ASOHNS Surgical Pathways Project**

The Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS) and Professor Kelvin Kong have contracted NACCHO to support the project Improving Access and Pathways to Care for Aboriginal and Torres Strait Islander Children with Otolaryngology Disease. In partnership with AMSANT, NACCHO is working with identified ACCHOs and their associated hospitals to identify and understand the systemic bottlenecks that cause extremely long wait times for ENT services, from first consultation to referral to surgical procedures. A toolkit will be developed to support ACCHOs, hospitals and the community in overcoming these barriers.

#### **Hearing Assessment Program - Early Ears**

NACCHO continues working with DoH and Hearing Australia on the provision of services for annual hearing assessments and follow-up treatments for Aboriginal and Torres Strait Islander children from birth to school age. The program began on 1 July 2019. NACCHO has been involved from the early stages to ensure capacity building for ACCHOs, CQI practices are embedded and existing services strengthened. NACCHO continues to engage sector-wide to understand, influence and advocate for culturally-safe earhealth services, policy and programs.

#### **Listen to Learn**

NACCHO is also collaborating with Hearing Australia on the co-design of Listen to Learn, a new program to improve hearing health and education outcomes for Aboriginal and Torres Strait Islander children. The program is increasing awareness, knowledge and screening for ear and hearing health among Aboriginal and Torres Strait Islander children enrolled in early childhood education and early primary school. The collaboration of ACCHOs and education providers will assist with the identification and support of children who are not on track with their literacy and communication skills because of previously undetected hearing loss, often due to recurrent and persistent otitis media (middle ear disease).



PrioritEYES survey social media tiles.

#### Eye and vision health

#### **PrioritEYES**

PrioritEYES is a national ACCHO survey designed to understand the priorities and gaps for eye and vision care in their services. The survey was sent to all NACCHO members and almost 80 per cent of NACCHO members were represented in the survey outcomes. Following analysis of the data collected, a million dollars in non-recurrent funding will be available to provide immediate eye health and vision interventions to areas of most need, led by Vision 2020. The funding opportunities will be identified in the next financial year, led by NACCHO's newly established Aboriginal and Torres Strait Islander Eye and Vision Committee with representatives from across the ACCHO sector.

#### **National Subsidised Spectacle Scheme**

The National Subsidised Spectacle Scheme (NSSS) program provides subsided spectacles to Aboriginal and Torres Strait Islander people. In 2021–22 the NSSS implemented ACCHO pilots at Katherine West Health Board, Miwatj Aboriginal Health Cooperation, Derbarl Yerrigan Health Service, South-West Aboriginal Medical Service and the Tasmanian Aboriginal Centre. The pilots are to support local engagement, distribution and supply of glasses. The sites were chosen because state/territory spectacle-subsidy schemes provided inadequate access for Aboriginal and Torres Strait Islander people. The community-led pilots mean ACCHOs have greater ability to provide their community with the spectacles they need at low or no cost.



#### **NDIS Ready**

NACCHO was funded until 30 June 2022 by the Department of Social Services (DSS) to deliver the NDIS Ready:
Aboriginal and Torres Strait Islander Market Capability
Program (NDIS Ready). NDIS Ready was designed to build
ACCHOs' capacity to provide services in the National
Disability Insurance Scheme (NDIS), to enable culturally-appropriate, sustainable NDIS providers locally.

NDIS Ready comprised four initiatives:

- Dedicated NDIS Ready Project Officers in each jurisdiction as a resource for ACCHOs to support them to register and deliver services sustainably under the NDIS, with a national Policy and Programs Officer situated in NACCHO
- A grant round to support basic establishment and feasibility costs
- 3 A communications initiative
- A series of Yarning Circles to build capacity, share learnings and promote understanding of the NDIS.

In the short time it has been funded, NDIS Ready has made significant gains in supporting the capacity building of the community-controlled sector into disability service provision.

#### **Aboriginal Disability Liaison Officers**

The Aboriginal Disability Liaison Officer (ADLO) program is a 12-month extension of the former National Community Connector Program (NCCP), due to conclude in December 2022. The ADLO program supports Aboriginal and Torres Strait Islander communities to understand and link into the NDIS. During the year the ADLO program has supported nearly 1000 Aboriginal and Torres Strait Islander people to engage with the NDIS through culturally-safe and supportive community-engagement activities. The ADLOs also assist Aboriginal and Torres Strait Islander people who are not eligible for an NDIS plan to engage with other disability programs and service providers. NACCHO is seeking an extension of the program to maintain the momentum in getting Aboriginal and Torres Strait Islander people with disabilities on to NDIS plans in a culturally-safe way.



# National Fetal Alcohol Spectrum Disorder Campaign

The Foundation for Alcohol Research and Education (FARE) has partnered with NACCHO to develop and implement the National Fetal Alcohol Spectrum Disorder (FASD) Campaign to raise awareness of the risks of drinking while pregnant. NACCHO is leading Stream 4 – Aboriginal and Torres Strait Islander people in rural and remote communities to ensure the delivery of culturally-appropriate campaign materials to members and their communities.

The campaign, entitled Strong Born, is in the final stages of creation and scheduled to soft launch at the NACCHO members' conference in October 2022, accompanied by an online launch. NACCHO's National FASD Working Group, which includes representatives from rural and remote ACCHOs with clinical and cultural expertise, researchers and subject matter experts, has been instrumental in the development of the campaign. Campaign materials will include two FASD information booklets, one for community members and another for multi-disciplinary ACCHO staff, as well as posters, social media tiles and polo shirts.

Following the campaign launch, ACCHOs in rural and remote communities will be able to apply for grant funding to support the development of additional materials to increase local relevance. The grant round is due to open in February 2023.



## Child and maternal health

NACCHO continues to develop expertise and exercise influence in child and maternal health policy and programs. It works closely with DoH on a number of programs to support Aboriginal and Torres Strait Islander children and families, including Connected Beginnings and Healthy Mums, Healthy Bubs.

NACCHO worked with and supported the University of Melbourne in successfully securing almost \$5 million provided by the Medical Research Future Fund (MRFF) for a highly innovative, First Nations-led project entitled 'Replanting the Birth Trees', which builds on previous community codesign, strong evidence and successful perinatal-care programs. The funding will enable scale up of culturallygrounded, safe, holistic, trauma-integrated, transdisciplinary continuity-of-care in the first 2000 days to ensure Aboriginal and Torres Strait Islander babies have the best possible start to life and ensure parents achieve their aspirations for a safe and health family. This program supports NACCHO's broader suite of work in the child and maternal health area.



## Acute rheumatic fever and rheumatic heart disease

Success in reducing acute rheumatic fever (ARF) and rheumatic heart disease (RHD) at a population level requires simultaneous comprehensive primary care alongside structural reform in Aboriginal and Torres Strait Islander housing and environmental health. Primary health care efforts led and coordinated by NACCHO through the reformed Rheumatic Fever Strategy (RFS) have led to the establishment of an Aboriginal and Torres Strait Islander-led national governance structure and the creation of an RHD Team at NACCHO. This team is responsible for supporting and facilitating program delivery by community-controlled primary health care services in a strategic and targeted manner.

In 2021-22 NACCHO has:

Developed a needs-based funding model for ARF and RHD activities in Aboriginal and Torres Strait Islander communities

Undertaken comprehensive resource, training and stakeholder mapping

Developed a draft national implementation plan and supporting resources for consultation with the ACCHO sector that aligns with the Core Services and Outcomes Framework (CSOF)

Established the National Coordination and Implementation Unit at NACCHO, referred to as the NACCHO RHD Team

**Established an RFS Joint Advisory Committee** 

Established an RHD Expert Working Group.



#### Aged care

#### **Home Care Support Workforce**

The Home Care Workforce Support Program is part of the Australian Government's investment in better care for older Aboriginal and Torres Strait Islander people. The program aims to attract, train and retain 96 trainees in remote/very remote regions across the Northern Territory, South Australia, Western Australia and Queensland to boost the Aboriginal and Torres Strait Islander care workforce to support the growing demand for Elders and older Aboriginal and Torres Strait Islander people to access home care services.

#### **Trusted Indigenous Facilitators**

NACCHO was successful in its bid to deliver the \$86 million Trusted Indigenous Facilitator program. Through this program NACCHO will work closely with affiliates and the ACCHO sector to establish a strong, capable Aboriginal and Torres Strait Islander aged-care support workforce to ensure older Aboriginal and Torres Strait Islanders can access and utilise aged care plans. The program will develop integrated training and career pathways across the care and health sectors to ensure a strong sustainable workforce, and will design, develop and deliver accredited and non-accredited training to build workforce capacity.

Over the life of the program 250 staff, predominately drawn from local communities, will be onboarded across the sector nationally to support Aboriginal and Torres Strait Islander Elders. Positions will be rolled out in tranches, with the first tranche of 50 FTE expected in early 2022–23.

NACCHO's Aboriginal and Torres Strait Islander Aged Care Advisory Group will oversee the program. The group is made up of ACCHOs nationally who are currently involved in aged care or wanting to become a provider. This group will help inform implementation of the program including development of a model of care, service linkages and workforce-training requirements.



#### Cancer

This year has seen establishment of the NACCHO Cancer Team, reflecting NACCHO's strong commitment to and increased focus on improving cancer outcomes for Aboriginal and Torres Strait Islander people.

In June 2022 NACCHO was contracted by DoH to coordinate co-design of the first Aboriginal and Torres Strait Islander Cancer Plan, for which it is conducting a national consultation and engagement process. The Cancer Plan will emphasise the impact achievable through community-controlled primary health care, ensure all work is community-led, and privilege the voices of Aboriginal and Torres Strait Islander people. It is expected to be completed in early 2023.

NACCHO is also working with DoH to increase the number of eligible community members participating in the national bowel cancer screening program. This work will support all ACCHOs to distribute bowel cancer screening kits to community members, building on the successful pilot conducted by the Menzies School of Health Research in 2019. NACCHO will support member services to strengthen community awareness of the importance of this screening, as well as developing and delivering training for ACCHO staff to distribute screening kits.

NACCHO continues to support other cancer initiatives through membership of national cancer committees and partnerships, advocating strongly for the prioritisation of community-led approaches in all programs and policies.



NACCHO's Mental Health Team plays a lead role in advocating on behalf of our members to improve mental health and social and emotional wellbeing (SEWB) for Aboriginal and Torres Strait Islander people, families and communities.

NACCHO continues to partner with the Transforming Indigenous Mental Health and Wellbeing Project, based at the University of Western Australia. NACCHO is working in collaboration with project leader Professor Pat Dudgeon on a consultation survey to better understand the SEWB services, workforce and coordination provided to communities by affiliates and ACCHOs. Survey responses will help to build a national picture of what is currently available, help to map SEWB services nationally, and identify service gaps. This evidence base will inform NACCHO's advocacy to government for improved support to affiliates and ACCHOs to deliver SEWB services.

#### **Culture Care Connect**

Over the past year NACCHO has led national implementation of the Culture Care Connect Program, funded from 2021–22 to 2024–25, encompassing:

- establishment of 31 community-controlled Suicide Prevention Networks
- establishment of community-controlled aftercare services
- coordination and delivery of Aboriginal and Torres Strait Islander mental health first aid training.

The Mental Health Team is coordinating national roll out of the program, across cultural and clinical governance, training, implementation assistance, supporting the wellbeing of program staff, and monitoring and evaluation.

### Mental health support for flood-affected communities

In early 2022 unprecedented flooding devastated large areas of New South Wales and south-east Queensland. ACCHOs in flood-affected areas immediately stepped up to assist their communities and provided essential supports and health services. Already dealing with the effects of COVID-19, and some still impacted by the trauma of the 2019–20 summer bushfires, ACCHOs once again demonstrated their responsiveness, resilience and commitment to the wellbeing of local Aboriginal and Torres Strait Islander people.

In March 2022, the Australian Government provided \$2.4 million to deliver culturally-appropriate, locally-designed mental health services in flood-affected communities. Funds have been provided to affected services in the two states to enable them to deliver immediate and longer-term mental health support services for individuals, families, staff and communities impacted by the disaster and to support communities to recover and build resilience.

As each community has been affected in different ways, ACCHOs can respond flexibly and develop innovative local solutions to meet the specific needs of communities.

#### Workforce and RTO capacity building

NACCHO has been working across the sector to support workforce development. NACCHO has secured workforce contracts in aged care (Trusted Indigenous Facilitators) and the NDIS (ADLOs) as well as through the Health Sector Strengthening Plan.

Through NIAA, NACCHO has secured some funding to develop a roadmap to build the capacity and capability of its 11 member-registered training organisations (ACCRTOs). This will help ensure a strong ACCRTO sector to support growth and development of the Aboriginal and Torres Strait Islander health workforce. The project will include mapping workforce training and skills gaps across the sector and will support the other workforce programs NACCHO is delivering.

In support of training and skills development, NACCHO has been working closely with member ACCRTOs. A community of practice has been established to support information sharing across the group which has led to collaborative advocacy efforts in support of better training and funding outcomes for the sector. Community-controlled RTOs are essential to ensuring Aboriginal and Torres Strait Islander people have culturally-appropriate training options; they are critical to building a strong and skilled workforce for ACCHOs.





Top: NACCHO announced the funding for Aged Care Workforce. Bottom: Apunipima Health Council, Mossman Gorge.



#### **NACCHO Research Committee**

In collaboration with several other teams, the NACCHO clinical group have developed a framework for streamlining and standardising the appraisal of requests for support for research in the sector. In parallel with this framework, the NACCHO Research Committee is being trialled and, pending NACCHO Board approval, will be formalised to review and make recommendations on applications for support. To date, the Research Committee has appraised 16 requests for letters of support or research and governance collaboration using the new framework and has recommended supporting more than 60 per cent of these. These projects include co-designed case-studies to educate Australian Pharmacists to provide culturally safe healthcare; a study to develop new knowledge about the implementation of ethical processes in Aboriginal health research; and a project to establish a national registry of traumatic brain injury and predictors of outcomes post head injury for Aboriginal and Torres Strait Islander people.

#### **Artwork**

The artwork was created by NACCHO staff member, Jodi Knight. It is a visual representation of the Culture Care Connect Program, symbolising the three levels of program implementation, advocacy and knowledge sharing across the changing landscape of Aboriginal and Torres Strait Islander suicide prevention, mental health and social and emotional wellbeing nationally. The colours evoke feelings of calm.

The gatherings represent coordination, advocacy and governance structures at a national, affiliate and local level. At the local level, the artwork depicts the three different aspects of the Culture Care Connect Program: community-controlled suicide-prevention planning and coordination; Aboriginal and Torres Strait Islander-led program delivery; and a strong and supported program workforce.

# List of policy submissions

## July 2021 – June 2022

Title	Executive summary	Date submitted
National Disaster Resilience and Risk Agency, Second National Action Plan	NACCHO strongly recommended Aboriginal and Torres Strait Islander communities be considered a priority population when developing strategies to reduce disaster risk. Neither the framework nor the First Action Plan set out strategies to address the needs of Aboriginal and Torres Strait Islander communities.	22 June 2022
Stillbirth Clinical Care Standards review	NACCHO provided draft wording to increase the focus on culturally safe antenatal care, culturally led and responsive health education materials, and the important role of ACCHOs in providing care to pregnant women and families affected by stillbirth; NACCHO also suggested specific indicators regarding access to culturally-safe care.	21 June 2022
Application of the UN Declaration on the Rights of Indigenous Peoples (UNDRIP)	NACCHO is aligned with the UNDRIP focus on self-determination and the Australian Government is committed to self-determination for Aboriginal and Torres Strait Islander people under Priority Reform 1. NACCHO recommended that the Australian Government introduce legislation to enact the UNDRIP into law.	21 June 2022
Sepsis Clinical Care Standards	NACCHO was involved in the development of the standards and provided endorsement of the final version. NACCHO supported the high level of focus on cultural safety throughout the standards with particular consideration given to remote Aboriginal and Torres Strait Islander people. NACCHO also requested disaggregation of indicator data by Indigenous status, where possible, to ensure consideration of progress and outcomes for Aboriginal and Torres Strait Islander people.	25 May 2022
National Tobacco Strategy	NACCHO recommended the strategy be explicitly aligned to the National Agreement, that it prioritise community-led approaches, and focus on social determinants and cultural safety. NACCHO recommended vaping and other products be incorporated throughout the strategy, and that data and smoking-prevalence targets be disaggregated by Indigeneity and regionality.	13 April 2022
Rural and Remote Nurse Generalist Framework	NACCHO recommended the framework clearly define the concept of culturally safe practice and align with the Priority Reforms.  NACCHO further recommended that the framework provide accompanying resources and guidance materials that assist nurses, midwives and employers to assess their capabilities against the framework.	31 March 2022
National Housing and Homelessness Agreement (NHHA) review	NACCHO recommended the next NHHA prioritise and adequately fund the Aboriginal Community Housing Provider (ACHP) sector and the Aboriginal and Torres Strait Islander Housing Authority (NATSIHA), as well as implement the Housing Sector Strengthening Plan (HSSP).	18 March 2022

Title	Executive summary	Date submitted
Alcohol and Other Drug (AOD) Workforce Strategy	NACCHO recommended the next AOD Workforce Development Strategy include clear actions to build the capacity of ACCHOs to deliver AOD services. The strategy should be written in partnership with Aboriginal and Torres Strait Islander organisations and include an implementation plan and monitoring and evaluation process.	9 March 2022
Draft National Plan to End Violence Against Women and Children	NACCHO recommended stronger alignment with the National Agreement, as well as reconfiguration of the pillars as a multidirectional model of care; it also recommended that funding be prioritised for ACCHOs and other community-controlled organisations as key providers of services to Aboriginal and Torres Strait Islander people experiencing violence.	25 February 2022
Nurse Practitioner (NP) 10 Year Plan	NACCHO recommended the plan include actions to review collaborative arrangements and MBS Billing items. In addition, NACCHO emphasised the need to build a strong workforce pipeline into NP careers, including embedded mentoring and the development of strong education, training and career pathways for Aboriginal nurses and Aboriginal Health Practitioners.	18 February 2022
Delivery of the Skills for Education and Employment (SEE) Program	NACCHO recommended that the SEE Program regard adult-literacy and numeracy support for Aboriginal and Torres Strait Islander people as an educational project, rather than solely delivering skills for employment. The Department of Education, Skills and Employment (DESE) should provide funding for a national, community-led adult-literacy program, and the Australian Bureau of Statistics should establish a data collection standard to determine adult-literacy levels in community.	11 February 2022
National Mental Health Standards for Community Managed Organisations	NACCHO provided advice to the Australian Commission on Safety and Quality in Health Care relating to the draft National Mental Health Standards for Community Managed Organisations, recommending a greater and more holistic focus on the needs of Aboriginal and Torres Strait Islander people, and greater prioritisation of culturally safe service delivery.	8 February 2022
Australian Human Rights Commission (AHRC) Anti- Racism Framework	NACCHO recommended that the framework recognise the impact of racism on the health and wellbeing of Aboriginal and Torres Strait Islander people; it must distinguish actions and strategies for Aboriginal and Torres Strait Islander communities from those designed for migrant, refugee and faith-based communities.	4 February 2022
New Disability Employment Services Model	Given that the current Disability Employment Services (DES) model concludes on 30 June 2023, NACCHO recommended to the Department of Social Services (DSS) that this provided an opportunity to meet National Agreement obligations and work in genuine partnership to co-design the new DES with NACCHO, the sector and the community.	1 February 2022
Royal Australasian College of Physicians (RACP) 2022–26 Strategic Plan	NACCHO recommended that the role of Aboriginal and Torres Strait Islander people in developing the plan be outlined, that appropriate terminology refer to Aboriginal and Torres Strait Islander people, and that RACP's role in advocating for improved health outcomes be clarified.	1 February 2022

