Aboriginal Health Council of South Australia Inc. (AHCSA) is the peak body representing Aboriginal community controlled health and substance misuse services, and Aboriginal Health Advisory Committees in South Australia at a state and national level.

Our primary role is to be the ‘health voice’ for all Aboriginal people in South Australia. We achieve this by advocating for the community and supporting workers with appropriate Aboriginal health programs based on a holistic perspective of health.

AHCSA is a membership-based peak body with a leadership, watchdog, advocacy and sector support role, and a commitment to Aboriginal self-determination.

The Board of Directors and the Secretariat collectively form AHCSA. The role of the Secretariat is to undertake work directed by the Council on which all member organisations are represented.

AHCSA’s 27 year history includes:

1981 Incorporation of State Aboriginal Health Unit under the South Australian Health Commission Act.
1999 Commissioned a review that recommended reincorporation under the Associations Incorporation Act, SA 1985, to increase effectiveness and representation.
2001 Reincorporated in October as an Aboriginal community controlled organisation, governed by a Board of Directors whose members represent Aboriginal Community Controlled Health and Substance Misuse Services and Aboriginal Health Advisory Committees/Groups (AHACs/AHAGs) throughout South Australia.
2011 AHCSA celebrated its 10th anniversary as an independent Aboriginal Community Controlled Health Organisation.

board of directors

Aboriginal Health Council of South Australia Inc.

Pika Wiya Health Service
Aboriginal Corporation

Established as Pika Wiya Health Services Inc. in the early 1970s to provide a medical service to the Aboriginal population in Port Augusta and Davenport, the organisation was incorporated in 1984 under the SA Health Commission (now Country Health SA Local Health Network Inc.). On 1 July 2011, the service transitioned to Aboriginal community control under the CATSI Act.

Now known as Pika Wiya Health Service Aboriginal Corporation, the organisation operates from premises in Port Augusta and also has clinics at Davenport, Copley and Nepabunna communities as well as provides services to the communities of Quorn, Hawker, Marree, Lyndhurst and Beltana.

Nganampa Health Council

Established in 1983, Nganampa Health Council is an Aboriginal owned and controlled health service operating on the Anangu Pitjantjatjara Yankunytjatjara Lands in the far north west of South Australia. Covering more than 105,000 square kilometres, Nganampa Health operates nine clinics, a 16 bed aged care respite facility and assorted health related programs including aged care, sexual health, environmental health, health worker training, dental, women’s health, male health, children’s health and substance abuse prevention.

The main clinics are located at Iwantja (Indulkana), Mimili, Fregon, Pukatja (Ernabella), Amata, and Pipalyatjara while smaller clinics are located at Yunyarinyi (Kenmore Park), Nyapari and Watarru. The aged care respite facility is located at Pukatja and administration offices at Umuwa and Alice Springs.

Port Lincoln Aboriginal Health Service Inc.

The Port Lincoln Aboriginal Health Service (PLAHS) was founded by the local Aboriginal community in 1992, with the assistance of the Aboriginal and Torres Strait Islander Commission and the South Australian Health Commission through the National Aboriginal Health Strategy. The establishment of the service resulted from a number of reports and submissions put to both the Commonwealth and State Government from the mid 1980s onwards.

Nunkuwarrin Yunti of South Australia Inc.

Nunkuwarrin Yunti was initiated in the 1960s by the late Mrs Gladys Elphick, who founded the Council of Aboriginal Women of SA, one of the first Aboriginal organisations in South Australia.

Incorporated in 1971, Nunkuwarrin Yunti evolved from the Aboriginal Cultural Centre, the Aboriginal Community Centre of South Australia, and the Aboriginal Community Recreation and Health Services Centre of South Australia, and became known as Nunkuwarrin Yunti of South Australia Inc. in 1994. In 1998, Nunkuwarrin Yunti was awarded NAIDOC Organisation of the Year in South Australia.

The organisation has grown from a welfare agency with three employees to a multi-faceted community controlled organisation with over 70 staff who deliver a diverse range of health care and community support services.
Aboriginal Corporation

Tumbetin Waal.

Rehabilitation – long-term holistic program provided by Lakalinjeri and the Health and Fitness Centre and referrals for rehabilitation; and provides referrals; Stabilisation – short-term assistance through hostels Patrol; Substance Misuse Team – establishes clients' needs and recovery pathway including Crisis Intervention – Mobile Assistance Today, ASG provides a complete alcohol and drug substance misuse wanting to regain their sobriety.

1973 when it commenced as a voluntary self-help group for people

The Aboriginal Sobriety Group Inc. (ASG) has been operating since

services including medical, dental and social services for the community as well as an increasing number of transient clients.

Established in 1982 as the Yalata Maralinga Health Service Inc. (YMHS) following community initiative and lobbying, the health service was not only concerned with looking after people living in Yalata but also older people who had returned to their traditional lands in the north and at Oak Valley, north west of Maralinga.

By the late 1990s, Oak Valley was ready to establish its own health service called Oak Valley (Maralinga) Health Service (OV(M)) based on two principles that the Anangu people of Yalata and Oak Valley are one people, and both YMHS and OV(M) should have cooperative and ‘seamless’ arrangements for Anangu between the services.

On 31 May 2001, the YMHS Constitution was amended and the name of the organisation changed to Tullawon Health Service Inc. with the importance of the two principles remaining in the Constitution.

Tullawon Health Service Inc.

Established in 1982 as the Yalata Maralinga Health Service Inc. (YMHS) following community initiative and lobbying, the health service was not only concerned with looking after people living in Yalata but also older people who had returned to their traditional lands in the north and at Oak Valley, north west of Maralinga.

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On 31 May 2001, the YMHS Constitution was amended and the name of the organisation changed to Tullawon Health Service Inc. with the importance of the two principles remaining in the Constitution.