Title	Executive summary	Date submitted
Pre-Budget submission to Treasury	The pre-Budget submission contained 22 costed policy proposals in three tiers for prioritisation and across five themed packages to deliver greater service capability and improved outcomes for Aboriginal and Torres Strait Islander people. The measures also provided governments and the sector with practical options to deliver quickly on the Priority Reforms. Three of the proposals (\$111 m) were adopted by the Australia Labor Party in its election campaign and will be included in the Budget Statement of 25 October 2022.	28 January 2022
Cashless Debit Card (CDC) Drug and Alcohol Consultation Report	NACCHO recommended recognition of the significant number of Aboriginal and Torres Strait Islander participants in the CDC trial sites. NACCHO advocated for an increase in the reach and number of community controlled AOD services in the sites, as well as measures to improve cultural safety in mainstream services.	24 January 2022
Aligning Regulation across the Care and Support Sector	NACCHO recommended strong regulatory, policy and process alignment across the aged care, disability and veteran's support sectors. This will support cost savings in administration at the delivery level, and reduce clients' need to understand different systems.	15 December 2021
Choice in Residential Aged Care	NACCHO recommended that changes to the Aged Care Approvals Round (ACAR) align with the National Agreement and ensure requirements for providers deliver equity of access. Growing the number of community-controlled providers in the sector will improve access for older Aboriginal and Torres Strait Islander people.	10 December 2021
NDIS Annual Pricing Review 2021 –22	NACCHO's response to the National Disability Insurance Agency's (NDIA's) annual pricing review recommended improvements to the participant–provider interface through a user-friendly portal and that the NDIA review the costs of delivering NDIS services for ACCHOs and for rural and remote areas.	5 December 2021
Draft National Safety and Quality Health Service Standards User Guide for Acute and Community Mental Health Services	NACCHO identified the need for the user guide and Standards to have a greater and more holistic focus on the needs of Aboriginal and Torres Strait Islander people in order to promote better mental health services for Aboriginal and Torres Strait Islander people.	30 November 2021
NIAA Indigenous Digital Inclusion Plan	To close the digital-inclusion gap between Aboriginal and Torres Strait Islander people and other Australians, NACCHO advocated for substantial policy and program reform to support the development of effective local strategies, improve access to telecommunications and digital services, and enhance the digital ability of Aboriginal and Torres Strait Islander people.	12 November 2021
Primary Health Care 10 Year Plan	NACCHO recommended stronger integration of the draft recommendations provided by the steering committee, with a clear focus on the need for structural reform to support CtG measures and the one-system focus. Building a strong and sustainable health workforce will be essential in the coming years.	9 November 2021

Title	Executive summary	Date submitted
National Obesity Prevention Strategy	NACCHO recommended explicit reference to the National Agreement's Priority Reforms, inclusion of case studies to illustrate possibilities for preventing obesity, and development of action plans to support implementation of the strategy, including for Aboriginal and Torres Strait Islander communities, other priority populations and regional and remote areas.	3 November 2021
Pharmaceutical Benefits Advisory Committee Post- Market Review of Opiate Dependence Treatment Program (ODTP) Medicines	NACCHO supported removing cost barriers for patients and financially incentivising ODTPs to be delivered through ACCHOs according to the sector's best-practice model of holistic care.	27 October 2021
Aged Care Fee Recovery	NACCHO opposed the introduction of fees for aged-care-provider applications for ACCHOs and other not-for-profit providers and recommended a fee exemption for ACCHOs wishing to become aged-care providers in support of Priority Reform 2. NACCHO also recommended that the Aged Care Quality and Safety Commission align its consultation processes with Priority Reforms 1 and 3.	20 October 2021
National Medicines Policy (NMP) Review	NACCHO identified several specific areas within the NMP where amendment or enhancement would have a manifest impact on Aboriginal and Torres Strait Islander health outcomes. NACCHO recommended that the NMP make clearer reference to medicines access, safety, and pharmacovigilance, including the specific challenges facing Aboriginal and Torres Strait Islander people.	October 2021
National Mental Health Workforce Strategy Taskforce	NACCHO proposed that the strategy adopt a holistic approach to mental health that aligns with the National Agreement. The strategy must specifically address Social and Emotional Wellbeing (SEWB) conceptually and consider the subsequent workforce implications.	30 September 2021
Inquiry into Housing Affordability and Supply	NACCHO advocated the need for Aboriginal and Torres Strait Islander communities to have access to safe, affordable, and appropriate housing and sanitation. This will have social and economic benefits across the health, mental health and SEWB, education, employment, and justice outcomes for Aboriginal and Torres Strait Islander people.	23 September 2021
Submission on the Indigenous Skills and Employment Program (ISEP)	NACCHO recommended that DESE's SEE Program provide sustained funding for a national, community-led adult-literacy program for Aboriginal and Torres Strait Islander people and communities, delivered via proven models.	22 September 2021
Inquiry into Road Safety	NACCHO recommended that the Australian Government take immediate action to improve road-safety outcomes, reducing fatalities and injuries for Aboriginal and Torres Strait Islander people, by funding ACCHOs to develop and implement road-safety programs, improved access to licensing, installation of child-safety restraints, culturally appropriate testing and driver training.	10 September 2021

Title	Executive summary	Date submitted
Submission to the Inquiry into the Corporations (Aboriginal and Torres Strait Islander) Amendment Bill 2021	NACCHO submitted a follow-up submission to the Senate inquiry on the CATSI Act Amendment Bill and then appeared as witnesses in the inquiry. The submission covered the same issues as previously highlighted, with some clarification as required.	8 September 2021
National Plan to Reduce Violence against Women and Children	NACCHO recommended that the National Plan align with the National Agreement, and that Priority Reforms be prioritised throughout development. Family violence is cause and effect of social disadvantage and intergenerational trauma. The voices of Aboriginal and Torres Strait Islander people and organisations must be central to developing strategies to reduce violence against women and children.	13 August 2021
Skills IQ consultation on draft 3 of the revised Aboriginal Health Worker Training Package	NACCHO expressed concern about the proposed removal of the current Certificate IV Practice and introduction of the Diploma as the entry-level qualification for Aboriginal and Torres Strait Islander Health Practitioners; it recommended that Certificate IV remain the primary practitioner-level qualification.	13 August 2021
Exposure draft of the Corporations (Aboriginal and Torres Strait Islander) Act Amendment Bill	NACCHO lodged a submission on the 'exposure draft' of the CATSI Act Amendment Bill, which built on two earlier submissions (January 2019, October 2020). The submission called for a more genuine partnership; identified discriminatory aspects in the Bill; asked for recommendation 1 of the formal review to be included in the legislation ('capacity building' statement); and proposed a less onerous review process into the future.	9 August 2021
Support for medicines' listings under the Pharmaceutical Benefits Scheme	Four submissions were made during the year in relation to listing of medicines that have the potential to improve access and reduce costs for Aboriginal and Torres Strait Islander patients. Submissions include: Dapagliflozin for heart failure and chronic kidney disease; Melatonin; Invermectin for scabies; and Anifrolumab for systemic lupus erythaema.	July 2021 – June 2022
Care Workforce Labour Market Study	The Aboriginal and Torres Strait Islander Health Worker (AHW) workforce is not growing as rapidly as the Aboriginal and Torres Strait Islander population. NACCHO advocated for targeted initiatives to increase the size of this workforce, particularly in ACCHOs, to ensure access to services provided by the sector is not hampered by inadequate staffing.	5 July 2021
Consultation on Efficient Funding of Chemotherapy Review	Evidence and anecdote indicate that access to chemotherapy services is inconsistent in rural and remote areas compared to urban areas. NACCHO discussed the topic of Efficient Funding of Chemotherapy with the review teams and explored options for meaningful engagement and consultation.	2 July 2021

## **NACCHO** external committee representation

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

7th Community Pharmacy Agreement Pharmacy Stakeholder Consultation Committee
Aboriginal and Torres Strait Islander Advisory Council on family, domestic and sexual violence (Advisory Council)
Aboriginal and Torres Strait Islander COVID-19 Advisory Group (DoH)
Aboriginal and Torres Strait Islander GP Training Advisory Group
Aboriginal and Torres Strait Islander Health Industry Reference Committee (ATSIHIRC)
Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Measurement Consortium
Aboriginal Health Worker Training Package Industry Reference Committee (IRC)
ACTMed Project Advisory Group
Advisory Group on Market Oversight, National Disability Insurance Scheme (NDIS)
Aged Care Quality and Safety Commission Consultative Forum
Aged Care Quality and Safety Standards Sector Reference Group (SRG)
AHP YARNES Health Sector Co-Design Group
AIHW Indigenous Statistical and Information Advisory Group
Allied Health Industry Reference Group (AHIRG)
Australian Broadband Advisory Committee Health Expert Advisory Group
Australian Cancer Plan Development Group
Australian Commission on Safety and Quality in Health Care (ACSQHC), Aboriginal and Torres Strait Islander Health Advisory Group
ACSQHC, Aged Care Clinical Standards Advisory Committee
ACSQHC, Health and Medical Research Advisory Group
ACSQHC, National Sepsis Program Clinical Reference Group
Australian Council of Social Service (ACOSS)
Australian Health Protection Principal Committee (AHPPC)
Australian Indigenous HealthInfoNet Advisory Board

Australian Medical Association (AMA) Taskforce on Indigenous Health Australian Strep A Vaccine Initiative (ASAVI) Indigenous Advisory Board AusVaxSafety Advisory Group Blood-borne Viruses and Sexually Transmissible Infections Standing Committee Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention Systems Approach to Suicide Prevention Civil Society Advisory Group Clinical Coding Technical Working Group Close the Gap Campaign Steering Committee (Australian Human Rights Commission) Coalition of Peaks Co-design Senior Advisory Group Commonwealth Closing the Gap Implementation Plan Joint Working Group Comprehensive Primary Health Care (Sustainability Advisory Committee) Connected Beginnings Advisory Group Dementia Expert Reference Group Expert Advisory Group for the Elimination Response (EAGER) Eye Health Advisory Group (AIHW) First Nations Heritage Protection Alliance Gayaa Dhuwi (Proud Spirit) Australia Declaration Governance Committee Good Medicine Better Health Advisory Group GP Peak Body COVID-19 Response Health Sector Co-Design Group Health Sector Strengthening Plan Reference Group Health Services Data Advisory Group (HS DAG) Health Technology Assessment Policy and Methods Review Indigenous Aged Care Governance Group (IACGG) Indigenous Assessment Advisory Committee (IAAC) Indigenous Mental Health and Suicide Prevention Clearinghouse Steering Committee Indigenous Vaccine Preventable Diseases Report Advisory Group Joint Council on Closing the Gap Justice Policy Partnership

Leadership Group on Aboriginal and Torres Strait Islander Cancer Control Lifeline Advisory Board Lung Learning Project Consortium Mayi Kuwayu Study (National longitudinal study of culture, health and wellbeing for Aboriginal and Torres Strait Islander people) Medical Research Future Fund (MRFF) Indigenous Health Research Fund (IHRF) Expert Advisory Panel (EAP) Medical Services Advisory Committee (MSAC), Australian Government Medicare Review Advisory Committee Ministerial Advisory Committee Blood-borne Viruses and Sexually Transmitted Infections (MACBBVSTI) Multijurisdictional Syphilis Outbreak Group (MJSO) NACCHO and RACGP Project Reference Group National Aboriginal and Torres Strait Islander Ear and Hearing Health Partnership Committee National Aboriginal and Torres Strait Islander Health Workforce Plan, Project Reference Group National COVID-19 Guidelines Leadership Group National Digital Health Strategy National Health Leadership Framework on Aboriginal and Torres Strait Islander Health Workforce National Immunisation Committee National Key Performance Indicator Working Group National Medicines Policy Review National Office for Child Safety Sectors Leadership Group National Pancreatic Cancer Roadmap Steering Group National Peak Bodies All Hazards Recovery Coordination Forum National Plan Advisory Group to end violence against women and children National Rural Health Alliance Council National Suicide Prevention Leadership and Support Program Alliance NPS Clinical Intervention Advisory Group Nurse Practitioner 10 Year Plan Steering Committee Opiate Dependence Treatment Program Reference Group Palliative Care Australia, Yarning Circle Partnership Working Group on Closing the Gap

Pharmaceutical Society of Australia (PSA) and NACCHO-ACCHO Pharmacist Leadership Group

Pharmacy Stakeholder Consultation Committee (PSCC)

Practice Incentive Program (PIP) Advisory Group

PSA, Digital Health Project Advisory Group

PSA, Guidelines Committee

PSA, Pharmacist Professional Practice Standards Advisory Group

Psychotropics in Young People Stakeholder Reference Group

RACGP, Aboriginal and Torres Strait Islander Health Council

RACGP, National Guide Project Reference Group

Reducing Structural Stigma and Discrimination Technical Advisory Group

Rheumatic Fever Strategy Joint Advisory Committee

Social and Emotional Wellbeing Gathering Organising Committee

Social and Emotional Wellbeing Measurement Consortium

Social and Emotional Wellbeing Policy Partnership

TAFE NSW EarTrain

Telehealth in Primary Care Project

Vision 2020 Australia Independence and Participation Committee

Western Australia Aboriginal Environmental Health Program Review Steering Group

Western Sydney University, Watch and Inflate Steering Committee

Younger People in Residential Aged Care System Coordinator Program Steering Committee





### **Medicines and Pharmacy Policies**

The NACCHO Medicines Team continues to be a national voice on medicines for Aboriginal and Torres Strait Islander peoples. Our team works across the sector and with a huge range of stakeholders in seeking positive structural reform, to ensure that medicines access and use for our people is improved.

Dr Dawn Casey
Deputy CEO, NACCHO



This year marked the start of significant changes in medicines policy and programs for Aboriginal and Torres Strait Islander people—primarily through the reforms in the Seventh Community Pharmacy Agreement (7CPA). While the reforms brought a higher investment in Aboriginal and Torres Strait Islander medicines programs compared to previous community-pharmacy agreements, NACCHO is conscious of the need to be responsive throughout the Australian Government's roll out, to understand how the programs are working and to support member services.

NACCHO has participated in the principal 7CPA stakeholder governance group—the Pharmacy Stakeholder Consultation Committee—to oversee these Indigenous Pharmacy Programs; it continues to manage a medicines communication network for the sector and to work with other medicines advisory groups, stakeholders and bodies to gather and disseminate information about pharmacy and medicines programs. Two series of ACCHO workshops were held on the 7CPA changes to inform services. The feedback received from members and stakeholders was invaluable in guiding the implementation of these programs; NACCHO will remain responsive to ACCHOs' needs as implementation continues.

In other developments, Dr Dawn Casey's appointment to the reference committee of the independent review of health technology assessment presents a great opportunity to influence some of the most fundamental aspects of Australia's health system, including the Pharmaceutical Benefits Scheme (PBS) and Medicare Benefits Schedule (MBS), to ensure that they are effective and fit for purpose for all Aboriginal and Torres Strait Islander people.

NACCHO continued to provide input into a range of core medicines policy developments, including:

- review of Australia's National Medicines Policy
- improving medicines safety through work with the Australian Digital Health Agency (ADHA)
- working with the Pharmaceutical Benefits Advisory Committee (PBAC) on specific PBS medicines listings for Aboriginal and Torres Strait Islander people
- inputting into submissions in relation to two Pharmacy Trial Program projects (IPAC and IMeRSe), both assessed by the Medical Services Advisory Committee (MSAC) in 2022.

# Quality Use of Medicines, workforce and managing medicines in ACCHOs

Consistent with the Australian Government's commitment to making medicines safety a National Health Priority, NACCHO has continued to lead and participate in several large projects that support quality use of medicines (QUM) for Aboriginal and Torres Strait Islander people.

#### **Deadly Pharmacists**

NACCHO worked with the Pharmaceutical Society of Australia (PSA) to co-design a training course, Deadly Pharmacists, to equip pharmacists with the necessary training, skills and resources to provide culturally-safe, appropriate and clinically-relevant pharmaceutical services in Aboriginal and Torres Strait Islander health service settings<sup>2</sup>.

Co-design of Deadly Pharmacists involved initial formative research on the educational needs of both pharmacists and health service staff as stakeholders and employers. The program was then developed over around six months, with extensive review and input from Aboriginal advisors and experienced pharmacists already working in the sector. The program comprises seven online modules, with a total student contact time of seven hours. The PSA online Education and Training Platform will host the course; it will be available to any pharmacist working within an ACCHO, free of charge, for up to three years. The program is accompanied by materials that will assist an ACCHO to engage and directly employ a pharmacist.

#### **Guidelines for Pharmacists**

In early 2022 NACCHO was involved in the project advisory group for the PSA's Guidelines for Pharmacists Supporting Aboriginal and Torres Strait Islander Peoples with Medicines Management. This is a key document for the pharmacy sector to ensure that pharmacists and pharmacies are providing culturally-safe and effective services. NACCHO was commissioned to work with the ACCHO sector to gather consumer and community feedback on foundational elements to be included in the guidelines, released in July 2022.

#### **Medicines lists**

Producing a medicines list for a patient can prompt a health professional to review and, where possible, rationalise medications. It can be a tool to empower the patient, to give information about their own health care as they choose and increase knowledge about all their medicines. A medicines list that is appropriate and tailored to clients' and communities' needs will contribute to informed decision-making about medicines, and improve quality of care when people transition between health care providers.

NACCHO and NPS MedicineWise worked together to develop principles for the preparation of culturally-relevant medicines lists, weaving together available evidence, current guidelines and practical experience. The five principles aim to guide the health care industry and professionals in developing appropriate medicines lists for Aboriginal and Torres Strait Islander people. Lists consistent with these principles should improve the accuracy, comprehensiveness and clarity of medicines information and reduce the potential for medicines errors, especially at transitions of care.

The document describing these principles can be found at: www.naccho.org.au/Medicines-List.pdf

A sample medicines list presented as an editable pdf that can be printed and saved can be found at: www.naccho.org.au/Medicine-List-editable-form.pdf



2 This project is funded by the Department of Health through a grant made available via the Indigenous Australians' Health Program, Emerging Priorities Round 2. Launching Deadly Pharmacists at the PSA22 conference: NACCHO staff Mike Stephens, Peter Harris and Fran Vaughan with Megan Tremlett (PSA), Hannah Loller (PSA), Associate Prof Faye McMillan (Deputy National Rural Health Commissioner), Mark Kinsela (CEO, PSA).

#### **Vaping**

In October 2021 legislative changes came into effect changing how consumers access nicotine-containing e-cigarettes. NACCHO was commissioned by the Therapeutic Goods Administration (TGA) to do communication activities to increase ACCHOs' understanding of the changes and their implications for consumers and prescribers.

The NACCHO Medicines and Clinicians teams combined to present webinars to support ACCHOs:

Webinar 1

September 2021 with Professor Emily Banks (ANU) focused on changes to legislation, understanding vaping and how to promote safer, proven smoking-cessation strategies

Webinar 2

January 2022 with Professor Renee Bittoun (Avondale University) focused on the impact of vaping on youth and how to help quit smoking and vaping.

NACCHO also produced fact sheets and social media to support ACCHOs and presented at conferences including the NPS 2022 Symposium. NACCHO is passionate about health promotion and continues to look for ways to help reduce the uptake of vaping by Aboriginal and Torres Strait Islander people, in particular young people.

#### Chronic kidney disease

The NACCHO Medicines and Clinicians teams have been working with NPS MedicineWise, to develop Quality Use of Medicines (QUM) resources to support patients and ACCHO staff with detection and management of chronic kidney disease (CKD). NACCHO partnered with Kidney Health Australia to avoid duplication and help promote existing resources. Educational visits to 50 ACCHOs are planned for the property of the second health of the se

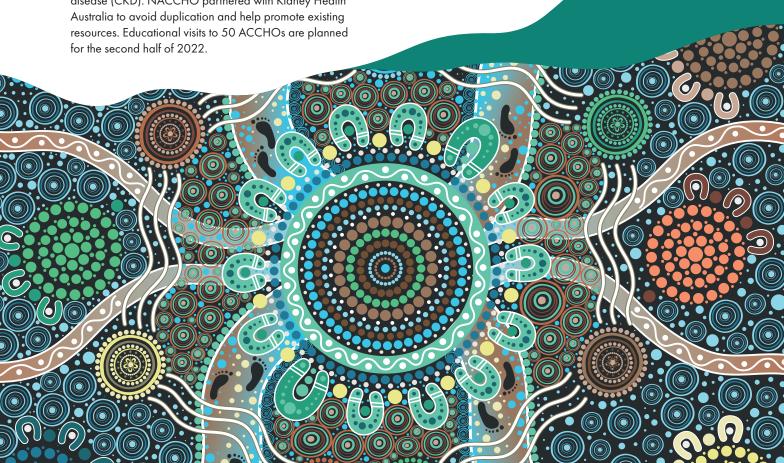
More information on the program can be found at <a href="https://www.nps.org.au/news/ckd-integrating-kidney-health-into-patient-care">https://www.nps.org.au/news/ckd-integrating-kidney-health-into-patient-care</a>

#### Dr Tim Senior, GP at Tharawal Aboriginal Corporation, clinical senior lecturer at the University of Western Sydney Medical School and CKD expert in general practice

Rather than seeing the kidneys as a single, separate, complex and difficult organ, it is straightforward to integrate them into the overall care of your patients along with other organ systems. You'll find, for instance, that what's needed to diagnose CKD is largely already what you're doing for other conditions like cardiovascular disease and diabetes. So when you assess your patients for risk factors and test for cardiovascular disease and diabetes, you should also think of their kidneys.

#### Artwork

Deadly Pharmacists artwork was created by Lani Balzan – a Wiradjuri woman. The artwork centrepiece represents the Aboriginal and Torres Strait Islander person, receiving care from the pharmacists, learning about the need to have connected, joined up care, through this training platform, which is culturally appropriate to Aboriginal and Torres Strait Islander people.





Good Medicine Better Health consultation: (L-R) Merton Bulmer, Dary Sexton, Roderick Duncan, Peter Harris (NACCHO), Pippa Travers-Mason.

#### MoU with NPS MedicineWise

Following the signing of an MoU in early 2021, NACCHO and NPS MedicineWise continued to work collaboratively to improve QUM and clinical decision-making to achieve better health outcomes for Aboriginal and Torres Strait Islander people. The MoU incorporates an annual activity schedule, with the two entities working together to co-design and implement priority projects and activities that meet the needs of Aboriginal and Torres Strait Islander people. Priority projects during 2021–22 are outlined below.

#### Safe Use of Medicines in Older People

NPS MedicineWise regularly conducts a comprehensive and systematic assessment of the health and policy environment to identify areas of QUM need. In 2021, this assessment identified Safe Use of Medicines in Older People, and in particular medicine-related anticholinergic side effects for older people, as an important QUM issue in Australia. Medicines with anticholinergic effects are commonly prescribed and are associated with increased severity of delirium and increased risk of falls and fractures.

NACCHO participated in the stakeholder reference groups for the Safe Use of Medicines in Older People topic where the need for materials for Aboriginal and Torres Strait Islander consumers and carers was identified, using images and simple English messages. NACCHO collaborated with NPS MedicineWise to review and adapt some existing information sheets which were then consumer tested at two ACCHOs:

- A medicines review in your home describing the process and benefits of a Home Medicine Review
- Problems from your medicines describing the anticholinergic side effects of medicines that may be mistaken for new medical symptoms, with advice to ask questions about medicines

In March 2022 an Aboriginal project officer with experience and qualifications in health promotion and a NACCHO pharmacist consulted with AHWs and consumers at two ACCHOs in western New South Wales. Feedback was then provided to NPS MedicineWise, who further designed resources now available for download on the NPS MedicineWise website as well as the NACCHO website.

#### **Good Medicine Better Health**

The Good Medicine Better Health program conducted by NPS MedicineWise aims to provide education about quality and safe use of medicines for AHWs and AHPs to assist them in their career progression. The program involves a series of learning modules and complementary materials aimed at building medicines skills in Aboriginal and Torres Strait Islander communities across Australia.

As part of this program, NACCHO was contracted by NPS MedicineWise to provide input and expert review and conduct user testing of important community-level materials now available to assist AHWs and AHPs to pass important messages on to consumers:

- five culturally-appropriate consumer medicines information leaflets about five blood pressure lowering medicine classes
- high blood pressure fact sheet
- QUM fact sheet: 'Five questions to ask about your medicines'
- 'What you need to know about your medicines for depression' fact sheet.

Two NACCHO staff members coordinated this process, a pharmacist advisor (Fran Vaughan) and an Aboriginal consumer engagement officer (Peter Harris). Consultation was conducted on site at three ACCHOs, assisted by ACCHO pharmacists working at the sites to ensure a community-driven process. In each site, the ACCHO pharmacists either conducted the consultation or arranged and were present at the consultation conducted by the NACCHO project officers. NACCHO acknowledges the support of the ACCHO pharmacists who provided early advice on the materials, coordinated access to consumers and local health staff, and provided feedback on the materials to NACCHO: Pene Wood at Wathaurong Aboriginal Co-Operative, Pippa Travers-Mason at Gurriny Yealamucka Health Service and Hannah Mann at Kimberley Aboriginal Medical Services.

As feedback was received, selected edits were sequentially made to the sheets and revised versions further tested by consumers. These materials are available to download at: <a href="https://www.naccho.org.au/medicines-information-for-aboriginal-and-torres-strait-islander-people/">https://www.naccho.org.au/medicines-information-for-aboriginal-and-torres-strait-islander-people/</a>

# Seventh Community Pharmacy Agreement

#### 1 July 2021 saw the commencement of a number of Indigenous Pharmacy Program changes as part of the 7CPA.

These reforms include expanded eligibility for CTG prescriptions, a new Indigenous Dose Administration Aid Program and a new QUM program. The agreement aims to support consumer access to medicines and related services through community pharmacies across Australia. Over 2021 – 22 NACCHO disseminated key program information to the sector through the NACCHO website, online information sessions, Indigenous Health Services Pharmacy Support (IHSPS) workshops and email communication.

# Indigenous Health Services Pharmacy Support Program

As part of 6CPA, funding was provided for two programs focused on improving QUM for Aboriginal and Torres Strait Islander people: the Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People (QUMAX) Program and the Section 100 Pharmacy Support Allowance Program. During 2017 both were reviewed as part of a broader review of Indigenous Pharmacy Programs. It was recommended that the programs be amalgamated and redesigned into a single QUM program. Therefore, in consultation with relevant stakeholders, DoH developed

a new program called the Indigenous Health Services
Pharmacy Support (IHSPS). The program commenced on
1 July 2021, funded under the 7CPA and administered by
the Pharmacy Programs Administrator with support from
NACCHO through a dedicated NACCHO Program Officer.

The IHSPS Program aims to improve QUM and health outcomes for Aboriginal and Torres Strait Islander people. To achieve this aim, funding is allocated among participating services on an annual basis. Once funding is allocated, each ACCHO completes an annual work plan, outlining local QUM objectives for each of the four QUM-support categories: QUM Pharmacy Support, QUM Devices, QUM Education, and Patient Transport.

For the 2021–22 IHSPS cycle, the annual registration period was 1 July to 17 August 2021. For the first cycle, 125 ACCHOs were approved to participate in the program, along with approximately 100 state/territory-run Aboriginal and Torres Strait Islander health services. At the end of August 2021, annual budgets were distributed to ACCHOs and work plans were to be developed and submitted by mid-October 2021. This resulted in delays to the commencement of program activities for many ACCHOs. The new program allows ACCHOs to choose either to manage the program themselves, or to delegate authority to a service provider







IHSPS workshops in Sydney and Brisbane.

(independent pharmacist or community pharmacy) to manage the program on their behalf. NACCHO's Program Officer, backed by the NACCHO Medicines Team, supported ACCHOs through all stages of the first IHSPS cycle, including work-plan development and six-monthly reporting, as well as general program queries.

In March 2022 IHSPS workshops were promoted via the IHSPS Update through an expression of interest to gauge numbers, preferred locations and content. The decision was made to hold three full-day face-to-face workshops in Sydney, Brisbane and Darwin over May–June and a three-hour online workshop. The aim of the workshops were to support ACCHOs to:

- understand the IHSPS-specific guidelines, including deliverables, eligibility and the four QUM support categories
- understand the potential and practical benefits of IHSPS and related programs to tailor delivery to local community needs
- network with other ACCHOs about the IHSPS and QUM activities
- share ideas, good news stories and provide feedback.

A total of 60 participants from 47 ACCHOs across Australia participated in the workshops. A brief evaluation was provided to participants at the end of each workshop. Overall, both formal and informal evaluations highlighted how valuable and beneficial the workshops were for ACCHO staff. The workshops were also an opportunity for NACCHO to receive feedback from ACCHOs about the pharmacy programs and how NACCHO can better support services in this area.

# Indigenous Dose Administration Aids Program

A new Indigenous Dose Administration Aid (IDAA) Program commenced on 1 July 2021 which funds Dose Administration Aids (DAAs) for Aboriginal and Torres Strait Islander people. Previously DAAs were subsidised through the QUMAX and other, mainstream programs. The new program aims to:

improve medication adherence and management to assist in reducing the burden of chronic disease and decrease the incidence of adverse events from medication mismanagement, including those resulting in hospitalisation.

Some key features of the IDAA Program are:

- Pharmacies manage program reporting and claiming directly from Community Pharmacy Agreement funds for each DAA; the program is uncapped unlike QUMAX.
- No DAA agreements are required between pharmacies and ACCHOs, as per the QUMAX Program, and patients may choose their preferred pharmacy; however, the program is consistent with ACCHOs' and pharmacies' having written DAA agreements if they want, which may align with more general pharmacy-services agreements.
- Patients receiving a DAA under this program are required to provide written and/or verbal consent.
- A pharmacy cannot commence a DAA without discussing with the patient and the patient's prescriber or other health care provider.
- The program can be accessed by eligible Aboriginal and Torres Strait Islander people attending ACCHOs as well as mainstream GP and primary health clinics.



## Closing the Gap PBS script measure reforms

From 1 July 2021 the CTG PBS Co-payment Program was enhanced and commenced through a new centralised patient-registration database managed by Services Australia. The enhancements include:

- establishing a central registration system to enable a oneoff registration which can be accessed by prescribers and pharmacies to confirm CTG registration
- allowing any eligible Aboriginal and Torres Strait Islander person to be registered for CTG, no matter where they live (including in remote locations) and regardless of their chronic disease status
- expanding the range of health professionals able to register eligible Aboriginal and Torres Strait Islander people for the program
- automatic application of a reduced PBS co-payment for patients registered for CTG for prescriptions dispensed at community pharmacies, thereby removing the need for a prescriber to annotate a script with 'CTG'
- enabling scripts for eligible PBS medicines issued by PBS prescribers within public hospitals to be eligible when they are dispensed by a community pharmacy or Section 94 Approved Private Hospital pharmacy.

Aboriginal and Torres Strait Islander people registered for the program at 30 June 2021 were migrated into the new database. However, in early July 2021 NACCHO received reports from members and in national media that some clients who had previously received CTG scripts were unable to continue receiving scripts at the CTG price. In response, DoH introduced a grace period, to allow those who had previously received CTG scripts to continue to receive them at a subsidised rate until their eligibility and registration could be addressed by their primary care providers. Services Australia updated the pharmacy-claiming system so that the CTG code changed from a 'Rejection' to a 'Warning' message. This meant the pharmacist could supply medicines to the client who appeared to be CTG registered at the CTG rate until

their registration in the new system occurred. Due to large numbers of 'Warning' codes, lower than expected registrations and workforce impacts of the pandemic, NACCHO and others successfully argued to extend the grace period until 30 June 2022.

During the grace period the NACCHO Medicines Team worked to ensure as many eligible patients as possible were registered. This work included:

- meetings with RACGP to raise prescriber awareness
- meetings with the Pharmacy Guild of Australia to ensure pharmacies notified patients who were not correctly enrolled; production of flyers to assist with enrolment
- meetings with other stakeholders including the Society of Hospital Pharmacists Australia and state/territory health departments
- raising awareness of the issue through media releases, workshops, emails to members, social media channels and newsletters.

NACCHO is continuing discussions with Services Australia to make the registration process easier for ACCHOs.

Registration for CTG PBS can continue through the HPOS portal into the future, i.e. there is no cut-off date for eligible patients. NACCHO has developed a CTG information and FAQs document for ACCHOs to address issues related to the new CTG reforms.



Driving awareness around registration for the CTG scripts closing date.

# Medicines access for Aboriginal and Torres Strait Islander people

NACCHO continues to work with member services, agencies and industry to enhance how medicines are subsidised and available for Aboriginal and Torres Strait Islander people. This includes working with the TGA to ensure medicines shortages and safety issues are managed effectively for the sector. NACCHO worked with the PBAC, pharmaceutical companies and consultants on specific PBS medicines listings for Aboriginal and Torres Strait Islander people—e.g. to amend ivermectin PBS criteria to improve its access as a first-line treatment for scabies.

NACCHO participated in several consultation and review activities, including Dawn Casey's participation in a Drug Utilisation Subcommittee Review of the Opiate Replacement Therapy Program. Based on NACCHO's evidence provided to the House of Representatives Inquiry into approval processes for new drugs and novel medical technologies in Australia, this committee released several recommendations supporting enhanced engagement with Aboriginal and Torres Strait Islander people and their health sector, including:

#### Recommendation 15

...Recognising the nature of health challenges in Indigenous communities, membership (for PBAC and MSAC) should include representation from Aboriginal and Torres Strait Islander Peoples.

#### **Recommendation 28**

The Department of Health integrate the patient voice upfront into the Health Technology Assessment system. Earlier patient engagement with the Health Technology Assessment system would include: Representation from peak patient bodies that is refreshed every three–five years. Representation of Aboriginal and Torres Strait Islander Peoples.

#### **Further commentary**

The Committee considers that it is particularly important that Aboriginal and Torres Strait Islander people are represented on the PBAC and MSAC bodies. While the Committee is greatly concerned with the disparity in access to PBS medicines for Aboriginal and Torres Strait Islander people it does not consider that a separate access pathway is the answer to this problem. Instead the Committee believes that it should be addressed through improvements to patient engagement in the HTA processes. In addition, the review of the HTA system should focus on the assessment of diseases in small patient populations and address equity issues.

The Australian Government should consider doing more to encourage the participation of Aboriginal and Torres Strait Islander populations in clinical trials. This should be taken into consideration when developing the national clinical trial register. The Australian Government should provide seed funding for Indigenous Health Clinical Trial Networks. In addition, the Committee sees benefit in providing Clinical Trial Networks with medium to long term funding to strengthen research findings, improve data management systems and connect with industry to facilitate further trials.

The Review of the National Medicines Policy, chaired by Professor Michael Kidd, began in the second half of 2021. The review is an opportunity to influence Australian medicines policy at a foundational level. NACCHO met with the review panel in September 2021 and provided a submission to the committee in October, based on feedback from affiliates, subject matter experts and members of the ACCHO Pharmacist Leadership Group.



# Report from Chastina Heck Chair of the NACCHO-PSA A

# Chair of the NACCHO-PSA ACCHO Pharmacist Leadership Group

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

In 2021–22 the Pharmacist Leadership Group continued to be a network of support and advice for participants through another demanding year. We also collectively achieved some major successes, giving us renewed energy.

Challenges relating to COVID-19 continued to influence the world of pharmacy as increasing cases impacted individuals, workplaces and communities. Through generous resource sharing, group members were equipped with guidelines and culturally-appropriate resources for COVID-19 therapies including oral antivirals which came with their own problems—complex contraindications and drug interactions. As our group has members right across the country, the sharing of lived experiences was valuable for those in situations where COVID-19 numbers had not yet risen. It also provided a forum to celebrate the successes of treatments being given on country.

The group continues to dream big about how we can contribute to the needs of a contemporary workforce. Initial discussions led to formal meetings being held on this topic with representatives from the PSA. In 2022 the Institute of Urban Indigenous Health (Brisbane-based ACCHO) had their first Aboriginal Pharmacy Intern in a shared learning capacity with one of Queensland's largest hospitals, the Princess Alexandra Hospital in Brisbane. This partnership demonstrates government and non-government working together, and will give the intern invaluable experience and insight into many aspects of the profession including working across transitions of care. This arrangement is also a springboard for further conversations and initiatives across pharmacy services. A massive milestone.

Another major success was the establishment of the NACCHO Pharmacy Student Scholarship sponsored by Sanofi. The initial response was overwhelmingly positive. I must thank Mike Stephens for going back to the sponsor to

request additional funds due to the quality of candidates, to which they said 'yes'. It makes me very proud to see companies supporting the community-controlled sector to foster the growth of First Nations' pharmacists. The creation of the program has been a positive contribution to energy for myself, working alongside Faye McMillan.

At the PSA Conference 2022, the new Community of Specialty Interest was launched for Aboriginal and Torres Strait Islander health. Considerable thought went into the terms of reference to ensure they acknowledged the right to self-determination of Aboriginal and Torres Strait Islander members and supported those wishing to participate through a variety of means. I will be excited to see how this group grows moving forward. Thank you to Hannah Loller, Mike Stephens and Alice Nugent for your assistance and coordination to bring this idea to fruition.

The group continues to navigate the impacts of changing national health policy on how pharmacy delivers health care. We look to the experience of patients accessing services and know that barriers persist, despite positive policy changes over the last 12 months.

As chair, I sincerely wish to thank each individual group member for continuing to volunteer their time and for sharing their wealth of knowledge and support for each other. The group has yet again demonstrated the pharmacy profession's commitment to better health for Australia's First Nations peoples, no matter where they live or receive health care.



# NACCHO Aboriginal and Torres Strait Islander Pharmacist Scholarship

In February 2022, NACCHO was excited to announce applications were open for the inaugural NACCHO Aboriginal and Torres Strait Islander Pharmacist Scholarship, proudly supported by a grant from Sanofi Australia.

The scholarship provides subsidy and support for prospective or current Aboriginal and/or Torres Strait Islander pharmacy students and aims to build the pharmacist workforce among Aboriginal and Torres Strait Islander people. It includes tailored mentoring from Aboriginal and Torres Strait Islander health leaders.

In April 2022 NACCHO was pleased to announce the five successful recipients. Though the scholarship was initially established to support two applicants, the quality and number of applicants led to the expansion of the program:

- Bryony Forrest, RMIT
- Jai-ann Eastaughffe, James Cook University
- James Sowter, RMIT
- Jason Coleman, University of South Australia
- Louis Emery, QUT.

Dr Dawn Casey, NACCHO Deputy CEO said, 'NACCHO was impressed with the calibre and volume of applicants we received, especially in this first year of the scholarship's implementation. We are proud to provide opportunities that help build leadership and skills amongst Aboriginal and Torres Strait Islander health professionals, who are significantly underrepresented in the pharmacy profession.'

Karen Hood, Sanofi's Country Lead said, 'As members of Australia's healthcare community we know how important it is to listen to, and work in partnership with, Aboriginal and Torres Strait Islander communities to improve health outcomes and support meaningful steps toward a more fair, equal and just society.

'Recognising the crucial role pharmacists play in our health system and the clear need for greater Aboriginal and Torres Strait Islander participation in this field of study, we are delighted to be supporting the inaugural NACCHO scholarship as another step toward improving health and economic participation as determined by Australia's First Peoples.'

Look at what is possible when there are strong relationships between organisations such as NACCHO and Sanofi, the benefit to individuals, families and communities of these scholarships is transformational. Congratulations to all the recipients, I am excited to see where their journeys take them and the future of the pharmacy workforce.

Associate Professor Faye McMillan
Deputy National Rural Health Commissioner





### Jai-ann Eastaughffe

I am studying pharmacy as I have a passion for helping people and enabling them to improve their overall health outcomes. This scholarship will help me to succeed in my degree by providing a mentor and allowing me to focus more on my studies rather than work.

### Bryony Forrest

I have always had a passion for pharmacy from when I started as a pharmacy assistant in 2018, which only deepened as time went on and I gained more experience in this field. Connecting with my community is extremely important to me and forming these meaningful connections with individuals in the context of health showed me how powerful being a pharmacist is, and what a unique opportunity it holds for health interventions and long-term health solutions in improving the lives of others. I look forward to practising as a pharmacist and making a difference for other Aboriginal and Torres Strait Islander peoples.

### James Sowter

I have worked full time as a pharmacy assistant for the past five years. I have enjoyed working in the field and look forward to the challenge of becoming a pharmacist. I am incredibly grateful for this scholarship as it has helped in allowing me to pay for essential university items without the strain of financial struggle, over what will be a lengthy educational journey.

## Louis Emery

The scholarship will allow me to pursue further education and opportunities outside of my university that I wouldn't have previously had access to. An example would be the capacity to undertake a placement outside of Brisbane, something that previously I haven't even been able to consider. The opportunity to expand and diversify my skillset and experiences is something that I would like to do more of moving forward in order to eventually become a more fully rounded pharmacist.

I also believe that the mentorship and support that NACCHO aims to provide would be of great value to me. While I have a vague outline of what the next few years look like, a push in the right direction every now and then would not go astray. I am still in the very early stages of my career and as such, I stand to gain a lot from mentorship, both cultural and professional.

# Hot North Antimicrobial Stewardship Academy

The Hot North Antimicrobial Stewardship Academy runs a program over several months for any health workers or health professionals working in the Aboriginal and Torres Strait Islander health sector interested in upskilling in antibiotic use, audit, stewardship, surveillance and resistance.

Antimicrobial resistance (AMR) is a critical risk that affects remote-living Aboriginal and Torres Strait Islander families at some of the highest reported rates in the country. Antibiotics to treat infections are the most commonly prescribed medicine in remote communities. This high level of prescription is needed to treat the common, serious infections that are well reported in the north. However, antibiotic prescribing may also result in AMR—bacteria developing mechanisms that stop the antibiotic from working. For example, skin infections caused by golden staph have a one in two chance of being resistant to the standard antibiotics. Worse still, if the golden staph enters the blood stream via the skin causing sepsis, it is critical that the right antibiotic is selected as quickly as possible to prevent death from sepsis.