Umoona Tjutagku Health Service
Aboriginal Corporation

Umoona Tjutagku Health Service Aboriginal Corporation (UTHSAC) provides primary health care services to Aboriginal people in and around Coober Pedy and also auspices the Dunjiba Substance Misuse Program in Oodnadatta.

Established in 2005, UTHSAC has expanded steadily over the past seven and a half years to provide a comprehensive range of high quality services including medical, dental and social services for the community as well as an increasing number of transient clients.

Aboriginal Sobriety Group Inc.

The Aboriginal Sobriety Group Inc. (ASG) has been operating since 1973 when it commenced as a voluntary self-help group for people wanting to regain their sobriety.

Today, ASG provides a complete alcohol and drug substance misuse recovery pathway including Crisis Intervention – Mobile Assistance Patrol; Substance Misuse Team – establishes clients’ needs and provides referrals; Stabilisation – short-term assistance through hostels and the Health and Fitness Centre and referrals for rehabilitation; and Rehabilitation – long-term holistic program provided by Lakalinjeri Tumbetin Waal.

Nunyara Aboriginal Health Service Inc.

Prior to 2003, there were only two Aboriginal Health Workers in Whyalla. Due to access and equity issues raised in 1996 and the overall appalling state of health in the broader Aboriginal community, Nunyara Wellbeing Centre was established.

Nunyara integrates Indigenous holistic models of health care with western models, so that the benefits of both may assist the community. The organisation recognises the wide range of factors that impact on wellbeing including poverty, relationships and the environment, and is working to strengthen the community’s capacity to manage their health and wellbeing more effectively. The Nunyara Wellbeing Centre Inc. changed their name to the Nunyara Aboriginal Health Service in this financial year.

Kalparrin Community Inc.

Kalparrin is a Ngarrindjeri word meaning ‘helping with a heavy load’. The organisation was established in 1975 by a group of Elders who were looking for something better in their lives besides alcohol and other drugs.

Situated on a property 8kms east of Murray Bridge, some of the programs and services offered are Substance Use Recovery Program, Bringing Them Home Program, Mobile Assistance Patrol, Spirited Men’s Program, and Community & Housing Services.

Oak Valley Health Service

Oak Valley Health Service was established in 1985 as a community outstation for Anangu people displaced from the Maralinga Lands for the British atomic tests. Oak Valley (Maralinga) Inc. managed the establishment of the community including housing, roads and other infrastructure. Now serviced with a store, mechanics garage, health clinic, aged care centre, a new school and an airstrip, a CDEP program and arts workshop is also available.

The health clinic provides primary health care to the community, monitoring ongoing health issues such as diabetes, hypertension, ante-natal and post-natal care, child and school health. Their main role is health education, hosting visiting specialists and referrals for the Royal Flying Doctor Service (RFDS).

Pangula Mannamurna Inc.

Pangula Mannamurna was established from the South East Aboriginal Partnership which comprised members from the SE Nungas Club and community members whose focus was to form a ‘one stop shop’ for Aboriginal people in the south east.

The organisation strives to build on the vision of the founding members who wanted to create a place for Aboriginal people to access health and wellbeing services, gather to discuss and address community identified issues, and to be a place to celebrate achievements and culture.

Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation

First established as the Ceduna Koonibba Aboriginal Health Service, the organisation was designed to meet the health needs of Aboriginal people within the Ceduna district of South Australia including Scotdesco, Koonibba, Tia Tuckia, Munda and Wanna Mar homelands. Incorporated in 1986 under the SAHC Act, on 1 July 2011 the organisation transitioned from the SA Government to Aboriginal community control and became known as Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation.

Aboriginal Health Advisory Committees

- South East AHAC
- Mid North AHAC
- Eyre AHAC
- Moorundie AHAC
- Riverland AHAIG
- Wakefield AHAC
- Northern AHAC
Chairperson’s Report

This has been a very challenging year for the Aboriginal Health Council of South Australia Inc. (AHCSA), its members and staff. However, on a positive note, the AHCSA Board of Management made a significant decision to purchase a building outright. The new office will be located on Franklin Street, in the CBD, which is an ideal location to set us up in the future. We will be close to the new Royal Adelaide Hospital (RAH), the South Australian Health and Medical Research Institute (SAHMRI), University of South Australia, the new health precinct and there will be improved access to the CBD generally, with key stakeholders such as the Australian and State Governments nearby. We look forward to inviting community members from across SA to attend our official opening planned for mid-2015.

The 2014/15 Commonwealth Budget handed down will have huge impacts on the health and welfare sectors. The proposed introduction of the $7.00 co-payment fee, as well as changes to the Centrelink entitlements effecting young adults under the age of 30, school leavers, single-parents, the disabled and pensioners, could potentially push our community members further into poverty.

We, along with the National Aboriginal Community Controlled Health Organisation (NACCHO) and other State and Territory affiliates, have been lobbying the Coalition, Labor, Greens, Independents not to support these proposed changes, as health experts from within our organisations the Australia Medical Association (AMA), the Nurses’ Union and the Australian Council of Social Services (ACOSS) have also been very critical of the changes. I attended a budget briefing with Treasurer Joe Hockey at NSW Parliament House, hosted by ACOSS, where the attendees from Social Services and the Health Sector shared a common opinion. Everybody thought the budget was unfair, unnecessary and placed additional, undue pressure on those individuals in the low income and welfare bracket.

In South Australia, we formed the SA Health Alliance as a strategy to lobby with other peak bodies, including the Nurses Union SA, Australian Medical Association (AMA), SA Mental Health Coalition and the South Australian Council of Social Services (SACOSS). A delegation travelled to Canberra to put forward the devastating impacts the proposed budget would have on primary health care programs, which is the Aboriginal Community Controlled Health Organisation’s (ACCHO) core business – ‘Comprehensive Primary Health Care’.