#### Hot North Antimicrobial Stewardship Academy 2021

- Program ran from March to November 2021.
- Monthly presentations on the Microsoft Teams platform were held covering topics such as AMR, available guidelines, available resources such as the HOTSPOTS tool and SA Pathology data, standard drug lists and other tools, guideline development, communicating drug resistance, etc.
- Regular communication/tea and cuppa chats were held in between sessions.
- A project revolving around AMR was completed.
- A survey was conducted pre- and post-academy.

Considering the academy covered five time zones across the country I thought it was well run. Bonnie Smith, who was the Project Officer, coordinated the presenters and participants and was key to the success of the program. The presenters were top of their fields and well versed in their areas. I think it's worthwhile for any one in health, and to have a program that targets Aboriginal health services was very valuable. It was targeted at far north and remote areas of Australia but as the only South Australian representative I felt it was still relevant. Any queries I had along the way that may have been specific to my region were answered and I was quickly put in touch with appropriate people in our region.

The project was not onerous and really highlighted, for me, the complexities of presenting information with data in a relevant and meaningful way.

As someone very new to Aboriginal health the opportunity to interact with others in the field was very valuable. Antimicrobial stewardship is everyone's business, and I can't speak highly enough of the team—their passion for what they do is obvious. The only requirement from the ACCHO is to release staff for attendance at the presentations which is very reasonable.

Kylie van Rooijen, BPharm, MPS, AACP Accredited pharmacist, Port Lincoln Aboriginal Health Service Incorporated.

Kylie Van Rooijen has been named the PSA's South Australian 2022 Pharmacist of the Year.







Antimicrobial Academy







# National Health Literacy Strategy and Yarning Circles

The National Preventive Health Strategy 2021–2030 released in December 2021 aims to create a sustainable prevention system for all Australians, with a particular focus on the social determinants of health, reducing health inequity and addressing the increasing burden of disease.

Seven key enablers for enhancing Australia's prevention system were identified in the strategy. DoH has initiated two major projects for two of these enablers: the development of the National Consumer Engagement Strategy for Preventive Health and the National Health Literacy Strategy.

Development of the latter strategy is being undertaken by a consortium led by the Sax Institute and the University of Sydney. The focus is on preventive health, defined as looking after your body and mind to prevent diseases and keep healthy and well. This encompasses a range of different areas,

e.g. screening; immunisation; reducing alcohol, tobacco and drug use; a healthy diet; physical activity, etc. Community consultations with a focus on identified priority populations, including Aboriginal and Torres Strait Islander people, were a key activity to help inform the strategy's development.

NACCHO was commissioned by the Sax Institute to conduct three Yarning Circles with participants from Aboriginal and/or Torres Strait Islander communities from urban, regional and outer regional, and remote areas.

The Yarning Circles were conducted between 3 June and 30 June 2022 at Katungul Aboriginal Corporation Regional Health & Community Services, Katherine West Health Board and Winnunga Nimmityjah Aboriginal Health and Community Services. The Yarning Circles captured a wide range of Aboriginal and Torres Strait Islander people's perspectives from communities with differing priorities and challenges that will help inform the development of the National Health Literacy Strategy.







## **AH&MRC**



## Aboriginal Health & Medical Research Council of New South Wales

The AH&MRC continued to support member services to improve the health and wellbeing of the state's Aboriginal communities through health promotion, education, training, advocacy and business support.

In 2022 the organisation was restructured: two teams were merged into a new Health Programs Team to prioritise all health areas and extend the scope of our operations according to community need. The Regional Training Organisation (RTO) is now called AHMRC Training, and provides a wider range of courses and support to members and stakeholders across the network. Public Health was made a permanent division within the Policy Team.

#### Key outcomes 2021-22

#### **Emergency responses**

#### COVID-19

AH&MRC supported member services ongoing COVID-19 initiatives in prevention, testing, vaccination, and access to resources, PPE and communications. Campaigns were launched promoting both COVID-19 and influenza vaccines, including regional TV advertisements, posters and social media tiles. The TV ad ran for five weeks, four to six times daily, and reached a significant audience.

#### Floods

At the peak of the NSW flood crisis, local ACCHOs were among the first to provide relief and continued to play a central role in the response. The AH&MRC consulted extensively with services on the support provided from government, immediate and long-term, and received around \$100,000 from NACCHO used to donate food and supplies to outreach areas. The AH&MRC assisted the Bullinah service to provide a temporary health clinic in the area. AH&MRC employees in the Northern Rivers region assisted businesses and areas including Coraki that were affected by flood waters. The AH&MRC donated food and supplies, including gumboots for affected families.

#### **Health Programs**

The new Health Programs Team has nine separate health units, and took part in 24 reference groups and research committees which resulted in the creation of resources and online sessions to serve members. The team participated in seven workforce forums throughout 2021–22 where they engaged with industry stakeholders and discussed the health and wellbeing barriers that Aboriginal communities face; 350 employees were engaged over the course of workforce training. The team is also developing resources; three health diaries were distributed to 35 sites; 5200 copies were distributed.

Areas of focus were:

#### AOD and mental health

Through delivery of a series of regional health forums for members and the broader Aboriginal health sector; the unit successfully bid for four grants for 12 members, used for resources and events

## Chronic care

Through creation of a new website 'Living Longer Stronger', which incorporates resources for all health care professionals who treat Aboriginal clients with chronic conditions such as cardiovascular disease, diabetes, kidney disease, respiratory disease or musculoskeletal conditions; the unit also undertook six site visits to member services

#### Sexual health

Through working with key stakeholders; the unit ran several webinars to upskill the workforce in providing sexual health care to Aboriginal people, distributed condoms to member services, and attended two community events

#### Disability

Through working to build members' capacity to deliver disability services; the unit attended the NDIS forum, March 2022, which provided a platform for ACCHOs and others to share experiences and challenges; this event set the pace for the rest of the program and inspired the AH&MRC to engage Katungul Aboriginal Corporation to develop two success-story videos

#### Supporting member services

The Service Performance and Quality Team worked with eight member services to improve their model of care and optimise their services, offering training and one-on-one consultation to assist ACCHO staff in embedding CQI processes. The Team also held a CQI State Forum, with 55 participants from 26 ACCHOs. Seven services were assisted with their RACGP accreditation.

The Business Development Team continued to support the AH&MRC and members to achieve business and financial sustainability. The Indigenous Health Workforce Traineeship program resulted in the recruitment of 20 Indigenous trainees. Additionally, the team supported ACCHOs with \$1.9 million in successful grant applications, and with various medical donations from other sources.

#### **Upskilling the ACCHO workforce**

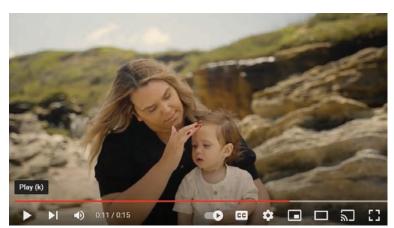
This year the RTO team welcomed a new Director of Training, supported by a new experienced team of trainers and administrative staff. The team began to regrow the RTO so that it can provide more courses and facilities across all relevant areas of learning. This new scope will provide 16 courses, up from five the previous year. In 2021–22, 192 students were enrolled, and 41 completed their courses.

#### Ethics, research and policy

The AH&MRC Human Research Ethics Committee (HREC) grew from 17 to 18 members, and recruited five new members during the year. The committee reviewed a record number of 127 new applications, and a total of 645 reviews including applications to amend or extend existing proposals, and consideration of drafts for publication. Additionally, in its 25th year, the HREC received an Indigenous Governance Award from Reconciliation Australia; it stood out to the judges because of its long history with dedicated and committed Elders, staff and committee members.

The Policy Team continued to advocate for reform on behalf of the AH&MRC and member services. In 2021–22 the team submitted four policy submissions and presented at two parliamentary inquiries. The Policy Team also contributed to the development of the Jurisdictional Implementation Plan on Closing the Gap and worked with NSW Health to develop a suite of Aboriginal health initiatives funded through the 2022–23 state Budget.

As part of the growth of the Policy Team, Public Health has now been made a permanent division within the AH&MRC. The Public Health Unit works to identify, prevent and minimise public-health risks. Member services have been able to lead the response to COVID-19 with the unit staying at the forefront of advice and acting as a central conduit for critical information from government to ACCHOs.









Top 2: 'Join us, you mob, to beat COVID-19' TV advertisement, Southern Workforce Forum. Bottom 2: Northern Workforce Forum, AH&MRC Human Research Ethics Committee attendees holding the winning plaque for the 2022 Indigenous Governance Awards.

### NACCHO Affiliates

## **AHCSA**

## **Aboriginal Health Council**of South Australia Limited



AHCSA continues to participate in a wide range of meetings, activities and projects to provide input, advice and advocate on behalf of its members and Aboriginal communities. AHCSA continues to have strong working relationships with key stakeholders as it responds to the health needs of, and improves health outcomes for, Aboriginal people in South Australia.

The COVID-19 pandemic continued to dominate the health and business space over the last year, and AHCSA did not waver in its support for members and communities. Media and communications activities were largely focused on increasing the uptake of COVID-19 vaccinations among the state's Aboriginal people.

#### Key outcomes 2021-22

#### **Public Health Medical Officers**

AHCSA has had a Public Health Medical Officer (PHMO) position for many years. The role provides support to the CEO and all public health/primary health care-related programs in the organisation in the areas of advocacy, stakeholder engagement, public-health guidance, clinical advice, research and education. Dr Julia Vnuk and Dr Annapurna Nori shared the role and were joined in February 2022 by Dr Jessica Leonard.

The PHMOs continued to be heavily involved in supporting AHCSA's COVID-19 response, including advocacy at a state and national level, advice and support to member services during local outbreak responses, point of care testing and the vaccine roll out. The PHMOs supported member services with staff and community-education sessions and resources. Dr Nori also represented AHCSA in several media interviews and information videos.

#### **Public Health and Primary Health Care Team**

The Public Health and Primary Health Care Team supports the provision of comprehensive primary health care in member services across South Australia. The team's focus is on strengthening systems for the delivery of culturally-appropriate best-practice care through providing evidence-based public-health advice, supporting continuous quality improvement, and advocating issues across the broader health sector.

The day-to-day work of the team is heavily guided by specific needs identified by services. Across 2021–22 the team has undertaken the following programs:

- Diabetes Foot Complications
- Ear Health
- Trachoma Elimination
- Eye Health
- Clinical Systems
- Patient Information Management and Health Informatics
- Digital Health
- Health Policy and Grants.



Influenza and COVID-19 social media tile.

#### Eye health

The Eye Health Program continues with its overarching goal of improving all eye health and vision outcomes for Aboriginal people across the state, and eliminating inequities. AHCSA's Eye Health Project Officer (EHPO) pivots between:

- on-the-ground support to ACCHOs, their communities, and visiting eye-health providers
- addressing local/regional/sector-wide issues affecting Aboriginal eye-health outcomes
- facilitating the South Australian Aboriginal Eye Health Working Group (SAAEHWG)
- active stakeholder collaborations and partnerships
- other non-recurrent initiatives or side projects.

The SAAEHWG has been in operation for a little over a year, and is already making great strides in sparking broad reforms and system change to improve outcomes. The working group encompasses a diversity of relevant players in Aboriginal eye-health service delivery.

The AHCSA Eye Health Program and SAAEHWG recently won this year's National Aboriginal and Torres Strait Islander Eye Health Conference award for Leadership in Aboriginal Eye Health. This win can be attributed to the collective efforts of all involved, with the AHCSA EHPO at the helm.

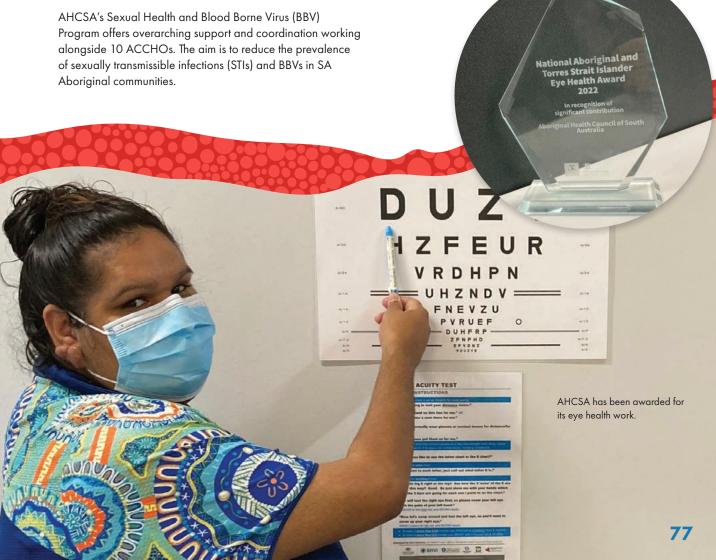
Sexual health and blood borne viruses

Central to the program is coordination of the Annual 6 Week STI and BBV Screening. This program supports young, sexually-active Aboriginal and Torres Strait Islander people aged 16–35 years to access their local ACCHO and have an STI check-up.

Since March 2020 the COVID-19 pandemic has continued to have STI and BBV team members involved in AHCSA's COVID-19 response. This has had a significant impact with fewer resources available to support member services for STI/BBV public-health activities. With border restrictions lifted in December 2021, the AHCSA sexual health team assisted with on-ground support to ACCHOs across South Australia in their response to the COVID-19 outbreak within the Aboriginal community.

#### **Aboriginal Health Research Ethics Committee**

The main purpose of the Aboriginal Health Research Ethics Committee (AHREC) is to promote, support and monitor quality research that will benefit Aboriginal people in South Australia. In addition, AHREC provides advice to communities on the ethics, benefits and appropriateness of research initiatives. A total of 77 new research proposals were submitted to AHREC in this financial year, representing a record number of applications in one financial year and a 48 per cent increase in the 52 applications received in 2020–21.



#### NACCHO Affiliates

## **AHCWA**

## Aboriginal Health Council of Western Australia



AHCWA would like to thank its board, staff, funders, partners and key stakeholders for their work over the past year in supporting ACCHOs and pursuing continuous improvement in Aboriginal health outcomes across the state.

#### Key outcomes 2021-22

#### Peak WA social services body

Establishment of the new Western Australian social services peak body progressed well during 2021–22. Pro bono lawyers King & Wood Mallesons were engaged to assist in development of a draft constitution. Consultations with ACCHOs and the community are planned for July 2022, with the goal of finalising the constitution and registering the peak body by the end of 2022.

In order to understand the sector and broader stakeholder landscape, the project team has undertaken stakeholder mapping and developed a Stakeholder Engagement Plan. A communications strategy provided regular updates on progress of the peak and development and launch of the website, Coalition of Aboriginal Services Western Australia (CASWA).

#### Governance

The AHCWA Annual General Meeting held in Perth on 25 November 2021 saw members welcoming an addition to AHCWA's membership with endorsement of the Pilbara Aboriginal Health Alliance (PAHA) as an associate member.

The AHCWA WA Aboriginal Community Controlled Health Sector Conference 2022, inclusive of the Youth Conference and Members' Planning Day, was scheduled to be held in March 2022, but was again regrettably cancelled due to COVID-19. However, it is hoped that AHCWA will be able to hold a successful conference in March 2023.

#### Mental health pilots

Following considerable negotiation and discussion, the Mental Health Commission of Western Australia was able to award, under a closed tender, the Social and Emotional Wellbeing Model of Service pilot contract to AHCWA in June 2022. The program aims to increase access to social and emotional wellbeing and health care services for Aboriginal people of all ages in the Kimberley, Pilbara, Mid-West, Goldfields and South-West regions of WA.

AHCWA hosted its inaugural Aboriginal Environmental Health Forum in Perth











Top-left: AHCWA Chair, Vicki O'Donnell has received an Order of Australia in recognition of her service to the Indigenous community. Top-right: AHCWA vaccine challenge. Bottom-left: AHCWA children's vaccination campaign. Bottom-right: The second Social and Emotional Wellbeing Gathering brought together leaders from across Australia to renew the national framework.

Subcontracts have now been finalised with Derby Aboriginal Health Service, Wirraka Maya Health Service, Geraldton Regional Aboriginal Medical Service, Bega Garnbirringu Health Service and the South West Aboriginal Medical Service. Each service is now commencing recruitment to enable roll out of the pilot program as soon as possible.

#### **COVID-19 devolved funding**

As the ACCHOs were predominantly preparing for and addressing COVID-19 outbreaks over 2021–22, their capacity to apply for funding and source and purchase appropriate resources was limited. AHCWA was able to step in to advocate for, and secure, devolved funding on behalf of its members on several fronts. It purchased and distributed \$600,000 worth of PPE, equipment and RATs long before Australian Government, state or PHN resources could be deployed.

#### **Developing services**

Working in collaboration with the Kimberley Aboriginal Medical Service, the AHCWA governance team is supporting the establishment of an ACCHO in the Fitzroy Valley. AHCWA has provided pro bono legal support in development of the rule book and held workshops with the steering committee. This project, along with the solar power pilot program for ACCHOs, was highlighted when seeking pre-election commitments from Senator Pat Dodson.

Rural Health West, in partnership with AHCWA, commissioned a study to examine the feasibility of providing an ACCHO in Esperance. The study included the development of a steering group; review of available data and reports; identification of service organisations and health professionals to be included in consultations; and community stakeholder consultation. Following 50+ community consultations and analysis of findings, the steering group met in June to discuss the final report.



## **AMSANT**

## Aboriginal Medical Services Alliance Northern Territory



A focus of the past year was reform, both internal and external. Internally, AMSANT continued implementation of its organisational review recommendations, including trialling a significant structural change. Externally, AMSANT was engaged in developing the first NT Closing the Gap Implementation Plan focused on the four Priority Reforms. However, the year was nevertheless dominated by COVID-19 at both service and affiliate levels.

Research programs on Aboriginal workforce and development/piloting of non-clinical indicators for areas such as health promotion and governance continued to progress.

AMSANT also recruited a sexual health coordinator through NACCHO/Australian Government funding resulting in more intensive support/mentoring to services.

Despite the challenging year, the sector grew with the successful transition of one clinic in western Arnhem Land to community control and an increase in client contacts in urban areas. ACCHOs provide two thirds of total client contacts in the Aboriginal primary health care (PHC) system with the remainder provided by NT Government clinics. Overall, the majority of indicators worsened slightly due to severe workforce pressures and the COVID-19 pandemic. However, improvements were recorded, including in rates of anaemia in pregnancy and childhood anaemia.

#### Key outcomes 2021-22

#### COVID-19

The latter half of 2021 was focused on increasing vaccination rates in advance of the border opening in December. COVID outbreaks dominated service delivery early in 2022, exacerbated by a severe early influenza season, which caused high hospitalisation rates. The additional pressures challenged services in maintaining the full range of PHC services. The sector is slowly recovering but critical workforce shortages across the NT remain. AMSANT supported services with seconded staff in areas of need, promotional material, access to vaccination providers and antiviral information, and guidelines, advice and higher-level policy and planning with government as the response rapidly shifted from suppression to managing outbreaks and protecting the most vulnerable.

#### **Social and Emotional Wellbeing**

The SEWB Team's work encompasses workforce support and development, Culturally Responsive Trauma Informed Care (CRTIC) training, the Suicide Story Program, clinical and cultural supervision and research and evaluation. The team supported staff across all services and offered community-focused workshops in areas such as domestic family sexual violence and suicide prevention and post-vention, involving partnerships across a variety of organisations.

The Suicide Story Aboriginal Advisory Group held a 3-day workshop in May 2022 with 50 participants drawn from the Aboriginal community and staff from ACCHOs and other NGOs. A highly successful 'Train for Trainer' (T4T) workshop resulted in 29 new 'Support Facilitators' empowered to walk alongside us.

Trauma-informed practice underpins all training and workshops, a key focus being increased safety for workers so they are able to provide high-quality care to clients. Service and individual feedback across all work units is very positive. The team also conducts an annual SEWB Workforce Training Needs Analysis which identifies priorities for the future.

#### CQI

The COVID-delayed annual AMSANT CQI Collaborative was held in June 2022; 120 people gathered under the theme 'Coming Together'. Key topics included improving systems of care for people living with diabetes and obesity. There were also presentations on RHD, ear health, improving STI testing, anaemia, diabetes care, tobacco control, and engaging young people. In late 2021, the CQI eLearning module, developed in collaboration with the Remote Area Health Corps (RAHC), was launched and is now freely available via a link on the AMSANT CQI page or through the RAHC eLearning Platform.