NACCHO held the Health Summit in Melbourne this year and again, much of the general discussion was around the budget. The NACCHO Male Ochre Day event was held in Brisbane this year and was a very positive event to attend. We heard great stories from men about their struggles and the challenges of maintaining healthy lifestyles. It was also inspiring to listening to brothers talking about how they have overcome hurdles and setbacks in their lives and taken control of their health.

This year is a voting year at NACCHO, which always makes the NACCHO AGM a special event. We, as the members, have a chance to vote for our National Chairperson and Deputy Chairperson.

Once again, the year has seen us lobby the SA Government and the Minister about the uncertainty surrounding the AHACs. We have been lobbying at senior Health Government level, as well as through our Board, raising these concerns on behalf of our AHAC members.

This year, we sadly lost one of our valuable AHCSA board members, Mr Walker, well known throughout SA for his work in Coober Pedy, through the Aboriginal and Torres Strait Islander Commission (ATSIC), South Australian Aboriginal Sport and Recreation Association (SAASRA), Umoona Community Council, as well as holding the important position of Chair of Umoona Tjutagku Health Service Aboriginal Corporation.

The next 12 months will see us continuing to challenge the proposed Federal Budget cuts, as well as continuing to advocate remote Aboriginal health on behalf of our community members around South Australia. We also look forward to Mary’s return as CEO after her short break of convalescence over the past few months.

Thank you to all our members, our Board and staff for their hard work, commitment and support over the past 12 months. The hard work we all put in for the future of our Health Services and our people is why we are here, continuing the work that our Elders and leaders have done before us, and why we do it for our children, grandchildren and generations to come.

John Singer
Chairperson’s Report
The last 12 months have been another roller coaster ride of funding programs across AHCSA and the Sector, with the financial year finishing on a low with various programs and positions sadly coming to an end.

We started the financial year with the second AHCSA NAIDOC Open Day and we were able to acknowledge the hard working members of the community with our inaugural AHCSA Awards. These were awarded to:

- Eileen McHughes – Outstanding Leadership Excellence Award
- Deanna Stuart-Butler – Aboriginal Health Worker Award Female
- Peter May – Aboriginal Health Worker Award Male
- Anangu Bibi Birthing Program – Outstanding Health Program/Project AHCSA Membership

Thank you to the sponsors for the 2013 AHCSA Health Awards:

- Beyond – Kathleen Stacey and Associates
- Central Adelaide and Hills Medicare Local
- Country North SA Medicare Local

It was also the opportunity to acknowledge a hardworking and well respected representative of the AHCSA Board, Aunty Eileen McHughes, who has since lost her battle with cancer. She was a strong advocate for her people and community, and instrumental in resurrecting and teaching the Ngarrindjeri language to everyone.

In August 2013, AHCSA held its Full Board meeting in Port Lincoln to coincide with the 20th birthday celebration for the Port Lincoln Aboriginal Health Service (PLAHS). It was a joyous and well-deserved occasion and PLAHS have become one of the exemplar models of what an Aboriginal Community Controlled Health Service (ACCHS) should be in SA, if not the nation. They are a great role model for new and existing ACCHSs and we were privileged to be there to celebrate with them.

We have had some great achievements with accreditation in AHCSA in two areas: one with organisational accreditation with the Quality Innovation Performance (QIP) for the next three years; and the other with the AHCSA Registered Training Organisation (RTO) with the Australian Safety and Quality Association (ASQA) for the next five years. It has been a few years of hard work for both staff and the Board and I thank you for your commitment and perseverance to get to this stage.

In the past 12 months we have also had a few board members vacate long serving positions and I would like to acknowledge and thank them for their commitment to AHCSA and welcome the new board members. Farewell to Kingsley Abdulla (Riverland Aboriginal and Islander Health Advisory Group) and welcome Daryle Barnes; Fabien Peel (Tullawon Health Service) and welcome Roderick Day; Aunty Gwen Owens (Pangula Mannamurna Inc.) and welcome Peter May; Uncle Marshall Carter (Kalparrin Community Inc.) and welcome Roy Wilson.

May 2014 brought sadness to the AHCSA family with the passing of a much loved, well-respected and long serving Board member representing the Umoona Tjutagku Health Service Aboriginal Corporation. We all will miss Mr Walker very much and we have appreciated the time and commitment he gave to AHCSA, which was also evident and given thrice-fold to his community in Coober Pedy. We know his legacy will live on.

Staff continue to work hard, visiting communities to promote and implement the various programs across AHCSA with ever increasing demands from funding bodies to produce evidence within short timeframes and limited funds. As is the AHCSA way, this continues to be achieved as we are here for our members and their communities and to ensure programs are viable past the upcoming financial year. We know the importance of early intervention and prevention programs and raising awareness of health issues for our members and their communities, especially when staff experience these same challenges within their own immediate and extended families.

As we move closer to the end of the financial year, we are unsure of how the various Commonwealth funding agreements and programs will look for the next financial year or whether some will continue. We were fortunate to have three Close the Gap programs continue with the state government: GP Workforce; Patient Information Management Systems and support for the Clinical Education for the RTO, as well as the Maternal Health Tackling Smoking Program. These programs will continue for another two years, which is great news for AHCSA and the members.
Regular meetings continued with the Minister for Health and Ageing, Hon Jack Snelling and the Chief Executive David Swan, as well as the Country Health SA Local Health Network Chief Executive, Maree Geraghty. The South Australian Aboriginal Health Partnership (SAAHP) continued with the three partners: SA Health, Commonwealth Health and AHCSA. I would also like to thank the two Coordination and Support Team staff, Lea Rebane and Amy Sawford who have both decided to move on from SAAHP to seek other endeavours and we wish them all the best for the future. Thank you for the support you have provided to the Partnership and to AHCSA.

There have been some very stressful times in the past few months, with many more ahead and I would like to reiterate my appreciation to staff for their continued dedication to the organisation and to the AHCSA members. Thank you for your patience as we prepare to advocate and negotiate future funding for the organisation.