#### Workforce

AMSANT's Workforce and Leadership Support Team supported members through a range of initiatives and projects. The pandemic hit the sector hard, underscoring the need for investment in a locally-grown workforce to sustain clinically- and culturally-safe health care. AMSANT was a lead collaborator in seeking to establish the first NT Medical School.



Other initiatives included establishment of a Tobacco Control Team which supported Tackling Indigenous Smoking teams and regional planning initiatives, an Australian Government-funded Indigenous Health Workforce Traineeship Program, and development of AMSANT's first Cultural Safety Framework and training modules.

With the NT employing the largest number of AHPs across Australia, AMSANT was pleased with the outcome of the national Aboriginal health qualifications review, particularly its rejection of increased qualification for AHPs from Cert IV to Diploma level. This was made possible through effective collaboration across the sector nation-wide.

#### Digital health

Communicare support is a core role. Many members provide remote access to their systems enabling AMSANT's digital health team to provide support online and out of business hours. AMSANT's relationship with Telstra Health has resulted in important developments and solutions for Communicare, including ensuring vaccination records are accurately sent to the Australian Immunisation Register (AIR). AMSANT supported members on data quality and reporting, and presented a Communicare workshop at the CQI Collaborative.

Advances during the year included:

- Western Diagnostic Pathology now sending pathology results directly to My Health Record (MHR)
- delivering an implementation plan to the Australian Digital Health Agency to enable the sending of s100 prescribed medications to MHR
- successfully supporting members' transition to the new Services Australia security infrastructure.

AMSANT maintained its commitment to working with its partners, the NT Department of Health and the NT Primary Health Network, through the joint digital health Strengthening Our Health System Strategy.

#### Other health areas

AMSANT held a very successful Food Summit in 2021 bringing together ACCHOs, store providers, Aboriginal-led enterprises and government. AMSANT continued advocacy on the summit's recommendations through a part-time policy role; its leadership led to an invitation to participate in the codesign of a national food security strategy.

AMSANT's ear coordinators supported an NT steering committee, bringing ear and hearing programs and PHC together, and held a workshop and webinars. Priority actions identified included improving referral pathways and access to training and resources.

AMSANT also coordinated a successful program to improve management of foot complications in diabetes, with work underway to improve access to appropriate footwear and to improve education of both PHC staff and podiatrists in this challenging area.



AMSANT CEO, John Paterson posing with AMSANT's COVID-19 vaccination promotion artwork on a Darwin bus.



## **QAIHC**

## Queensland Aboriginal and Islander Health Council



2021–22 was a learning period unlike any other during which QAIHC had to provide business-as-usual support to its members, while also managing the impacts of COVID-19. It was an uncertain time; however, the sector proved resilient, responsive and innovative in providing comprehensive primary health care and other services to communities.

Despite COVID-19, QAIHC was able to focus on key agenda items such as:

- Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework and accompanying toolkit
- Ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021 – 2024; this and the above framework were co-launched by QAIHC and the Queensland health minister, together with the Make the Choice Campaign (see below)
- Queensland Audit Office review of Aboriginal and Torres Strait Islander health investment
- resetting member engagement and developing the QAIHC Strategic Plan 2021 – 2024.

In 2022 QAIHC created the new position of Deputy CEO to keep pace with the evolution and growth of the organisation. Ms Paula Arnol was appointed to this role in June 2022.

#### Key outcomes 2021-22

#### **COVID-19 response**

QAIHC and its members acted promptly to ensure the network could stand up responses to COVID-19 as quickly as possible. QAIHC secured early funding from BHP so it could create a flexible, state-wide approach. QAIHC was also able to secure \$8.3 million from the state government to support members to engage with their communities and access PPE, RATs, vaccinations, surge workforces and in-home care assistance for those isolating with COVID-19.

A partnership between QAIHC and Queensland Health developed the Make the Choice Campaign, which included a website, videos, fact sheets, posters, social media tiles and other products to promote vaccination. Related advertising used television, radio, social media and billboards.

QAIHC in partnership with Queensland Health held fortnightly and weekly meetings addressing the needs of the sector including training and workforce. QAIHC was involved in state-wide COVID-19 stakeholder forums convened by the Premier and advocated that members be represented on district and local disaster management structures.

Further to QAIHC's strategic response, its operational response included: 552 COVID-19-related social media posts; 80 e-newsletters/communiques sent to members; wide distribution of COVID-19 readiness resources to members and others; and dispatch of care packages (containing paracetamol, hygiene products, etc.) to services for distribution to communities.





Left: QAIHC Chair and CEO launching Making Tracks Together (Health Equity Framework) with the Queensland Minister for Health, the Hon. Yvette D'Ath. Right: Roundtable discussions with members at the 2022 conference: Looking Forward, Looking Back.

#### **Queensland Health Equity**

QAIHC has been instrumental in legislative reform in Queensland to help ensure health equity. The organisation made representations to the Anti-Discrimination Commission Queensland in 2017 about institutional barriers to health equity for Aboriginal and Torres Strait Islander people in the state's 16 Hospital and Health Services (HHSs). The state responded by legislating the need for Aboriginal and Torres Strait Islander representation on all HHS boards and for development of Health Equity Strategies and implementation plans, in collaboration with the sector and signed-off by the Chief Aboriginal and Torres Strait Islander Health Officer.

QAIHC subsequently arranged and conducted individual member consultations, as well as hosting a Health Equity members' workshop in May 2022. The feedback generated guided QAIHC's Health Equity Policy Position. QAIHC has received 14 out of 16 Health Equity Strategies to date.

#### **TORCH Project**

The Torres and Cape Health Commissioning Fund (TORCH) Project is a new approach to investment and outcomes across the Torres Strait and Cape York regional areas, developed by multiple parties including QAIHC. The TORCH Project represents a ground-breaking reform, agreed between the (now former) Australian and state government health ministers to explore new partnerships and opportunities for Closing the Gap in life expectancy. A project steering committee comprising government, mayors and Aboriginal and Torres Strait Islander community-controlled health representatives leads high-level dialogue and oversees the project.

This placed-based approach seeks to look at existing investment and drive innovation in the way health care services are funded, contracted, and provided.

QAIHC Chair and Deputy Chair launching Ending Rheumatic Heart Disease (FN Strategy) with Minister D'Ath.

#### **Care Coordination Service Centre and Priority Patient Dashboard**

Cairns and Hinterland HHS and Torres and Cape HHS initiated a tripartite agreement with QAIHC to develop a Care Coordination Service Centre (CCSC) and Priority Patient Dashboard (PPD). The aim is to identify priority patients early and improve their visibility in the system, ensuring they can access appropriate care at the right time and avoid requiring acute care. The project addresses challenges and complexities in accessing coordinated face-to-face health services, and aims to improve the integration of primary, community and non-acute care around individuals and across government and non-government organisations.

The CCSC is about true co-design and partnership between the sector and Queensland Health to deliver respectful, culturally-safe services with better and more accurate information sharing, better patient handover, better communication, and ultimately better patient outcomes. The Project Dashboard is expected to go 'live' September 2022, and the Project Operational Model in late 2022/early 2023.

#### **Members Conference and Strategic Plan**

QAIHC hosted its 2022 Member's Conference in June 2022. The focus of the conference was 'looking forward, looking back'—exploring what has worked and what might work in the future. Thirty-one members attended and each were given a platform to highlight their unique services and achievements. Services networked and workshopped as regional groups to share, reflect and respond to the current operating environment.

QAIHC's Strategic Plan 2021-24 was launched at the conference. The plan, written in consultation with members, and with the National Agreement on Closing the Gap in mind, includes organisational performance indicators aligned to four strategic priorities, intertwined with the National Agreement's four Priority Reforms.

The board also announced an independent governance review over the forthcoming six months, to engage all



#### NACCHO Affiliates

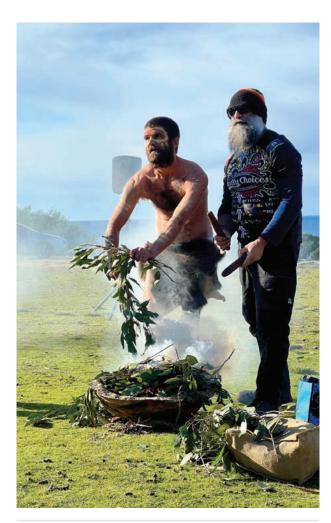
## **TAC**

## **Tasmanian Aboriginal Centre**



The Tasmanian Aboriginal Centre has focused on strengthening agency relationships to benefit Aboriginal families, modernising information systems to improve security and resilience, and developing the digital literacy of staff to advance knowledge and collaboration.

Increased resourcing across essential services has been a critical factor in the success of the health and wellbeing programs delivered across lutruwita, as well as the ability to learn and grow from partners and mainstream health organisations.



Ceremony on the bluff.

#### Key outcomes 2021-22

#### **Pandemic response**

As the pandemic continues to affect communities, the TAC has successfully navigated the continuation of health care services, staff impacts, and vaccination roll outs to protect Aboriginal community members. Multiple hygiene measures have been implemented in clinics, including:

- a negative pressure room installed in nipaluna (Hobart) to prevent cross-contamination within the centre
- installation of air purifiers in all health service rooms
- screening calls to all clients to proactively manage any risks of infection
- remote access to health care through telehealth
- continued social distancing, mask mandates and handsanitising protocols.

Significant IT upgrades were carried out to deliver telehealth options to clients. This included new software and intensive training for at least 13 doctors and more than 15 nurses and Aboriginal Health Workers.

Home-delivery services were developed for clients, including those testing positive to COVID. Doctors assessed at-risk clients' eligibility for COVID medication so they didn't have to go through the government system. Medications were collected and delivered to clients' homes, along with care packs. Groceries and prepared meals were also distributed to families in need.

As the health service needed to expand to deliver these services in nipaluna, new premises were obtained and prepared so that counselling staff could operate outside of the health clinic. Mental health and wellbeing needs have increased, and these facilities, along with recruitment of new counsellors, are meeting the needs of the community.

Staff are equally important at a time of crisis. The TAC has developed a range of support services and opportunities for staff to debrief, receive care and join team activities. Working as a cohesive team, providing support to those who need it, and ensuring staff are informed and have appropriate protection, has seen the clinics survive and thrive under the health pressures across the state.

#### Improving technology and digital literacy

In collaboration with the Australia Digital Health Agency, the TAC has developed a strategic plan to improve digital health and access within the clinics.

This has led to the modernisation of the organisation's IT during the past year. Communication, information management, data policies and logistical and technical support have all been dramatically improved. This has included:

- upgrade of the Digital Health Program to enable staff to work remotely if required as a response to the pandemic
- installation and implementation of Microsoft Teams across the entire organisation as the key collaboration and communications tool, linking with a new and improved SharePoint site
- recruitment of a Digital Literacy Coordinator to assist in improving numeracy and literacy skills within the digital space, to ensure staff are able to utilise the modernised systems and workflows.

#### Closing the Gap

The TAC is the peak body for Closing the Gap in Tasmania, and has recruited a full-time Policy Officer to support its response to the National Agreement on Closing the Gap, including the four Priority Reforms and key socio-economic targets within the CtG Tasmanian Implementation Plan.

The priorities include building the capacity of Aboriginal community-controlled services and strengthening the Aboriginal community sector. In line with these priorities, the TAC has held two rounds of regional meetings. A firm commitment has been made to hold regular and consistent tri-annual regional meetings across lutruwita, to continue to provide an avenue for Aboriginal community members to have direct input into the peak's response to CtG. The increased frequency of community meetings will provide

additional opportunities for staff to engage with regional communities and identify, monitor and respond to health and wellbeing concerns.

The regional community meetings highlighted the strength and achievements of the TAC's families' program. The families team provides essential support for people in crisis by creating individual support plans to address issues. Key to the program's success has been the strong relationships developed between TAC staff and external agencies/providers—for example, housing services—to help resolve issues.

The Mums and Bubs Program is a positive initiative that will contribute to the CtG Priority Reforms and key targets. Its focus is on early interaction with families, culturally-appropriate parenting skills, and childhood development. The program is now opening to fathers and grandparents to widen the circle of care and mentoring into the future.

#### **Treaty in Tasmania**

An important initiative in relation to Closing the Gap, and the underlying socio-economic determinants of health, is the Tasmanian Government's 2021 commitment to discussing a pathway to Treaty and Truth Telling with Tasmanian Aboriginal people. The government commissioned independent consultants to engage with the community, identify key issues and concerns, and make proposals on a Treaty framework and how a Truth Telling Commission could be developed.

The TAC coordinated several meetings to enable community members to contribute to the process. These meetings saw Aboriginal people express their views on what a Treaty should incorporate, and how it should be progressed. The report released by the government in late-2021 did not, however, meet the expectations of the community. A weekend celebration to acknowledge land return through the Tasmanian Land Conservancy became a forum for a two-day discussion to determine the community's response to the report and to progressing Treaty from a community perspective.





Left: Community trip with rangers on lungtalanana. Right: Land management drone.

#### NACCHO Affiliates

## **VACCHO**

## Victorian Aboriginal Community Controlled Health Organisation



2021–22 was a dynamic year with the COVID-19 pandemic presenting unique and unprecedented challenges for the Victorian ACCHO sector and the communities they serve. Throughout the pandemic VACCHO and its members adapted and innovated according to the evolving needs of our communities and stakeholders to provide culturally-safe services across Victoria. The events of 2021–22 demonstrated the importance of the Aboriginal community controlled health model—putting Aboriginal health into Aboriginal hands.

VACCHO pays tribute to members for their unwavering support and inspiring work undertaken for Victorian communities during the year. VACCHO remains committed to leading and supporting a strong workforce that delivers holistic health and wellbeing services to continue delivering health equity for Aboriginal and Torres Strait Islander people in Victoria.

#### Key outcomes 2021-22

#### Mobile COVID-19 vaccination program

VACCHO worked in close partnership with members, the Victorian Department of Health (VDoH) and other health entities to launch two dedicated COVID-19 Vaccine Vans in October 2021. The program helped alleviate pressures on the ACCHO workforce and COVID-19 clinical services, and enabled easier access to vaccination for community members. Rates of vaccination increased across both first and second doses. The program delivered more than 2000 vaccines through 45 localised 'pop-up' clinics across Victoria.

#### **Balit Durn Durn Centre launch**

VACCHO was honoured to launch the Balit Durn Durn Centre of Excellence in Aboriginal Social and Emotional Wellbeing at Federation Square in Melbourne in May 2022. The Balit Durn Durn Centre is an initiative to foster innovation and improvement in social and emotional wellbeing (SEWB) practice, policy and research. The centre, an outcome of the Royal Commission into Victoria's Mental Health System, is responsible for leading, collaborating, and empowering sector-wide best practice approaches to SEWB, including in clinical mental health and AOD services, and in therapeutic approaches to holistic health and healing.







Left: Welcome to Country and Smoking Ceremony on Wadawurrung Country at the 2022 Statewide Koori Maternity Services Forum. Right: VACCHO CEO Jill Gallagher and SEWB Unit Executive Director Sheree Lowe launch the Balit Durn Durn Centre alongside [former] Deputy Premier of Victoria James Merlino.

The launch builds on the strength and advocacy of Aboriginal communities and leaders; the vision set out in *Balit Durn Durn*, VACCHO's submission to the Royal Commission; and the Victorian Government's ten-year framework *Balit Murrup*: Aboriginal social and emotional wellbeing framework 2017–2027.

#### **Inaugural VACCHO Statewide GP Gathering**

The Inaugural VACCHO Statewide GP Gathering took place in Yorta Yorta country, delivering a unique blend of cultural and clinical education, peer support and professional development. This special event gave member ACCHO GPs the opportunity to come together with their peers—in many cases for the very first time. A highlight of the gathering was the powerful and inspiring words shared by Aunty Faye Lynam and Aunty Nellie Flagg.

The gathering supported VACCHO's 2021 launch of a tenyear GP Workforce Strategy to address the shortage of GPs in Victorian ACCHOs; this strategy is supported by a GP Expert Advisory Group.

#### **Aboriginal Medical Cadetship Program**

In line with VACCHO's GP Workforce Strategy, VACCHO established a Medical Cadetship Program in 2021 to support Aboriginal medical students obtaining casual employment in Victorian ACCHOs. The program attracted considerable interest and five Aboriginal medical students were placed in roles in participating services across regional and rural areas. These roles varied depending on the need identified by each ACCHO. The program has demonstrated early success in establishing and developing long-term relationships between emerging Aboriginal doctors and ACCHOs. VACCHO is also working with Monash University to identify opportunities for ACCHOs to provide GP-placement opportunities to trainee doctors.

#### On Solid Ground: Strategic Plan 2021–2026

In 2021 VACCHO formally launched On Solid Ground, a five-year strategic plan focused on strength, sustainability and innovation for generational change. On Solid Ground outlines VACCHO's strategic journey towards an outcomesbased approach, focusing on the foundations: putting down our roots and strengthening our foundations to secure the sustainability, efficiency and impact of an Aboriginal self-determining future.

## Aboriginal Health and Wellbeing Partnership Forum

In 2021 VACCHO and VDoH established the Aboriginal Health and Wellbeing Partnership Forum, a collaboration dedicated to implementing a shared action plan for improving health and wellbeing for Aboriginal and Torres Strait Islander communities in Victoria. Two meetings were held during the year, and shared priorities were adopted in key areas: funding reform, self-determination, legislative reform, infrastructure, and prevention.

#### **Education and Training Unit**

VACCHO's Education and Training Unit (ETU) continues to grow and develop as a dynamic and responsive provider of vocational education and training to the Aboriginal community health sector. During the year VACCHO's RTO had 143 students across Certificates and Diplomas in: Leadership and Management, Counselling, Alcohol and Other Drugs, Mental Health, Community Services, Aboriginal and/or Torres Strait Islander Primary Health Care, and Aboriginal and/or Torres Strait Islander Primary Health Care and Practice.

VACCHO's ETU additionally supported 36 trainees. Of these students, 62 are studying an Aboriginal Health Worker Training Course and approximately 18 are accessing traineeships, supporting members with workforce capacity.

## Winnunga AHCS

## Winnunga Nimmityjah Aboriginal Health and Community Services, ACT



Winnunga has continued to provide significant advice to government and key stakeholders by participating in committees, networks and consultations. The Winnunga CEO is a member of the National Aboriginal and Torres Strait Islander Health Plan Advisory Group. The Winnunga PHMO is an affiliate representative member of the Health Services Data Advisory Group, the National Aboriginal and Torres Strait Islander Advisory Group on COVID-19, the ACT Primary Care Emergency Planning Working Group and the ACT COVID-19 Custodial Settings Working Group.

Data across the full spectrum of life outcomes for Aboriginal residents of Canberra consistently reveals the degree of disadvantage they experience. No data set developed in the last year shows that outcomes being achieved by Aboriginal peoples have improved when compared to non-Aboriginal people. The Winnunga CEO continues to advocate for governments to give far greater attention to addressing the myriad socio-economic issues that underlie this situation. These include poverty, racism, homelessness, unemployment, mental illness, poor health, substance use, failures in child protection, poor educational outcomes and imprisonment.

Winnunga publishes a monthly newsletter which provides information to the community, stakeholders and the media on what is happening at the service, including information about programs and success stories. The newsletter is also an advocacy mechanism, highlighting broader issues of concern.

#### Key outcomes 2021-22

#### Advocacy on justice and social justice issues

An area of consistent concern has been the massive over-representation of Aboriginal people in contact with the justice system, including the failure of Corrections ACT to manage the Alexander Maconochie Centre (AMC – ACT adult prison) as it was intended, as a prison focused on rehabilitation. Canberra has not only the highest Aboriginal incarceration rates in Australia but also the highest rates of recidivism. The ACT Government has not met its stated objectives in setting up the prison and failed the Aboriginal community.

The Government's failings are so wide ranging, with such lasting consequences, that the Winnunga CEO together with other Aboriginal leaders in Canberra believe that a wide-ranging and forensic review of all aspects of the life experience of Canberra's Aboriginal residents is required to develop a clear and decisive pathway to change; only a Royal Commission would have the power and authority to achieve that outcome.





COVID-19 children's vaccination campaign.





Left: COVIDSafe meet and greet with Aboriginal and Torres Strait Islander young people. Right: Former Minister for Indigenous Australians, Ken Wyatt and NACCHO CEO, Pat Turner with Winnunga CEO, Julie Tongs at the COVIDSafe meet and greet.

#### **Prison Health and Wellbeing Service**

Winnunga has been operating the stand-alone Winnunga Prison Health and Wellbeing Service in the AMC since January 2019, within its own model of care. This is an Australian first and we believe it will prove to be one of the most significant advances in the care and rehabilitation of Aboriginal detainees. Development of this service required meeting the RACGP standards for health services in Australian prisons in relation to infrastructure, staffing, equipment and policies. The service provides high-quality holistic care for Aboriginal and Torres Strait Islander inmates and continuity on their release from prison.

A client-satisfaction survey was published in the Journal of the Australian Indigenous HealthInfoNet in February 2022. Participant responses indicated a high quality of care across all five aspects evaluated (participation in care; care design; care planning and self-management; care coordination; follow up and respectful care). At least three-quarters of respondents indicated that they had received the specified aspects of care 'most of the time' or 'always'. The provision of respectful care was rated particularly highly, with all respondents indicating that they always had things explained in a way they could understand, had their concerns listened to, and felt that they and their beliefs were respected by Winnunga staff. Clients were also highly satisfied with the care provided to them and their families through Winnunga outside the AMC.

The most common suggestions for improvement in the client survey related to Winnunga not yet having an opioid replacement pharmacotherapy program so some clients could not be transferred to Winnunga care. This has now been addressed and more detainees have access to the Winnunga Prison Health and Wellbeing Service.

#### **Accreditation**

Re-accreditation for QIC and AGPAL were both achieved this year. The process of reviewing and updating all policies and checking that all standards were being met was substantial but worthwhile. The organisation maintains a high standard of governance, clinical care and community service.

#### **AOD** rehabilitation

Winnunga has developed a model of care for a muchneeded Aboriginal-specific residential drug and alcohol rehabilitation service, with work towards realising this service continuing. In this financial year the ACT Government provided funding for Winnunga to engage architects to develop Proof of Concept Plans and undertake preparatory work as the first stage towards constructing the facility.

#### COVID-19

Winnunga continued active COVID-19 prevention and response actions for the full year, including:

- infection control procedures including external temperature checking and symptom screening of clients and visitors, social distancing, hand hygiene and consistent use of PPE within the service
- a separate respiratory assessment clinic with COVID-19 and influenza testing
- client communications via signage, social media, the Winnunga newsletter, website and face-to-face interactions, including groups
- use of telemedicine where appropriate
- COVID-19 vaccinations for adults and children, including booster doses; during the year Winnunga administered 9727 COVID-19 vaccines and vaccination was mandatory for Winnunga staff from July 2021, for the protection of both staff and vulnerable clients
- collaborative work with NACCHO, ACT Health and the Australian Government to promote COVID-19 vaccines to Aboriginal and Torres Strait Islander people
- assessment and support for clients diagnosed with COVID-19, including administration of oral antiviral medications where required.

## **Network Funding Agreement**

In June 2017, NACCHO entered into a contract, known as the Network Funding Agreement (NFA), with the Australian Government Department of Health. The agreement enshrines the department's commitment to the Aboriginal community-controlled health sector and enables NACCHO to support ACCHOs to deliver primary health care services to Australia's Aboriginal and Torres Strait Islander people. In June 2019 a two-year extension of this contract was signed.

The agreement outlines the relationship between NACCHO and its affiliates in each state and territory; this group is collectively known as the Sector Support Network (SSN). The agreement provides a framework within which the SSN and the Australian Government work together to achieve a shared vision of optimised health outcomes for Aboriginal and Torres Strait Islander people.

Outcome 1	A strengthened Aboriginal community- controlled health sector to maintain and further develop a strong infrastructure of ACCHOs	
Outcome 2	A strengthened broader health system to provide accessible, responsive and culturally-safe care to Aboriginal and Torres	

It identifies three outcomes:

Outcome 3 National positions from the ACCHO sector that deliver high-quality expertise and advice to government.

Strait Islander people

#### **Outcome 1**

## A strengthened Aboriginal community-controlled health sector to maintain and further develop a strong infrastructure of ACCHOs

Affiliate	Strategies/Activities
AH&MRC	Hosted a state-wide Continuous Quality Improvement (CQI) Forum; continued to facilitate the CQI State collaborative
	Has created and continued committees providing a platform and culture for sharing and learning: Aboriginal Spiritual Holistic Health Network, Sexual Health Aboriginal Advisory Committee, Aboriginal Chronic Care and Cancer Advisory Committee
	Provided CQI and Medicare clinical-governance training to eight services; provides ongoing governance-supportraining to services on developing organisational restructures
	Assisted ACCHOS with implementation of internal and external referral pathways
AHCSA	Established Communicare network meeting for services to share Communicare administrators' knowledge and best-practice guidelines
	Refined PowerBI Medicare dashboards to support ACCHOs to improve Medicare Billing processes
	Supported members' COVID-19 response
	Developed National Key Performance Indicator (nKPI) Health Data Portal Submission Guide for new ACCHO staf
	Supported members across a range of CQI and clinical-accreditation processes
AHCWA	Hosted six CEO Network meetings
	Assisted members with MBS Billing, patient/CIS updates, workforce capacity, grant-application writing and administration; supported services on accreditation, governance and professional training

Affiliate	Strategies/Activities
AHCWA (cont.)	Developed COVID-19 resources such as COVID-19 Symptoms Diary, COVID-19 Family Plan Guide and COVID-19 Care at Home Program
	Delivered governance and leadership training courses to ACCHO boards and management
	Convened conferences, gatherings, forums on Indigenous health issues
AMSANT	Assisted members with transition to the new Services Australia security environment; coordinated resolution of problems with Medicare Billing due to this transition
	Sourced funding for four ACCHOs for eight AHP traineeship grants
	Supported one service to become a NACCHO member and access new funding opportunities
	Provided intensive support to services in areas including governance, public health (including COVID-19), digital health and workforce
	Delivered three Regional CQI Collaborative workshops
QAIHC	Consulted with members to identify barriers to ACCHOs' becoming NDIS providers, and barriers facing Aboriginal and Torres Strait islander people needing NDIS support
	Shared resources through Policy Network, Clinical Leaders Forum and meetings with member services' CEOs, particularly regarding COVID-19
	Developed model-of-care tools for registrars; trained GP registrars
	Assisted services with CQI, accreditation, governance, finance, HR and professional-development matters
TAC	Engaged with national PHMO Network regarding challenges in implementing best practice in ACCHOs (COVID-19, cardiovascular health, cancer, health data, OSR redesign, etc.)
	Assisted services to write funding submissions to various agencies
	Participated weekly in COVID-19 forums and working groups and provided information to services
	Supported on-boarding of NDIS Ready Community Connector to build capacity and support accessibility
	Developed scopes of practice for AHWs, AHPs and nurses
VACCHO	Launched the Victorian Aboriginal Health and Wellbeing Workforce Strategy 2022–26
	Undertook development of a Client Management System for members to manage non-clinical client data
	Provided direct accreditation support to eight services; supported four to review and update rules/constitutions
	Introduced VACCHO Improvement Cycles (VICs), a regular three-month series of webinar-based content delivery and discussions on health issues
	Launched the Balit Durn Durn Centre of Excellence in Aboriginal Social and Emotional Wellbeing to empower sector-wide best-practice approaches to SEWB in clinical mental health and AOD services
WNAHCS	Provided ongoing support on MBS Billing, reporting, clinical information systems, data analysis and quality improvement
	Has maintained clinical and organisational accreditation against both AGPAL and QIC standards
	Presented at numerous forums/symposiums on Indigenous health issues
	Participated in the Cultural Determinants of Health webinar series

#### Outcome 2

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

Affiliate	Strategies/Activities
AH&MRC	Facilitated the ACCHO- Primary Health Network (PHN) Working Group; encouraged partnerships between ACCHOs and Local Health Districts (LHDs)
	Developed five submissions to parliamentary inquiries; provided input to numerous working groups and subcommittees; provided input to NACCHO
	Contributed to development of the 2022–24 state Closing the Gap (CtG) Implementation Plan through NSW Coalition of Aboriginal Peak Organisations
AHCSA	Continuously engaged with key mainstream organisations including SA Health, Adelaide and country PHNs, Office of the Chief Psychiatrist, SA Dental, and child and family support services
	Participates in numerous advisory committees relating to the social determinants of health
	Provided advice to the Royal Flying Doctor Service on the development of culturally-appropriate health-education resources
	Contributed to NACCHO submissions on health-related issues
AHCWA	Contributed to specialist forums in mainstream health services including on trachoma, RHD, COVID-19, disability
	Contributed to discussions as part of the implementation of the WA Sustainable Health Review, particularly strategy 4 on care pathways
	Made numerous submissions to reviews and inquiries including WA's ambulance inquiry, the Disability Royal Commission 2021, and revision of the National Alcohol and Other Drug Workforce Development Strategy Discussion Paper 2022
	Continued to engage with the WA Mental Health Commission through medium- to long-term projects and funding of a mental-health policy position
	Assisted services to access surge vaccination workforce
AMSANT	Collaborated with CQI Data Working Group to analyse NT AHKPI data
	Worked on the Good Medicines Better Health national project developing culturally-relevant training resources for AHWs/AHPs and Aboriginal consumers
	Participated in multiple advisory committees including on maternal and infant mortality, the Health Pathways Steering Committee, sexual health, pharmacy
	Developed a Cultural Safety Framework leading to a shared NT ACCHO resource and training package
	Delivered current-state analysis on s100 RAAHS prescribing in the NT to ADHA

Affiliate	Strategies/Activities
QAIHC	Participates in Health Literacy Community of Practice with clinicians, health representatives and academics
	Participates in PHN funding panels and advocates on behalf of members; is a member of PHN working groups
	Re-established QATSIHP, a forum involving the state government, to facilitate information sharing and improved care delivery
	Submitted numerous submissions to inquiries and departmental consultations
	With the Queensland Government, co-designed the Queensland Aboriginal and Torres Strait Islander Workforce Strategy for Action: Making Tracks to First Nations Health Employment Parity by 2031
TAC	Provides cultural awareness and safety training across Tasmania's hospital services and systems
	Secured funding to deliver the educational component of the national Connected Beginnings program
	Contributed to the development of the Tasmanian Drug Strategy
	Developed an MoU with the Royal Flying Doctor Service for delivery of dental services
	Worked with Health Tasmania to ensure Aboriginal needs are prioritised including in relation to COVID-19 and tobacco control
VACCHO	Continues to play an instrumental role in the Improving Care for Aboriginal Patients (ICAP) program, employing more than 60 Aboriginal Liaison Officers (AHLOs) in Victorian public hospitals
	Developed a regional strategy with Northwest Melbourne PHN addressing deficits in cultural safety within mainstream community health services
	Established and leads the National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC), to support aged-care providers in the sector
	Provided input to national and state health plans; engaged in CtG work across all priority plans
WNAHCS	Provided training placements for Australian National University medical students, GP registrars and other health professionals
	Actively participated in forums and consultations on a range of issues: digital health, FASD, mental health, AOD, aged care
	Advocated consistently with a range of agencies and individuals on the treatment of Aboriginal people in the ACT justice system
	Engaged with the Australian Government and ACT PHN on improving care pathways and triaging for COVID-19-positive Aboriginal people in the ACT

#### **Outcome 3**

### National positions from the ACCHO sector that deliver high-quality expertise and advice to government

Affiliate	Strategies/Activities
AH&MRC	Coordinated Policy Advisory Group with ACCHO CEO representatives; coordinated GP Advisory Group
	Facilitates advocacy through PHN–ACCHO Working Group
	Is a member of numerous forums/roundtables
AHCSA	Managed and coordinated responses to policy, Senate Inquiry and Royal Commission requests
	Contributed to jurisdictional CtG Implementation Plan
	Is a member of numerous forums and committees
AHCWA	Provided advice to CtG jurisdictional Implementation Plan
	Is a member of numerous forums and committees
	Continued engagement with WA Regional Aboriginal Health Planning Forums
	Worked with the WA Government to develop WA's new peak social services body
AMSANT	Provided input to numerous submissions and strategies
	Participates in regular Coalition of Peaks meetings and in partnership working groups
	Convenes an ACCHO policy network to strengthen advocacy
	Is a member of numerous forums and committees
QAIHC	Participates in the CtG Partnerships Working Group
	Is a member of multiple health-related national and state-based working groups/forums
	Communicates actively on CtG through various media outlets
TAC	Contributed to the first Tasmanian Treaty community discussion
	Is represented on numerous forums/committees
	Contributed to National Health Round Table and CtG groups
VACCHO	Is a member of multiple health and wellbeing forums
	Actively participated in CtG planning and implementation
	Consulted with ACCHOs to develop multiple policy position papers
WNAHCS	Is represented on numerous forums/committees
	Contributed policy advice on issues including aged care and disability care, mental health, etc.



## **Good News Stories**

#### Tasmania

## TAC's innovative smoking cessation project

The makara patapa/quit smoking program has toured lutruwita/Tasmania with a creative campaign to encourage people to discover nicotine-replacement options and how to use them.

TAC's Smoking Cessation Officer visited each clinic with a hamper of groceries that could be won by anyone who dropped in for a yarn. The hamper demonstrated what groceries people could buy with the money used to pay for 25 cigarettes a day over a week. Many people were shocked by the quantity of groceries their cigarette funds could purchase, prompting some serious discussions on the need to launch quit journeys. The initiative proved very successful and received high engagement on social media.



TAC's Smoking Cessation Officer, Jay Macdonald.

#### **Australian Capital Territory**

#### Winnunga health service for prisoners

The Alexander Maconochie Centre Health and Wellbeing Service (AMCHWS), run by the ACT's Winnunga Nimmityjah Aboriginal Health and Community Services, is the first prison health service operated by an ACCHO in Australia.

During the year a client-experience survey was developed and implemented to evaluate the novel model of health care delivered by the Winnunga AMCHWS to Aboriginal and Torres Strait Islander prisoners. The survey found that the service has provided highly satisfactory, timely, respectful and

culturally-safe care to patients. Sixteen of 26 eligible clients participated in the survey (a 62 per cent response rate). At least 75 per cent of clients were satisfied with the waiting time to see staff at the Winnunga AMCHWS, most or all of the time. All 16 clients reported that Winnunga AMCHWS staff always treated them with dignity and respect. Of 14 clients who identified as Aboriginal, nine felt that they were treated better by staff because of their Aboriginal identity, while the other five felt their Aboriginal identity made no difference to how they were treated.

Alexander Maconochie Centre Health and Wellbeing Service.





Victoria

#### Bendigo District and Aboriginal Co-operative's telehealth boosts attendance

When the COVID pandemic struck, the Bendigo District and Aboriginal Co-operative (BDAC) started seeing 90 per cent of its patients via telehealth. BDAC executive director and Dhrug man, Dallas Widdicombe said the introduction of telehealth services was behind the rise in people showing up: 'We realised we had more people attending their appointments than we'd ever had before.'

Clinical practice manager and Arabana woman, Jaydene Burzacott confirmed the clinic started seeing a significant number of new patients during the pandemic due to the provision of telehealth: 'We were increasing by about six patients a week, including a lot of new people for the first time in a very long time.'

Ms Burzacott says that, while telehealth helps make a range of health services more accessible for a lot of people, BDAC has seen a surge in people accessing mental health services via telehealth. 'Mental health appointments were a really big one,' she said. 'I think it really helped people to be able to talk about their mental health over the phone.'

#### **Northern Territory**

## Mala'la Community Wellness Program awarded

The Mala'la Community Wellbeing Program were winners of the 'Excellence in Indigenous Alcohol and Other Drugs (AOD) Programs' at the recent 2022 Association of Alcohol and Other Drug Agencies Northern Territory (AADANT) awards night in Darwin. This award, sponsored by Australian Indigenous Health InfoNet, is presented to a non-government organisation in the NT with an AOD program specifically for Aboriginal and Torres Strait Islander people.

Mala'la successfully combines culturally-safe and secure AOD interventions with individual psychotherapy, family therapy, wellness education and advocacy. It encourages reconnection with family and community, re-engagement with education and employment, and participation in traditional ceremonies and other forms of culturally-appropriate meaningful activity as part of the recovery journey.

At Community Wellness Services, Mala'la are committed to providing services in ways that integrate mainstream and Indigenous mental health and wellbeing practices. Read more about the program on the Malala website: <a href="www.malala.com">www.malala.com</a>. au/family-and-community-wellness





Maddy Mackey accepted the award on behalf of the Mala'la Community Wellbeing Program.

#### South Australia

#### Moorundi partners with Diabetes SA

Towards the end of 2021, Moorundi Aboriginal Community Controlled Health Service contacted Diabetes SA to arrange for an educator to visit their clinic to service the community in Murray Bridge. This partnership has been positive for both parties. The local catchment area has a significant Aboriginal and Torres Strait Islander population, and the rates of diabetes are high. As Murray Bridge is a regional area, timely access to Credentialled Diabetes Educators is limited.

Moorundi ACCHS identified this gap and reached out to Diabetes SA for assistance. Moorundi has partnered with Diabetes SA to have a Credentialled Diabetes Educator visit the clinic once a month to provide culturally-appropriate consultations and education about diabetes. So far two successful clinics have been held, with a third scheduled for March 2022. Together, the aim is to improve the management of diabetes for Aboriginal and Torres Strait Islander people living in Murray Bridge.



Moorundi Aboriginal Community Controlled Health Service team.



**New South Wales** 

#### Hepatitis Awareness Day and World AIDS Day at AMS Redfern, December 2021



On 1 December 2021, the Aboriginal Medical Services Redfern team hosted a Hepatitis Awareness Day and World AIDS Day event. The event aimed to create awareness, provide information and promote testing and treatment of blood-borne viruses (BBVs). The team developed health promotion materials to attract their wider community to the event. They hosted a stall that provided resources and information about sexually transmissible infections (STIs) and BBVs to clients and the community. In collaboration with the HIV and Related Programs (HARP) from the Sydney Local Health District, 50 healthy lunches were provided to Redfern clients who attended the event.

The event was a success, with attendees providing overwhelmingly positive feedback. The sexual health team at AMS Redfern have achieved many great feats, including the packaging and postage of condoms to the local community and across Australia!

Hepatitis Awareness Day and World AIDS Day event hosted by AMS Redfern.

#### Western Australia

#### Mental health training at Bega Garnbirringu

The Suicide Prevention Team at Bega Garnbirringu Health Service partnered with Blackbird Culture and provided a free Aboriginal Mental Health First Aid Training for community members in Kalgoorlie, WA. The course provided education around mental-health illnesses, treatments and first-aid action. Participants learnt how to recognise common mental-health problems affecting people, how to provide initial support using a practical evidence-based action plan, and how to respond and seek professional help when their friends, families or members of the wider community are experiencing mental-health issues. They also learnt more about the support services available in Kalgoorlie.

The training was well received. All those who attended would recommend it to others and agreed that after the training session they felt confident that they could help a person at-risk of suicide and would be able to perform a suicide intervention. Future training sessions have been secured at Esperance and Norseman with the aim of raising awareness, reducing stigma, and providing more support in the community to reduce the number of suicides and attempted suicides occurring in the Goldfields.



Bega Garnbirringu Health Service in Kalgoorlie WA.



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Fully implementing the National Agreement on Closing the Gap will be critical to ensuring structural reform that embeds Aboriginal self-determination and leadership. That means increased investment in models and approaches that are self-determined and Aboriginal and Torres Strait Islander led. It also means ensuring the health system more broadly is equipped to provide flexible, culturally safe and place-based care across the whole life course.

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



## **Directors' report**

Your directors present their report on the company for the financial year ended 30 June 2022.

#### **Directors**

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

- Donnella Mills (Chair)
- Chris Bin Kali (Deputy Chair)
- Donna Ah Chee (resigned March 2022)
- Suzanne Andrews (resigned September 2021)
- LaVerne Bellear (resigned November 2021)
- Adrian Carson (appointed September 2021)
- Matthew Cooke
- Wendy Edmonson (resigned September 2021)
- Kane Ellis
- Raylene Foster
- Michael Graham
- Leisa McCarthy (appointed March 2022)
- Rob McPhee (appointed February 2022)
- Phil Naden (appointed January 2022)
- Vicki O'Donnell
- Craig Ritchie
- Suzie Squires (resigned February 2022)
- Basil Sumner (appointed August 2021)
- Polly Sumner-Dodd
- Preston Thomas
- Dallas Widdicombe (appointed February 2022)

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

#### **Operating Results**

The profit of the company for the 2021-22 financial year after providing for income tax amounts was \$257,514 (2020-21 loss of \$52,243).

#### **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**

NACCHO continues to receive funding from the Commonwealth Government to undertake specific programs to improve health outcomes for Aboriginal and Torres Strait Islander people. In the 2021-22 financial year, NACCHO has continued to be successful in securing funding for programs to be run in our sector by Aboriginal and Community Controlled Health Organisations.