I would like to finish my report and share some exciting and positive news for our future. After 13 years of renting, AHCSA has purchased a building in Franklin Street in the Adelaide CBD. There are some long months ahead, with planning and architecture to develop the building to suit our needs. The wait will be worth it and we look forward to moving in mid 2015. This is a great achievement for AHCSA and its members and we will keep you updated with the news.

Thank you again to the Board and staff for their continued support and to our members for their confidence in AHCSA. In this ever-changing and unpredictable political climate, what is certain is that AHCSA will continue to strengthen and grow and to advocate for health services, programs and funding for all Aboriginal people across SA.

Mary Buckskin
Chief Executive Officer
I have been in the Deputy CEO role for three years now and have been fortunate to have had the opportunity to build and develop relationships with our Board members, the Member CEOs as well as the CEOs of the other State Affiliates. These relationships have assisted with supporting the members through their AGM preparation as required; visiting the Health Service with the AHCSA Chairperson and Deputy Chair; and providing any day-to-day advice, where needed.

At a national level, there have been many meetings with the National Aboriginal Community Controlled Health Organisation (NACCHO) and other state Affiliates, to negotiate funding and agreements with the Commonwealth and the National Key Performance Indicators (nKPIs), the Tackling Smoking and the eHealth programs. The AHCSA Registered Training Organisation has been working closely with the Aboriginal Medical Services of Northern Territory (AMSANT) and Central Australia Aboriginal Congress to support the delivery of training to the Aboriginal health workers across the Sector.

At a state level, the Close the Gap programs secured in the 2012/2013 financial year provided substantial peace of mind to both the staff in these programs and the AHCSA members the program supports out on the ground. Negotiations with Country Health SA Local Health Network continued at two levels: one was with the ongoing funding for the Trachoma Elimination Program and the other with the support to the Aboriginal Health Advisory Committees. AHCSA will continue to advocate the importance of continued support to both of these areas. For trachoma to still be prevalent in a developed country such as Australia is appalling, since research has demonstrated that it is primarily associated with developing countries with poor health care and sanitation services. Work with the Medicare Locals has continued at various levels throughout the organisation and the invitation and attendance to the CEOs of each Medicare Local to attend the CEO Forum has proven to be beneficial to both sectors.

At an organisational level it has been important to assist and direct staff with the operational systems to alleviate unnecessary pressure on the CEO. It is good business practice to regularly review systems within an organisation and for this reason, we decided to trial our new tender process for all our promotional work, publications and the development of a new website. We were fortunate to find some great organisations in Adelaide, who specialise in all of these areas. It was exciting to see the high calibre of ideas, innovation and expertise these organisations had to offer AHCSA. The announcement of the preferred providers had not been finalised by the end June and will be announced in the next annual report.

One of the most exciting projects I have been working on in my time in this role has been securing funds to contribute towards our own building. With the support of a great team and Board at AHCSA, we were able to find and purchase an ideal building and will work towards moving in mid 2015.

As we leave this financial year, we begin planning our new organisational structure to coincide with our new funding agreements, to ensure that our program delivery and support continues for our members and communities. We remain focused on ensuring that the foundation of the organisation is strongly based upon the four constitutional objectives. The organisational structure is the next step in linking the Strategic Directions and Organisational Plan.

Thank you to all staff, the Board and members for their continued support and commitment to AHCSA, which ensures that AHCSA continues to be the peak body for Aboriginal health in SA.

Shane Mohor
Deputy Chief Executive Officer
Once again, 2013/2014 has been a busy year for the Administration team. Executive and administrative support during the year was provided to Board of Management, secretariat, students and various sub-committees and forums. Several workshops were coordinated during the year and AHCSA’s Board Meetings and AGM, Student Induction Day, Student Graduation and AHCSA’s NAIDOC Open Day, were held.

### Administrative Personnel

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<tr>
<th>Position</th>
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<tr>
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<td>Receptionist &amp; Administration Assistant</td>
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<td>Administration Assistant</td>
<td>Strategic Planning</td>
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<tr>
<td>Administration Officer</td>
<td>ATSIHRTONN</td>
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</table>

### Training and Professional Development

Members of our team were supported with the following training and professional development opportunities:

- Pitjantjatjara Language course
- Risk Management training
- Adobe Design and Photoshop course
- NetSuite training
- Events Management course
- Axcelerate training
- Fire Warden training
- Bomb Threat training
- Cert III AHW training
- Cert IV in AHW training
- Proofreading and Editing course
- Working Smarter with Outlook training
- Gemba training
- Yammer training
- NACCHO Youth Conference
- NACCHO Summit
- EA and PA Summit
- Attend and contribute to coordination of promotional events

### Quality Improvement and Compliance

During the year, administration personnel and Manager of Administration and Facilities continued to contribute to organisational and departmental quality improvement and compliance. This was achieved by the following means:

- Monthly administration meetings
- Review of organisational policies and procedures (WH&S, Tenders, Infrastructure, Procurement, Insurance, Environmental and HR)
- Review of administrative systems
- Review of administrative processes
- Review of cleaning services
- Review of communication devices
- Review of fleet vehicles
- Engagement of qualified contractors (building maintenance)
- Review of AHCSA’s insurances

### Facilities

AHCSA currently leases two premises in Unley. The lease for the office at 9-11 King William Road, Unley expires at end of September 2015 and the lease for office space at Suite 3, 13 – 15 King William Road, Unley expires at the end of June 2015. Over the past few years AHCSA has been exploring the possibility of purchasing its own building. This dream has now become a reality with AHCSA successfully negotiating the purchase of such a building. Our new address will be 220 Franklin Street, Adelaide with settlement scheduled for 1 October 2014. Therefore, the above office leases will not be renewed at the expiration of their respective terms.

### Achievements

- AHCSA’s Organisational Accreditation renewed in May 2013 for a period of 3 years.
- AHCSA’s RTO was re-registered in February 2014 for a further period of 5 years.

Angela Francisco
Manager, Administration and Facilities
Financial Performance

Despite an increase in revenue of $515,321 or 4.71%, AHCSA registered a nett statutory loss of $295,864 for the financial year. This is attributable to higher expenses during the year and further compounded by a funding shortfall of $271,672. The expenses of programs with funding shortfall are absorbed by other programs. The increase in expenses is due to higher employment costs, resulting from the increase in the number of projects, social marketing initiatives and the RTO accreditation.

Employment cost increased by 5.95% and operating expenses increased by 19.70%. There is a minimal increase in travel cost.

Financial Position

The decrease in Total Assets is attributable to a lower cash and grants receivable. This is negated by a decrease in Total Liabilities resulting from a much lesser unspent grant carried forward and trade creditors. Despite the reduction in Nett Assets, the overall financial position showed strength and solvency.

Information Technology

Further work is in progress to enhance the internally developed NetSuite ERP system to provide better transparency, accountability, management and governance. This includes the electronic purchasing and payment system, program management, risk management, compliance and the Alfresco electronic filing system. Further configuration has been done to reflect AHCSA’s organisational structure in NetSuite. This will enable reporting by Program, Funding Source and Organisation Section without having to use a sub-system like Excel.

New Acquisition

AHCSA entered into a contract of sale on 2 June 2014 with San Angeles Pty Ltd to purchase a block of land and existing building costing $3,600,500 (GST exclusive), located at 220 Franklin Street, Adelaide. The settlement of the purchases is on 1 October 2014. The South Australian government has approved an ex gratia payment which is equal to the stamp duty payable on the purchase of the property.

Melissa Connolly  
Finance Manager  
July 2013 – March 2014

Robert Nilo  
CPA  
Finance Manager  
February 2014 – March 2014
strategic directions

AHCSA is moving forward with love and a deep respect for our communities and our work.

Our Vision
All Aboriginal people enjoy a high quality of health and wellbeing.

Our Mission
The Aboriginal Health Council of South Australia will work in ways that maximise the capacity of the Aboriginal community in determining their health and wellbeing by ensuring:
- Community participation
- Community ownership

Our Values
We will do this in ways that ensure the Aboriginal Health Council of South Australia values:
- Cultural diversity
- Community history and knowledge
- Community strength

AHCSA Constitutional Objectives
AHCSA will achieve our vision through the objectives set forth in the AHCSA Constitution as the foundation document of the Association.

These Objectives support the activities of the AHCSA Board and Secretariat:
1. Operate as the peak body for Aboriginal Health in South Australia.
2. Improve the health outcomes for all Aboriginal people of South Australia, promoting and advancing the community’s commitment to physical, social and emotional wellbeing and quality of life.
3. Build the capacity of members to create a strong and enduring Aboriginal Community Controlled health sector and, contribute to improving the capacity of mainstream health services to respond appropriately to the health needs of the Aboriginal community of South Australia.
4. Contribute to the development of a well qualified and trained Aboriginal health sector workforce.
education and training

CO1  Advocate for and negotiate continued and new funding.
CO2  Deliver nationally accredited, quality training.
CO3  Consult with key stakeholders to ensure training meets needs.
CO4  Contribute to a well-educated Aboriginal workforce through consultation and engagement.
The financial year 2013/14 was one of high change and exceptional challenges for the Education and Training Team (ETT), in meeting the compliance demands of the Registered Training Organisation (RTO). The year was totally driven by the regulatory demands of the Australian Skills Quality Authority, Australian Health Practitioner Registration Authority (AHPRA) and the immediate need to commence preparation for the new training packages in the Aboriginal Primary Health Care Fields of Certificate III and IV in Practice and Primary Health Care.

These regulatory demands, through the hard and committed work by the ETT staff, were all overcome and the result was outstanding. As a result of the ASQA audit, the RTO was reaccredited for a further five years, which is the longest period ASQA can award to an RTO. The AHCSA and the broader health sectors have a high quality RTO that is attaining best practice standards in the area of Aboriginal Primary Health Care training and will continue to forge best practice and nation first initiatives into the future.

Student Data and Graduation

Over this period, we had 102 students successfully complete full qualifications in the Aboriginal and/or Torres Strait Islander Primary Health Care and Indigenous Research Capacity Building streams. Of those completions, almost half are made up of the Practice stream, with a total of 47 completions. We also had 29 completions at Certificate III level, 19 completions in the Community Care stream and 7 completions of the Certificate IV in Indigenous Research Capacity Building qualification. Over three quarters of these students were female and the majority falls within the 25 – 64 years age bracket.

<table>
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<th>Qualification Completions</th>
<th>24 years and under</th>
<th>25 – 64 years</th>
<th>Over 64 years</th>
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<td>Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care</td>
<td>29</td>
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<td>Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Community Care)</td>
<td>19</td>
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<td>Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)</td>
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<td>Certificate IV in Indigenous Research Capacity Building</td>
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| TOTAL COMPLETIONS | 102 |

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<th>Qualification Completions – Gender</th>
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<tr>
<td>Male (26 candidates)</td>
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<td>Female (76 candidates)</td>
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<table>
<thead>
<tr>
<th>Qualification Completions – Age</th>
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<tbody>
<tr>
<td>24 years and under</td>
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</tbody>
</table>
Over this period we also had 331 students successfully complete Short Courses. These are made up of Quitskills, Burns Prevention Training, Alzheimer’s Training and Good Medicines Better Health (GMBH).