#### **Principal Activity**

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

#### **Objectives**

The establishment or conduct of all or any of the following objectives are within the context of the Aboriginal understanding of health within the Aboriginal community: to alleviate poverty within the Aboriginal community; the advancement of Aboriginal religion; to provide constructive educational programs for members of the Aboriginal community; and to deliver holistic and culturally appropriate health and related services to the Aboriginal community.

#### **Strategy for Achieving the Objectives**

NACCHO provides leadership and direction in policy development and aims to shape the national reform of Aboriginal health. This is so that our people can access the highest quality; culturally safe community-controlled health care in a way that builds our responsibility for our own health.

NACCHO builds the capacity of Aboriginal Community Controlled Health Services and promotes and supports high performance and best practice models of culturally appropriate and comprehensive primary health care.

NACCHO develops more efficient and effective services for its members and promotes research that will build evidenceinformed best practice in Aboriginal health policy and service delivery.

#### **Meetings of Directors**

Directors	Direc	Directors' meetings	
	No. attended	No. eligible to attend	
Donnella Mills (Chair)	4	4	
Chris Bin Kali (Deputy Chair)	4	4	
Donna Ah Chee (resigned March 2022)	2	3	
Suzanne Andrews (resigned September 2021)	0	1	
LaVerne Bellear (resigned November 2021)	1	1	
Adrian Carson (appointed September 2021)	3	3	
Matthew Cooke	3	4	
Wendy Edmonson (resigned September 2021)	1	1	
Kane Ellis	2	4	
Raylene Foster	4	4	
Michael Graham	4	4	
Leisa McCarthy (appointed March 2022)	1	1	
Rob McPhee (appointed February 2022)	2	2	
Phil Naden (appointed January 2022)	1	2	
Vicki O'Donnell	4	4	
Craig Ritchie	4	4	
Suzie Squires (resigned February 2022)	1	2	
Basil Sumner (appointed August 2021)	2	4	
Polly Sumner-Dodd	3	4	
Preston Thomas	3	4	
Dallas Widdicombe (appointed February 2022)	2	2	

#### **Contributions on Wind Up**

If the company is wound up, NACCHO's Constitution states that each member is required to make a maximum contribution of \$10 towards meeting any outstanding obligations. As at 30 June 2022, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$10 per member.

### **Auditor's Independence Declaration**

The lead auditors' independence declaration for the year ended 30 June 2022 has been received.

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

Dies			
<b>Donnella Mills</b> Director	<b>Raylene Foster</b> Director		
6 September 2022	6 September 2022		
Date	Date		

## Statement of profit and loss and other comprehensive income

For the year ended 30 June 2022

	Note	2022 (\$)	2021 (\$)
Revenue			
Revenue from Ordinary Activities	3	48,149,315	20,251,015
Expenses			
Employee benefits expenses	4	7,501,272	5,608,002
Depreciation and amortisation expenses	4	754,909	479,615
Grant payment expenses	4	35,896,797	11,076,957
Other expenses	4	3,738,823	3,138,684
		47,891,801	20,303,258
Profit/(Loss) from ordinary activities		257,514	(52,243)
Other Comprehensive Income/(Loss) for the year, net of tax		_	
Total Comprehensive Income/(Loss) for the year attributable to the members of National Aboriginal Community Controlled Health			
Organisation		257,514	(52,243)

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

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### **Statement of financial position**

As at 30 June 2022

	Note	2022 (\$)	2021 (\$)
Assets			
Current assets			
Cash and cash equivalents	5	49,880,730	22,729,847
Investments	7	329,564	329,564
Receivables and Other Current Assets	8	8,141,655	15,381,757
Total current assets		58,351,949	38,441,168
Non-current assets			
Property, plant and equipment	9	1,813,861	1,706,700
Total non-current assets		1,813,861	1,706,700
Total assets		60,165,811	40,147,868
Liabilities			
Current liabilities			
Payables	10	2,962,384	3,281,104
Employee Provisions and other liabilities	11	506,966	445,510
Contractual Obligations – Affiliates, ACCHOs and Others	12	39,028,031	23,207,303
Contractual Obligations – Operations	12	13,804,500	9,442,346
Grants Repayable	12	833	201,856
Revenue In Advance	12	8,590	-
Lease Liability	12	610,938	409,242
Total current liabilities		56,922,241	36,987,362
Non-current liabilities			
Employee Provisions and other liabilities	11	84,058	36,716
Non-Current Lease Liability	12	843,071	1,066,108
Provision for Make Good	12	204,549	203,305
Total non-current liabilities		1,131,678	1,306,129
Total liabilities		58,053,919	38,293,490
Net assets		2,111,892	1,854,378
Equity			
Retained profits		2,111,892	1,854,378
Total equity		2,111,892	1,854,378

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

# Statement of changes in equity For the year ended 30 June 2022

	Retained surpluses (\$)	Total equity (\$)
Balance at 1 July 2020	1,906,621	1,906,621
Net profit/(loss) for the year	(52,243)	(52,243)
Balance at 30 June 2021	1,854,378	1,854,378
Balance at 1 July 2021	1,854,378	1,854,378
Net profit/(loss) for the year	257,514	257,514
Balance at 30 June 2022	2,111,892	2,111,892

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

### **Cash flow statement**

### For the year ended 30 June 2022

	2022 (\$)	2021 (\$)
Cash flows from operating activities		
Receipts from customers	42,994,678	1,160,358
Grant and fee for service receipts	39,102,913	42,382,904
Receipt of agent funds for disbursement	17,164,590	23,925,135
Interest received	10,980	11,065
Donations	59,862	116,865
Operating activity receipts	99,333,023	67,596,327
Payments to suppliers and employees	(14,667,530)	(12,604,016)
Payment of grant and fee for service funds	(39,355,204)	(11,076,957)
Payment of agent funds	(17,164,590)	(23,925,135)
Interest paid on lease liability	(85,765)	(84,015)
Operating activity payments	(71,273,089)	(47,690,123)
Net cash provided by operating activities	28,059,934	19,906,204
Cash flows from investing activities		
Payments for property, plant and equipment	(349,179)	(151,100)
Proceeds from sale of property, plant and equipment	-	900
Investment in Term Deposits	-	(66,564)
Net cash used in investing activities	(349,179)	(216,764)
Cash flows from financing activities		
Repayment of Lease Liabilities	(559,872)	(372,657)
Net cash used in financing activities	(559,872)	(372,657)
Net increase/(decrease) in cash held	27,150,883	19,316,783
Cash at beginning of financial year	22,729,847	3,413,064
Cash at end of financial year	49,880,730	22,729,847

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

### Notes to the financial statements

### For the year ended 30 June 2022

### Note 1

### Statement of significant accounting policies

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

### **Basis of preparation**

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

### Historical cost convention

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

### **Comparative Figures**

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

### **Critical accounting estimates**

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

### New or amended Accounting Standards and Interpretations adopted

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

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

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of NACCHO.

### **Revenue Recognition:**

### Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which NACCHO is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer NACCHO: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

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

### **Grants**

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

A contractual liability is recognised for both unspent grant funds for which a refund obligation exists in relation to the funding period and for performance obligations that have not yet been met.

General grants that do not impose specific performance obligations on NACCHO are recognised as income when NACCHO obtains control of those funds, which is usually on receipt.

### **Fee for Service Income**

NACCHO receives funding under contractual agreements to manage the procurement of services from member organisations, Affiliates and other health organisations to meet Government priorities. In addition to this, NACCHO is contracted directly to provide services relevant to Aboriginal health outcomes by Government and other external organisations.

Funding received under contractual agreements are recognised to the extent that NACCHO has satisfied its performance obligations and specified services have been procured from member organisations, Affiliates and other health organisations.

Payments for the procurement of services, by means of grant agreements, are recognised as expenses in the relevant financial year, to the extent these funds have been disbursed. Any remaining funds at year end, where the intent is to procure further services from member organisations, Affiliates and other health organisations in the next financial year are shown as a contractual liability.

General fee for service income agreements that do not impose specific performance obligations on NACCHO are recognised as income when NACCHO obtains control of those funds, which is usually on receipt.

### **Sponsorships**

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

### **Donations and bequests**

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

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

### Internal revenues

Internal revenues and expenses have been eliminated as part of preparing the consolidated figures for NACCHO.

### Income tax

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

### **Current and non-current classification**

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

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

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

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

### Cash and cash equivalents

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

### Trade and other receivables

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

### **Inventories**

Inventories are stated at the lower of cost and net realisable value on a 'first in first out' basis. Cost represents the price to NACCHO to purchase the inventories from independent suppliers. Net realisable value is the estimated selling price less the estimated costs necessary to make the sale.

### Property, plant, and equipment

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

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

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

### Impairment of non-financial assets

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

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

### Trade and other payables

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

### **Contractual Obligations**

Contractual obligations represent NACCHO's obligation to transfer goods and services on behalf of a customer and are recognised when the customer pays consideration to NACCHO, or when NACCHO recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) prior to the goods and services being transferred to the recipient(s).

### **Employee benefits**

### **Short-term employee benefits**

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

### Other long-term employee benefits

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

### Defined contribution superannuation expense

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

### Fair value measurement

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

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

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### **Impact of COVID-19**

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

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

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

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

### Leases

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

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

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

Like most organisations NACCHO has not been immune from the impact of the COVID-19 pandemic on its operations with an overall significant increase in the workload for NACCHO.

NACCHO has continued to Co-Chair the Commonwealth Department of Health's Indigenous COVID-19 Advisory Committee in addition to negotiating and receiving funds on behalf of its member services, Affiliates and other Aboriginal and Torres Strait Islander organisations for responding to the pandemic, including funding for administering vaccines, raising awareness of the importance of vaccinations and preparatory work for ensuring its member services can respond to what is an ongoing issue.

This work has resulted in NACCHO obtaining more than \$41.55 million over three years for disbursement to its member services, Affiliates and other health organisations, which has enabled these organisations to increase their workforce, develop communication campaigns for the response, and also for the vaccination roll out, and make improvement to facilities to enable the organisation to test, treat and vaccinate clients.

NACCHO's work has been done predominantly from within existing staffing resources, which has meant some funding for other programs has not been fully spent at year end.

NACCHO will be seeking approval to carry forward this funding to complete work on the respective programs in the 2022-23 financial year.

### Critical accounting judgements, estimates and assumptions

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

### Estimation of useful lives of assets

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

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

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

### **Employee benefits provision**

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

### Recognition of Revenue from Contracts with Customers

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

### Contractual Obligations Remaining with Affiliates, ACCHOs and Other Aboriginal Medical Services

NACCHO provides funding to external Aboriginal organisations to provide services on its behalf, as part of its contractual obligations to its funding body(s). In estimating the balance of performance obligations remaining with external organisations at year end in accordance with AASB15, NACCHO has assumed performance obligations attached to funding provided in the last two months of the financial year, ie May and June, and where the timeframe for performance extends past 30 June of the relevant financial year remain outstanding at year end. The value of these performance obligations has been recorded in NACCHO's balance sheet to reflect these grants are repayable if performance obligations are not met and form part of NACCHO's overall contractual obligations to its funding body(s).

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### Revenue

	2022 (\$)	2021 (\$)
Grant Funding	32,667,457	14,685,477
Fee for Service Income	15,341,014	5,357,752
Other income	70,002	79,856
Interest income	10,980	11,065
Donations	59,862	116,865
	48,149,315	20,251,015
Grant funding consists of:		
Funding from Government	32,162,185	14,269,996
Funding from Non-Government	505,272	415,481
	32,667,457	14,685,477

Grant funding includes amounts paid to NACCHO for services to facilitate improved health outcomes for Aboriginal and Torres Strait Islander people and delivery of government priorities in identified areas. This funding includes amounts received for payment of grants to Affiliates, ACCHOs and other health organisations.

### Fee for Service income consists of:

Funding from Government	14,907,311	5,312,752
Funding from Non-Government	433,703	45,000
	15,341,014	5,357,752

Fee for service income includes amounts paid to NACCHO to deliver, and manage the procurement of, services to facilitate improved health outcomes for Aboriginal and Torres Strait Islander people and delivery of government priorities in identified areas. This funding includes amounts received to facilitate the procurement of these services.

### Expenses

	2022 (\$)	2021 (\$)
Employee Benefits Expenses		
Wages and Salaries	6,378,820	4,755,497
Superannuation	947,517	695,087
Leave Entitlements	174,935	157,418
	7,501,272	5,608,002
Depreciation and Amortisation Expenses		
Plant and Equipment	13,618	10,395
Office Equipment	17,934	13,274
Intangibles	-	_
Leasehold Improvements	111 <i>,7</i> 61	43,526
Right-of-use assets – leased property	611,596	412,420
	754,909	479,615
Grant Payment Expenses		
Grants – Affiliates	4,973,214	2,682,663
Grants – Aboriginal Community Controlled Health Organisations (ACCHOs)	30,311,988	7,729,344
Grants – Other	611,595	664,950
	35,896,797	11,076,957

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### Note 4 / Expenses (continued)

	2022 (\$)	2021 (\$)
Other expenses from ordinary activities		
Advertising and Promotion	259,362	92,852
Auditor Remuneration	84,248	114,450
Board Remuneration	85,468	85,897
Computer Expenses	101,818	140,856
Contractors and Consultants	1,659,345	1,249,744
Interest	87,009	64,598
Meetings, Workshops and Seminar costs	161,148	104,798
Minor Equipment	76,799	61,454
Provision for Bad Debts	-	(5,208)
Postage, Printing and Stationery	38,197	34,134
Program Resources	254,800	311,161
Occupancy Costs	70,341	48,452
Repairs and Maintenance	3,721	3,763
Staff Costs	42,186	102,744
Telephone	56,194	39,990
Training and Development	36,584	7,363
Travel Expenses	427,970	481,577
Workers Compensation	38,648	55,798
Other Expenses	254,985	144,261
	3,738,823	3,138,684
Auditor remuneration		
External Audit Services	33,000	30,512
Internal Audit Services	51,248	83,938
	84,248	114,450

### Note 5

### Cash and cash equivalents

	2022 (\$)	2021 (\$)
Cash at Bank	49,880,730	22,729,847
	49,880,730	22,729,847

### Deposits held in trust (as agent)

	2022 (\$)	2021 (\$)
Deposits Held in Trust		

As part of its program activities NACCHO receives funding for ACCHOs and Affiliates where it is considered to be acting as an agent, and as such is responsible only for on-passing the funding. Details of these programs and amounts paid out in 2021-22 are as follows:

Program	Receipts (\$) (GST exclusive)	Payments (\$) (GST exclusive)	<b>Balance (\$)</b> 30 June 2022
Network Funding Agreement	12,819,173	12,819,173	-
NDIS Ready – Indigenous Business Support Fund	1,160,000	1,160,000	-
Mental Health Support for Flood Affected Areas	1,625,000	1,625,000	-
	15,604,173	15,604,173	
Add GST	1,560,417	1,560,417	-
Total	17,164,590	17,164,590	_

### Note 7

### **Investments**

	2022 (\$)	2021 (\$)
Term Deposits	329,564	329,564

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

### Note 8 Receivables and other current assets

	2022 (\$)	2021 (\$)
Trade and Other Debtors (Refer Note 12)	1,883,843	11,125,968
Accrued Income	2,498	_
Inventory	85,608	_
Grants Receivable	5,991,744	4,103,727
Prepayments	177,963	152,062
	8,141,655	15,381,757

### Property, plant and equipment

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

	2022 (\$)	2021 (\$)
Plant and equipment		
At cost	90,369	80,964
Less accumulated depreciation	(55,541)	(41,923)
	34,828	39,041
Office equipment		
At cost	102,468	92,493
Less accumulated depreciation	(73,322)	(72,931)
	29,146	19,562
Intangibles		
At cost	13,409	13,409
Less accumulated depreciation	(13,409)	(13,409)
	-	_
Leasehold improvements		
At cost	1,291,578	1,001,292
Less accumulated depreciation	(917,782)	(806,021)
	373,797	195,271
Right-of-use Asset – Land and Buildings (Leases)		
At cost	2,470,859	1,932,329
Less accumulated depreciation	(1,094,768)	(483,173)
	1,376,091	1,449,156
Capital Works in Progress	-	3,670
Total Property, Plant and Equipment	1,813,861	1,706,700

### Movements in carrying amounts

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

	Right-of-use- assets-land and buildings (\$)	Leasehold Improvements (\$)	Plant & equipment (\$)	Office equipment (\$)	Work in Progress (\$)	Total (\$)
Balance at the beginning of the year	1,449,156	195,271	39,042	19,561	3,670	1,706,700
Adjustment to fair value	I	I	I	I	I	I
Additions	538,531	290,286	9,404	27,519		865,740
Less: Capitalisation of Work In Progress	I	ı	I	I	(3,670)	(3,670)
Disposals		I	I	(6,795)	I	(6,795)
Write back depreciation on disposals		I	I	6,795	I	6,795
Depreciation expense	(911,596)	(111,761)	(13,618)	(17,934)	I	(754,909)
Carrying amount at end of year	1,376,091	373,796	34,828	29,146	1	1,813,861
Total Property, Plant and Equipment	1,376,091	373,796	34,828	29,146	1	1,813,861

This right-of-use-asset is being depreciated over the expected term of the lease. The right-of-use asset was initially revalued in June 2020 to reflect the NACCHO Board decision to further extend the term of its lease on premises at Level 5, 2 Constitution Avenue, Canberra and was further revalued in Adopting AASB 16 resulted in the Company creating a right-of-use asset and a corresponding lease liability (refer Note 13). July 2021 following the NACCHO Board decision to lease additional premises at level 5, 2 Constitution Avenue Canberra. As disclosed in Note 1 and Note 13, the Company early adopted AASB 16 at 30 June 2018.

### **Current liabilities – trade and other payables**

	2022 (\$)	2021 (\$)
Trade creditors and accruals	446,519	155,690
Sundry Creditors	1,623	89,392
Australian Tax Office (Inc GST)	2,514,242	3,036,021
	2,962,384	3,281,103

### Note 11

### Current and non-current liabilities – employee benefits

	2022 (\$)	2021 (\$)
Current		
Employee benefits – annual leave	424,091	296,498
Employee benefits – long service leave	-	_
Accrued salaries and other employee benefits	82,875	149,012
Total current	506,966	445,510
Non-current		
Employee benefits – long service leave	84,058	36,716
Total non-current	84,058	36,716

### **Current liabilities – other**

	2022 (\$)	2021 (\$)
Contractual Obligations – Operations	13,804,500	9,442,346
Contractual Obligations – Affiliates, ACCHOs and Others	39,028,031	23,207,303
Revenue In Advance	8,590	_
Grants Repayable	833	201,856
Lease Liability (see Note 13)	610,938	409,242
	53,452,891	33,260,748

Contractual Obligations - Affiliates, ACCHOs and Others is funded through Cash Held at Bank of \$49.88 million (Refer Note 5) and Receivables of \$1.74 million (Refer Note 8). These funds will be disbursed to relevant organisations consistent with contractual obligations.

### Non current liabilities - other

	2022 (\$)	2021 (\$)
Lease Liability (see Note 13)	843,071	1,066,108
Provision for Make Good	204,549	203,305
	1,047,620	1,269,413

### **Lease liabilities**

The company leases its premises at 2 Constitution Avenue, Canberra ACT. Under the lease terms, the rent payable under the lease increases each year by 3.75%. The company has entered into a further two year lease from 1 October 2020 with an option in order to enhance operational flexibility. The company has included this further two year option to renew the lease within its estimate of the lease liability as it is considered reasonably certain this will be exercised. NACCHO's lease obligations further increased at the start of the 2021 - 22 financial year by \$538,531, following the NACCHO Board's decision to lease additional premises at Level 5, 2 Constitution Avenue, Canberra. There were no expenses recognised in the income statement in respect of short-term leases, or leases of low value assets.

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

	2022 (\$)	2021 (\$)
Current	610,938	409,242
Non-current	843,071	1,066,108
	1,454,009	1,475,350

Total cash outflow from leases during the year was \$559,872. The maturity analysis of the company's lease, based on the contractual undiscounted cash flows, is set out below.

	2022 (\$)	2021 (\$)
Less than one year	669,848	473,797
One to five years	871,606	1,130,224
Less finance charges	(87,445)	(128,671)
	1,454,009	1,475,350

### **Related party transactions**

No related party transactions took place during the year.

### **Key Management Personnel**

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

	2022 (\$)	2021 (\$)
Short term benefits	1,137,737	1,000,254
Post-employment benefits	160,791	140,013
	1,298,528	1,140,267

The annual fees paid by National Aboriginal Community Controlled Health Organisation in respect of services provided by the Chairperson and Company Secretary, and their costs associated with providing those services, during the financial year was Chairperson \$83,967 (2021: \$83,039) and Company Secretary \$1,500 (2021: \$3,250). Other directors do not receive any forms of remuneration.