**COMPLETIONS**

<table>
<thead>
<tr>
<th>Training</th>
<th>Completions</th>
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<tbody>
<tr>
<td>Burns Prevention Training</td>
<td>10</td>
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<tr>
<td>Quitskills Training</td>
<td>289</td>
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<tr>
<td>Alzheimer’s Training</td>
<td>11</td>
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<tr>
<td>Good Medicines Better Health</td>
<td>21</td>
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<tr>
<td><strong>TOTAL COMPLETIONS</strong></td>
<td><strong>331</strong></td>
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Compliance

1 July 2013, saw the arrival of new Aboriginal Primary Health Care Training packages. The RTO developed and executed an action plan to respond to the renewal demand, focusing on training assessment strategies, assessment tools and training guidelines for the post June 2014 intake.

In the fields of Certificate 4 Primary Health Care Practice HLT43907/HLT40213, the RTO trained and graduated 175 Aboriginal health workers in SA. This will be followed by a further 15 Practice AHWs in 2014. This ensures that SA’s Aboriginal Community Controlled Health and Public Health sectors have qualified Aboriginal staff who are ready to seek formal registration with AHPRA. SA’s Health sector is now in powerful position to respond to the sector demands for qualified Aboriginal health workers at both state and national level, responding to the Closing the Gap initiative.

Training Excellence

**Burns Prevention**

The ETT was awarded a certificate of merit for Burns Prevention, for its collaborative partnership with the Royal Adelaide Hospital and the Julian Burns Trust. This award was presented by the Minister for Emergency Services.

**Axcelerate – Student Management System**

The ETT has upgraded its student management systems with the implementation of Axcelerate, a highly flexible and efficient student management system that allows instant access to individual student personal information, status, and attendance and associated supplementary information. The ETT has successfully transitioned its scope of delivery to the latest upgraded HLT13.

**Simulated Learning Environment (SLE)**

AHCSA Education and Training team has partnered with the Adelaide University Simulated Learning Environment and SA Health (Clin Ed) to establish a tri-part funding submission, as a means of providing intensive training and development opportunities for AHCSA Primary Health Care students. One of the most high-tech medical teaching facilities in SA, the Adelaide Health Simulation and Skills Centre, has been developed to address the current and future inter-professional learning needs of health and related workforces.
Equipped with a variety of simulation manikins and a fully integrated audio visual system for remote video conferencing, the Centre offers the capacity for all levels of fidelity in simulation education as well as training. Using state-of-the-art technology to deliver an innovative and effective learning experience, our safe, evidence-based environment supports participants to develop clinical and interpersonal skills as well as the confidence and competence to work effectively within their healthcare teams.

**Work Placements**

Formal student workplace agreements have been established with the Northern Area Local Health Network (NALHN), Southern Area Local Health Network, Pika Wiya Aboriginal Health Service Aboriginal Corporation and Nunkuwarrin Yunti Inc.

Work placement agreements with NALHN represent a unique opportunity as no such arrangement has been brokered previously. These partnerships will greatly enhance the ability of students who are unemployed to graduate, seek employment and support the health and wellbeing of the Aboriginal community in SA.
primary health care

ABCD Project
CO1 Build capacity for CQI within ACCHS.
CO2 Promote and encourage staff to share experiences.
CO3 Improve ACCHS’s systems for delivery of best practice care.
CO4 Provide targeted CQI training and support for participating ACCHSs.

Alcohol Prevention
CO1 Administer the Alcohol Prevention Project Reference Group.
CO2 Improve identification of families at risk of alcohol related harm.
CO3 Determine evidence-based prevention strategies to address alcohol misuse.
CO4 Develop capacity on alcohol prevention strategies.

Blood Borne Virus
CO1 Establish and maintain a steering committee and a support network.
CO2 Develop and distribute appropriate health promotion materials for the Sector.
CO3 Increase the knowledge about viral hepatitis to the Sector.
CO4 Develop and deliver education and training sessions for ACCHSs and community members, relating to BBVs.

eHealth
CO1 Act as first point of call for eHealth requests and queries.
CO2 Assist ACCHSs with continuity of clinical care through access to funding, infrastructure and training.
CO3 Work with communities and ACCHSs on the primary health care model.
CO4 Fund ACCHSs to employ local registration officers and provide ongoing training.
Trachoma Elimination

CO1 Establish the geographic extent of endemic trachoma in SA.
CO2 Build relationships and awareness of appropriate linkages and partnerships.
CO3 Engage and consult with all health professionals and agencies in rural and remote communities.
CO4 Provide ongoing trachoma/trichiasis awareness training to all AHWs and other health professionals.

Ear Health

CO1 Ensure Aboriginal children and youth (0-21 years) experience earlier detection and diagnosis, timely intervention and treatment of ear disease in line with best practice.
CO2 Map and monitor Aboriginal ear health prevention, screening and treatment activities and identify gaps in South Australia.
CO3 Develop and maintain effective networks to support implementation of ear health strategies.
CO4 Support the development of ear health workforce skills.

SA Quality Improvement Data (SQID)

CO1 Develop a program for the purpose of promoting CQI for the ACCHS Sector.
CO2 This program will provide an up-to-date snapshot of their current health activities in the form of quarterly reports, which will inform evidence-based practice for each ACCHS.
CO3 Once the program has been established, the ACCHS can utilise these reports for future advocacy, funding and evidence-based outcomes.
CO4 Contribute to the development of each staff member to gain a better understanding of how their service is tracking and a sense of ownership of the data.
primary health care

ABCD National Research Partnership (2010-2014)

The objectives of the program are to build capacity for continuous quality improvement (CQI) within the SA Aboriginal primary health care services and to negotiate and complete a relevant research program around this.

Program Activities

Targeted training and on-going support is provided for participating ACCHS staff to implement the One21seventy – CQI program. This includes stakeholder workshops and practical visits to sites, as well as coordinated support with other AHCSA Public Health teams, including Communicare and accreditation support. A research project was conducted alongside CQI implementation activities guided by local priorities. The barriers and enablers to CQI implementation were explored by participatory methods with key staff across a range of member services and informed AHCSA’s ongoing approach and planning to support future quality programs.

Other Aspects of the Program

CQI activity lost energy in many services due to a number of barriers identified in local research projects. These included workforce issues and a lack of strong leadership for CQI and/or a local champion to support local CQI activities. A key enabler of the program was access to project support (CQI coordinator) and clear linkages to local priorities. These included accreditation activities and supporting reporting duties such as nKPIs. Due to funding access to the One21seventy program ending mid year for services, however, they may purchase this directly as a few services are planning to do.

Major Achievements

We conducted key stakeholder workshop, completed a local research project and conducted dissemination activities, including presentations at various conferences for Aboriginal primary health care. AHCSA CQI team members participated in national level workshops to explore the need and scope for a national CQI framework, which was identified as a key enabler for future and ongoing quality improvement activities within Aboriginal primary health care.

Communication

This project adopted an integrated approach to member support – meaning the research officer worked closely with AHCSA public health team. PHMO provided leadership, guidance and offered the project legitimacy. Lessons were learnt along the way and outcomes of the research project were reflected upon and implemented easily.

Interagency Relationships

- SA Health Metro Aboriginal family services.
- SA Health clinical governance networks supported dissemination of research findings and use of available national level data, such as child health.
- Seeking large scale change in this sector requires broad and multi-level relationships to work together so that these small connections can hopefully support change over time.

Meetings and Conferences Attended and Convened

AH&MRC PHMO meeting, May 2014, supported the opportunity to consider a national peak body approach to supporting services to improve their quality of care. This was followed by a set of national workshops conducted by Lowitja Institute to explore feasibility of a national CQI framework in Aboriginal primary health care. The workshop consensus was positive and a report has been delivered to the national Department of Health, August 2014.

Training and Presentations

AHCSA Quality Workshop, February 2014 in Adelaide: Participants included Aboriginal health workers, nurses, CEOs, managers and the AHCSA public health service delivery team.

Future Activities for Increased Success

Finalise a regional CQI framework which can guide AHCSA to support its members with a range of quality-related programs to improve health system delivery. The funding AHCSA received for components of the program support through the Department for Health and Ageing ceased on the 30 June 2014, however the program still continues through the One21seventy program.
Alcohol and Other Drug Prevention

The objectives of the program are as follows:

- Establish an alcohol working group with membership from AHCSA and DASSA, including a focus on primary prevention and strategic policy advice.
- Work with communities to identify and support the development of a range of activities specifically directed at young people to allow prevention and early intervention in alcohol-related problems.
- Support Aboriginal organisations to lobby for regulations and agreements to reduce alcohol supply, where appropriate.
- Increase the capacity of primary health care staff to address a range of alcohol-related issues through the provision of training and support, including brief intervention and screening.
- Explore and develop intervention strategies to reduce youth binge drinking and violence, including strategic policy advice.
- Explore options for involuntary intervention programs to reduce long term alcohol dependence among young people.

Program Activities

The Project Officer has been working quite closely with many of the AHCSA members and partners to discuss the project and discuss prevention and early intervention strategies with the communities. The Project Officer attended a number of camps and town meetings, travelled around with staff as they carried out their jobs with patients, talking about their role and how it works, offering support and guidance when needed. This includes working with men’s groups, youth groups and talking at schools about alcohol and other drug-related issues in their lives, families and community.

Other Aspects of the Program

The program had limited funding and the cost associated with travelling to various communities was shared across other programs in the Public Health and Primary Health teams, as well as the partner organisations.

Major Achievements

- The Sexual Health and Blood Borne Virus Workshop on risky behaviour in young people in March. The presentation covered the Rehabilitation and Healing Centre’s rising prevalence of steroid use, co-morbidity and dementia or alcohol-related brain damage.
- An invitation by Umoona Tjutagku Health Service Aboriginal Corporation in Coober Pedy to provide staff with workplace training in areas identified by the team leader. A number of resources from the DASSA library and other organisations were used. It was a good opportunity to meet new staff, including social workers and provide mentoring and guidance to the AOD sector. There was an interest in working with youths and depression.
- An invitation to attend a meeting by Nganampa Health Council who were looking at developing a program and projects in the APY lands to address male health issues by building up a network of men’s groups. This was achieved by organising meetings with various communities to hear the men’s concerns.
- An invitation to join a men’s group from Murray Bridge and Mount Barker on a three-day fishing trip on the Coorong to speak about harm minimisation, dependence, withdrawal and the ongoing benefits of sobriety for long-term alcoholics. The emphasis was on the benefits of living sober lifestyles, raising children, being better partners, role models and generally healthier.
- A visit to Nunyara Aboriginal Health Service in Whyalla in February to present a session to staff about the project and offer services discussed at their staff meeting which generated a lot of interest.

Interagency Relationships

The Project Officer has been supporting Aboriginal organisations to lobby for regulations and agreements to reduce alcohol supply, where appropriate.

Serving as a member on the Alcohol Management Group Reference Committee, which considers statewide alcohol-related issues through the eyes of various stakeholders. These include Liquor Licensing; Liquor and Gambling; Liquor Stores Association Board; Drug and Alcohol Policy SAPOL; Licensing Enforcement SAPOL; Commissioner OLG and top management from DASSA; SANDAS; City of Charles Sturt; LCASA; RCSA; DECS and AHCSA. The decisions and strategies agreed on by this committee can affect alcohol supply to Aboriginal people where appropriate and necessary.

There was also the opportunity to attend the two-day Dry Area Summit Planning facilitated by Khatja Thomas, Aboriginal Commissioner, where the first day dealt with the facts and listened to the communities’ needs. This information was used for the second day, where it was presented to Government representatives and the questions were addressed.
Meetings and Conferences Attended and Convened

- An Adelaide art gallery with a group of males to view Aboriginal artists’ works. The aim was to get them interested in producing their own art to help them deal with issues that were leading them into substance abuse.