The increase in short term benefits and post-employment benefits reflects an increase in the number of key management personnel following an organisational restructure.

### **Company details**

The registered office of the company is:

National Aboriginal Community Controlled Health Organisation Level 5, East Tower, 2 Constitution Avenue **CANBERRA ACT 2601** 

### Note 16

### **Contingent liabilities**

The company had no known contingent liabilities as at June 2022.

### Note 17

### **Events after the reporting period**

No matter or circumstance has arisen since 30 June 2022 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

### Note 18

### **Economic dependence**

The Company receives significant financial support from the Commonwealth Department of Health in the form of grant funding. The major funding contract with the Department of Health for NACCHO operational expenditure has been renewed through to June 2026. This new contract provides 4 year rolling funding for NACCHO and was signed by both parties on 1 April 2022, and this funding combined with significant other program funding provided by the Commonwealth provides an increased level of economic certainty for NACCHO going forward.

### **Directors'** declaration

The Directors of the Company declare that:

Date

- 1 The financial statements and notes, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:
  - **a** Comply with Australian Accounting Standards Simplified Disclosures;
  - **b** Give a true and fair view of the financial position as at 30 June 2022 and of the performance of the Company for the year ended on that date.
- 2 In the Directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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

Donnella Mills
Director

Raylene Foster
Director

6 September 2022

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### **Auditor's independence declaration**



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### **AUDITOR'S INDEPENDENCE DECLARATION**

As lead auditor for the audit of the financial report of National Aboriginal Community Controlled Health Organisation for the year ended 30 June 2022, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

RSM

**RSM AUSTRALIA PARTNERS** 

Canberra, Australian Capital Territory Dated: 7 September 2022

**GED STENHOUSE** 

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### INDEPENDENT AUDITOR'S REPORT

### TO THE MEMBERS OF

### NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

### Opinion

We have audited the financial report of National Aboriginal Community Controlled Health Organisation, which comprises the statement of financial position as at 30 June 2022, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

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

- giving a true and fair view of National Aboriginal Community Controlled Health Organisation's, financial position as at 30 June 2022 and of its financial performance and cash flows for the year ended on that date;
- complying with Australian Accounting Standards Simplified Disclosures under AASB 1060 General Purpose (b) Financial Statements and Division 60 of the Australian Charities and Not-for-profits Commission Regulation

### **Basis for Opinion**

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

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

### Other Information

Those charged with governance are responsible for the other information. The other information comprises the information included in National Aboriginal Community Controlled Health Organisation's annual report for the year ended 30 June 2022 but does not include the financial report and the auditor's report thereon.

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

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

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

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

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

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

### Auditor's Responsibilities for the Audit of the Financial Report

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

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: <a href="http://www.auasb.gov.au/auditors\_responsibilities/ar4.pdf">http://www.auasb.gov.au/auditors\_responsibilities/ar4.pdf</a>. This description forms part of our auditor's report.

RSM AUSTRALIA PARTNERS

**GED STENHOUSE** 

RSM

Partner

Canberra, Australian Capital Territory Dated: 7 September 2022



# Appendix A NACCHO Members

### **Australian Capital Territory**

Winnunga Mimmityjah Aboriginal Health and Community Services Ltd.

### **New South Wales**

Aboriginal Medical Service Co-operative Limited

Albury Wodonga Aboriginal Health Service Incorporated

Armajun Health Service Aboriginal Corporation

Awabakal Ltd

Biripi Aboriginal Corporation Medical Centre

Bourke Aboriginal Health Service Ltd

Brewarrina Aboriginal Corporation

Brungle Health and Community Aboriginal Corporation

Bulgarr Ngaru Medical Aboriginal Corporation

Bullinah Aboriginal Health Service Limited

Condobolin Aboriginal Health Service Inc

Coomealla Health Aboriginal Corporation

Coonamble Aboriginal Health Service Limited

Durri Aboriginal Corporation Medical Service

Galambila Aboriginal Corporation

Griffith Aboriginal Medical Service Aboriginal Corporation

Illawarra Aboriginal Medical Service Aboriginal Corporation

Katungul Aboriginal Corporation Regional Health and Community Services

Murrin Bridge Aboriginal Health Service Incorporated

Ngaimpe Aboriginal Corporation - The Glen

Orange Aboriginal Corporation Health Service

Peak Hill Aboriginal Medical Incorporated

Pius X Aboriginal Corporation

Riverina Medical & Dental Aboriginal Corp

South Coast Medical Service Aboriginal Corporation

South Coast Womens Health & Welfare Aboriginal Corporation

Tamworth Aboriginal Medical Service Inc

Tharawal Aboriginal Corporation

The Oolong Aboriginal Corporation

Tobwabba Aboriginal Medical Service

Ungooroo Aboriginal Corporation

Walgett Aboriginal Medical Service Ltd.

Walhallow Aboriginal Corporation

Weigelli Centre Aboriginal Corporation Inc

Wellington Aboriginal Corporation Health Service

Werin Aboriginal Corporation

Yerin Aboriginal Health Services Limited

Yoorana Gunya Family Healing Centre Aboriginal Corporation

### **Northern Territory**

Amoonguna Health Service Aboriginal Corporation Ampilatwatja Health Centre Aboriginal Corp Anyinginyi Health Aboriginal Corporation Central Australian Aboriginal Congress Aboriginal Corporation Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation Katherine West Health Board Aboriginal Corporation Laynhapuy Homelands Aboriginal Corporation Mala'la Health Service Aboriginal Corporation Miwatj Health Aboriginal Corporation Mpwelarre Health Aboriginal Corporation Mutitjulu Community Health Service (Aboriginal Corporation) Ngaanyatjarra Health Service (Aboriginal Corporation) Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (Aboriginal Corporation) Nganampa Health Council Inc Pintupi Homelands Health Service Aboriginal Corporation Red Lily Health Board (Aboriginal Corporation) Sunrise Health Service Aboriginal Corporation

Urapuntja Health Service Aboriginal Corporation

Western Desert Nganampa Walytja Palyantjaku Tjutaku

Utju Health Service Aboriginal Corporation

Western Aranda Health Aboriginal Corp

Wurli Wurlinjang Aboriginal Corporation

**Aboriginal Corporation** 

### Queensland

Aboriginal and Torres Strait Islander Community Health Service Brisbane

Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd

Apunipima Cape York Health Council Limited

Bidgerdii Aboriginal & Torres Strait Islanders Corp Com Service Central QLD

Carbal Aboriginal and Torres Strait Islander Health Services

Centre for Rural and Regional Aboriginal and Torres Strait Islander Health Ltd

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

Cherbourg Regional Aboriginal and Islander Community Controlled Health Services Ltd

Cunnamulla Aboriginal Corporation for Health

Galangoor Duwalami Aboriginal and Torres Strait Islander Corporation (Primary Health Care Service)

Girudala Community Co-operative Society Ltd

Gladstone Region Aboriginal and Islander Community Controlled Health Service

Goolburri Aboriginal Health Advancement Company Limited

Goondir Aboriginal and Torres Strait Islanders Corporation for Health Services

Gurriny Yealamucka (Good Healing) Health Services **Aboriginal Corporation** 

Injilinji Aboriginal and Torres Strait Islanders Corporation for Children and Youth Services

Institute for Urban Indigenous Health Ltd

Kalwun Development Corporation Limited

Kambu Aboriginal and Torres Strait Islander Corporation for Health

Mamu Health Service Limited

Mount Isa Aboriginal Community Controlled Health Services

Mudth-Niyleta Aboriginal and Torres Strait Islanders Corporation

Mulungu Aboriginal Corporation Primary Health Care Service

NPA Family & Community Services Aboriginal and Torres Strait Islander Corporation

The North Coast Aboriginal Corporation for Community Health

Townsville Aboriginal and Torres Strait Islander Corporation for Health Services

Wuchopperen Health Service Limited

Yulu-Burri-Ba Aboriginal Corporation for Community Health

### South Australia

Aboriginal Sobriety Group Indigenous Corporation

Moorundi Aboriginal Community Controlled Health Service Limited

Nunkuwarrin Yunti of South Australia Incorporated

Nunyara Aboriginal Health Service Incorporated

Oak Valley (Maralinga) Aboriginal Corporation

Pangula Mannamurna Aboriginal Corporation

Pika Wiya Health Service Aboriginal Corporation

Port Lincoln Aboriginal Health Service Inc

Tullawon Health Service Incorporated

Umoona Tjutagku Health Service Aboriginal Corporation ICN 7460

Yadu Health Aboriginal Corporation

### **Tasmania**

Tasmanian Aboriginal Corporation

### Victoria

Aboriginal Community Elders Services Incorporated

Ballarat and District Aboriginal Co-operative Limited

Bendigo and District Aboriginal Co-operative Ltd

Budja Budja Aboriginal Co-operative Limited

Cummeragunja Housing & Development Aboriginal Corp

Dandenong & District Aborigines Co-operative Limited

Dhauwurd-Wurrung Portland & District Aboriginal Elderly Citizens Inc

Gippsland & East Gippsland Aboriginal Co-operative Ltd

Goolum - Goolum Aboriginal Co-operative Limited

Gunditimara Aboriginal Co-operative Limited

Kirrae Health Service Inc.

Lake Tyers Health & Childrens Services Association Inc.

Lakes Entrance Aboriginal Health Association Inc

Mallee District Aboriginal Services Limited

Moogji Aboriginal Council East Gippsland Inc

Mungabareena Aboriginal Corporation

Murray Valley Aboriginal Co-operative Limited

Ngwala Willumbong Co-operative Ltd

Njernda Aboriginal Corporation

Oonah Health and Community Services Aboriginal Corporation

Ramahyuck District Aboriginal Corporation Geraldton Regional Aboriginal Medical Service Rumbalara Aboriginal Co-operative Limited Kimberley Aboriginal Medical Services Limited The Victorian Aboriginal Health Service Mawarnkarra Health Service Co-operative Limited Moorditj Koort Aboriginal Corporation Wathaurong Aboriginal Co-operative Limited Ngangganawili Aboriginal Community Controlled Health Winda-Mara Aboriginal Corporation and Medical Services Aboriginal Corporation Nindilingarri Cultural Health Services Inc Western Australia Ord Valley Aboriginal Health Services Aboriginal Corporation Beagle Bay Community Inc Paupiyala Tjarutja Aboriginal Corporation Bega Garnbirringu Health Services Incorporated Puntukurnu Aboriginal Medical Service Aboriginal Corporation Bidyadanga Aboriginal Community La Grange Inc South-West Aboriginal Medical Service Aboriginal Broome Regional Aboriginal Medical Service (Aboriginal Corporation Corporation) Wirraka Maya Health Service Aboriginal Corporation Carnarvon Medical Service Aboriginal Corporation

Corporation

# Appendix B Glossary of terms

Aboriginal Community Controlled Health Organisation (ACCHO) or Aboriginal Community Controlled Health Service ACCHS or Aboriginal	A health care service operated by the local Aboriginal and Torres Strait Islander community to deliver holistic and culturally appropriate comprehensive primary health care to the local community, controlled by a locally elected board or management. They provide a range of services dependant on the needs of their community, including access to specialist, allied health and dental services; advocacy, research and policy; clinical services; corporate services; health promotion; maternal and child health; and social and emotional wellbeing.
Medical Service (AMS)	This document acknowledges that acronyms such as AMS, ACCHO and ACCHS are used interchangeably and they all refer to a type of organisation from which a community receives Aboriginal and Torres Strait Islander community-controlled comprehensive primary health care.
Aboriginal health	Considered as a holistic and culturally safe comprehensive primary health care model. The principles of this model refer to health as not just the physical wellbeing of the individual, but the social, emotional, and cultural wellbeing of the whole community. Health care services should strive to achieve the state where every individual can achieve their full potential as a human being, and thus bring about the total wellbeing of their community.
Accreditation	Recognition that an organisation meets the requirements of a defined set of criteria or standards Accreditation standards used in primary health care include those of the Royal Australian College of General Practitioners, Quality Improvement Council and International Organization for Standardization.
Affiliates or Sector Support Organisations (SSOs)	The eight representative bodies for the ACCHO sector representing each state and territory. Affiliates are not members of NACCHO but all members of NACCHO are required to be members of the affiliate based in their state or territory jurisdiction.
Closing the Gap CtG also used as CTG)	Refers to the new National Agreement on Closing the Gap which was negotiated between the Coalition of Aboriginal and Torres Strait Islander Peaks and Australian Governments and signed in July 2020. The National Agreement is built around what is important to Aboriginal and Torres Strait Islander people to improve their lives. It includes four Priority Reforms for action, new accountability measures for governments and shared monitoring and implementation arrangements to collaborate with Aboriginal and Torres Strait Islander people in every aspect.
Coalition of Peaks	Refers to the Coalition of Aboriginal and Torres Strait Islander Community Controlled Peak Organisations. The Coalition of Peaks is a representative body consisting of Aboriginal and Torres Strait Islander national and state and territory community-controlled peak organisations that work to improve life outcomes for Aboriginal and Torres Strait Islander people.
Community control	Refers to the community control initiated autonomously by Aboriginal and Torres Strait Islander communities. It involves governance by bodies elected by the local community to deliver holistic and culturally appropriate health and health-related services to the community.
Continuous Quality Improvement (CQI)	Part of a range of activities that support and improve quality in health care. CQI drives service improvements through continuous and repeated cycles that are guided by teams using data to identify areas for action, develop and test strategies, and implement service redesign.

### **Cultural respect**

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

### **Cultural** safety

Involves ensuring that Aboriginal and Torres Strait Islander people are respected for their identity, rights, cultures and traditions, and that this is observed in service delivery, eliminating the power imbalance that often exists between the majority non-Indigenous position and Aboriginal and Torres Strait Islander people's needs. Cultural safety in health care means recognising and nurturing the unique identities of Aboriginal and Torres Strait Islander people, deviating from mainstream norms if necessary. Only the Aboriginal and/or Torres Strait Islander person receiving the service or interaction can determine whether it is culturally safe.

### **National Aboriginal Community Controlled Health Organisation** (NACCHO)

The national leadership body for the ACCHO sector. It represents eight affiliates and 145 members. Its membership consists of ACCHOs, operating over 550 service delivery sites to provide holistic and culturally safe comprehensive primary health care to Aboriginal and Torres Strait Islander people in urban, regional and remote areas throughout Australia. In representing its membership, the role of NACCHO is to provide advice and guidance to the Australian Government on policy and budget matters and advocate for community-developed solutions that contribute to the quality of life and improved health outcomes for Aboriginal and Torres Strait Islander people.

### **Primary Health Care** (PHC)

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

### **Primary Heath Networks** (PHNs)

Play a critical role in connecting health services across local communities to patients, particularly those who need coordinated care. They have the best access to a range of health care providers, including practitioners, community health services and hospitals.

### Social and economic determinants

Refers to the disadvantages or other factors affecting Aboriginal and Torres Strait Islander people that may impact on their health and wellbeing, resulting in significant health inequities in relation to other Australians. These determinants include the social and economic conditions, and in some cases, the locations, in which Aboriginal and Torres Strait Islander people live. Factors influencing the health status of Aboriginal and Torres Strait Islander people include: connection to family, community, country and culture; educational attainment; employment and income; housing; racism; interaction with government systems; criminal justice systems; and health behaviours.

# Appendix C Abbreviations and Acronyms

ABS	Australian Bureau of Statistics	
AC	Aboriginal Corporation or Congress	
ACCH	Aboriginal Community Controlled Health	
ACCHs	Aboriginal Community Controlled Health Services	
АССНО	Aboriginal Community Controlled Health Organisation	
ACCHRTOs	Aboriginal Community Controlled Health Registered Training Organisations	
ACCO	Aboriginal Community Controlled Organisation	
ACNC	Australian Charities and Not-for-profits Commission	
ACRRM	Australian College of Rural and Remote Medicine	
ADNs	Aboriginal Disability Networks	
AF	Asthma Foundation	
AGM	Annual General Meeting	
AHAC	Aboriginal Health Advisory Committee	
AHCSA	Aboriginal Health Council of South Australia	
AHCWA	Aboriginal Health Council of Western Australia	
AH&MRC	Aboriginal Health and Medical Research Council of NSW	
AHMAC	Australian Health Ministers Advisory Council	
AHS	Aboriginal Health Service	
AHW	Aboriginal and Torres Strait Islander Health Worker	
АННА	Australian Healthcare and Hospitals Association	
	Australian Institute of Health and Welfare	
AIHW	Australian Institute of Health and Welfare	

AIDA	Australian Indigenous Doctors Association	
AIDS	Acquired Immune Deficiency Syndrome	
AMA	Australian Medical Association	
AMSs	Aboriginal Medical Services	
AMSANT	Aboriginal Medical Services Alliance Northern Territory	
АРНС	Aboriginal Primary Health Care	
APHCRI	Australian Primary Health Care Research Institute	
ATA	Australian Trachoma Alliance	
BBV	Blood-Borne Viruses	
CEO	Chief Executive Officer	
CQI	Continuous Quality Improvement	
CS&HISC	Community Services and Health Industry Skills Council	
CtG/ CTG	Closing the Gap	
DAAs	Dosage administration aids	
DoH	Department of Health	
DSS	Department of Social Services	
EPC	Enhanced Primary Care	
FASD	Fetal Alcohol Spectrum Disorder	
GP	General Practitioner	
IAHP	Indigenous Australians' Health Programme	
IMRS	Indigenous Medicines Review Service	
IPP	Indigenous Pharmacy Programs	
IPP Review	Indigenous Pharmacy Programs Review	
КРІ	Key Performance Indicator	

MA	Medicare Australia	
MBS	Medical Benefits Schedule	
MoU	Memorandum of Understanding	
NACCHO	National Aboriginal Community Controlled Health Organisation	
NATSIHC	National Aboriginal and Torres Strait Islander Health Council	
NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan	
NCHECR	National Centre for HIV Epidemiology and Clinical Research	
NCIRS	National Centre for Immunisation Research and Surveillance	
NDIA	National Disability Insurance Agency	
NDIS	National Disability Insurance Service	
NFA	Network Funding Agreement	
NHMRC	National Health and Medical Research Council	
NIAA	National Indigenous Australians Agency	
NIDAC	National Indigenous Drug and Alcohol Committee	
NIHEC	National Indigenous Health Equality Council	
nKPI	national Key Performance Indicator	
NPS	National Prescribing Service	
NRHA	National Rural Health Alliance	
NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health	
PBAC	Pharmaceutical Benefits Advisory Committee	
PBS	Pharmaceutical Benefits Scheme	
PSA	Pharmaceutical Society of Australia	
PCEHR	Personally Controlled Electronic Health Record	
PGA	Pharmacy Guild of Australia	
PHCAP	Primary Health Care Access Program	

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oyal Australian Air Force	
Royal Australian College of General Practitioners	
Royal Australian College of Physicians	
Rural Doctors Association of Australia	
Standard Funding Agreement	
ocial and Emotional Wellbeing	
exually Transmitted Infection	
smanian Aboriginal Centre	
Victorian Aboriginal Community Controlled Health Organisation	
Western Australian Centre for Remote and Rural Medicine	
ral Medicine	

# Appendix D NACCHO directory

NACCHO	Corporate Directory Australian Business Number ABN 89 078 949 710		
Directors	Donnella Mills (Chair)	Rob McPhee	
2021 – 22	<ul> <li>Chris Bin Kali (Deputy Chair)</li> </ul>	<ul><li>Phil Naden</li></ul>	
	<ul> <li>Adrian Carson</li> </ul>	<ul> <li>Vicki O'Donnell</li> </ul>	
	<ul> <li>Matthew Cooke</li> </ul>	<ul> <li>Craig Ritchie</li> </ul>	
	Kane Ellis	<ul> <li>Basil Sumner</li> </ul>	
	<ul> <li>Raylene Foster</li> </ul>	<ul><li>Polly Sumner-Dodd</li></ul>	
	Michael Graham	<ul><li>Preston Thomas</li></ul>	
	<ul> <li>Dr Leisa McCarthy</li> </ul>	<ul> <li>Dallas Widdicombe</li> </ul>	
Company Secretary	Chris Chenoweth		
Principle place of	Level 5, 2 Constitution Avenue	P.O. Box 130	
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Bankers	Westpac		
Auditors	RSM Australian Partners		
Annual Report	NACCHO thanks all its affiliates, members and partners that have provided content and images		

used in this report.

# Aboriginal health in Aboriginal hands



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