- A Board of Management meeting at Aboriginal Family Support Services (AFSS), where the Project Officer proposed that all children coming into AFSS care be screened for Foetal Alcohol Syndrome (FAS), so that they can receive help to overcome disabilities and help reduce negative outcomes, like prison and alcoholism, as these seem to be a common outcome for people affected by FAS, and the resulting spectrum disorders.

- Holistic Empowerment Aboriginal Riverland Integrated Network Gathering SA Inc. at The Kungun Community Development Centre at Glossip.

- Alcohol Management Group meetings in Port Augusta, which is aiming to have their own rehabilitation service built in Port Augusta.

- Met with the Director of Korna Winmil Yunti (KWY) men’s health service which provides cross-cultural training.

- Met with state representative from an Alcohol Management Reference Group that meets at DASSA.

- On the Board researching co-morbidity and how Aboriginal people’s mental health and alcohol treatment is addressed and responded to in the North Playford Council area.

- Working with ADAC and Centre Care on a Men’s Camp held at Yalata for men with alcohol and substance issues.

Training and Presentations

- The Project Officer presented at schools, remote male camps and men’s groups to help them to share their stories and begin healing by supporting each other.

- Continued to visit staff around the state to discuss training needs for the Alcohol and Other Drugs (AOD) industry and how we respond to AOD issues in communities. This involved looking at programs to address issues such as underage drinking, domestic violence or gambling. It included addressing people with alcohol-related brain damage and in need of supported accommodation and guardianship. Unfortunately, this program will not be continuing past 30 June 2014, due to lack of funding.

Blood Borne Virus Program

Key objectives of the program are as follows:

- Support ACCHS with strengthening primary health care systems for screening and management of viral hepatitis.

- Develop and deliver education and training sessions for ACCHS and community members relating to blood borne viruses and harm-reduction strategies, such as clean needle programs.

- Develop and distribute appropriate health promotion materials for use by ACCHS, in relation to hepatitis prevention, testing and treatment.

- Liaise with Viral Hepatitis Clinical Practice Consultant nurses and ACCHS to increase knowledge of viral hepatitis treatment and increase access to viral hepatitis treatment in Aboriginal communities.

- Requests from other agencies working in viral hepatitis prevention, testing and management were responded to, to enable provision of culturally appropriate services for Aboriginal people.

- Support for DASSA to expand the number of CNP sites in specific regional and metropolitan locations.

- Support for DASSA to increase culturally appropriateness of CNP service delivery.

- Support for DASSA to change or augment the modality of service delivery in existing CNP sites.

Major Achievements

- Viral Hepatitis and Clean Needle Program for safer injecting education and training for:
  - AHCSA Member Services
  - AHCSA Certificate III and IV students studying Aboriginal and Torres Strait Islander Primary Health Care
  - Respect Our Mob Workshop addressing young people and sexual health, BBVs and Clean Needle Programs, Alcohol and Other Drug Harm Reduction
  - Aboriginal Tobacco and Other Drugs Aboriginal Workers Forum

- Hepatitis B Project Nyuntumpa Aliu Wiru Kâyînyâma – Love your Liver:
  - Hepatitis B booklet – *What Is Viral Hepatitis? How It Spreads and Healthy Living With Viral Hepatitis*
  - Workforce education with Tullawon Health Service and Oak Valley Health Service
  - Healthy Liver painting with ladies at Yalata
  - Healthy Liver education session with children at Yalata Anangu School
Healthy Liver booklet Ngayatu ini O’livernya, Meet Oliver, developed with artwork created by children at Yalata Anangu School

Progress and planning towards new CNP sites with Member Services.

• Working with Clean Needle Program Peer Workforce around best practice approaches for collecting and documenting Aboriginality data. This has included provision of posters, pamphlets, and information sheets for the CNP Peers to use when explaining why they are asking people’s Aboriginal or Torres Strait Islander status.

Interagency Relationships

• AHCSA BBV Program Coordinator Steering Committee
• World Indigenous People’s Conference on Viral Hepatitis 2014 Organising Committee
• DASSA CNP Network
• SA Health Blood Borne Virus Health Promotion and workforce development sub-committee
• SA Health Hepatitis C Model of Care Reference Group
• Hepatitis SA statewide Hepatitis B Project Coordination Group
• HIV Interagency Taskforce
• AHSM Aboriginal and Torres Strait Islander Health Workers and Blood Borne Viruses Resource Reference Group
• RASA Online Induction Program for BBV Sector Workforce Development Expert Project Reference Group

Future Activities for Increased Success

• Working with AHCSA Patient Information Management System Coordinator on a new project: Viral Hepatitis Screening and Management – Protocol and Patient Information Management System. Project aim is to standardise a best practice approach for the screening and management of viral hepatitis, through development of Communicare User and Administrator Manuals and a screening and management protocol. The BBV Program Coordinator’s role in the project is to support the implementation of the manuals, and provide education on their use.

• Continued expansion of clean needle programs as a vital service for the prevention of blood borne viruses within the Aboriginal community.

• Nyuntumpa Alu Wiru Kanyinma Project: seek funding to develop a short video in Pitjantjatjara with English subtitles, providing information on hepatitis B and healthy livers.

• Strengthening treatment pathways for Aboriginal people living with viral hepatitis.

eHealth

The objectives of the eHealth is to enable ACCHSs to access national eHealth initiatives, provide funding support for fostering community development via eHealth programs, eg: community registration officers, provide IT infrastructure support to ACCHSs, inform ACCHSs about pertinent national eHealth developments and provide advice.

Program Activities

Personally Controlled Electronic Health Record (PCEHR) deployed to all SA ACCHSs (36 health service delivery areas), subsequent subproject with SAH around secure message delivery directly into Communicare inboxes (ongoing) and Remote Outback Satellite Infrastructure for eHealth (ROSIE-eH) project for improved bandwidth at Kakarrara Wilurrara Health Alliance (KWHA) sites (ongoing). This program currently funds three staff: Manager, Strategic Solutions Architect and an Administrative Assistant.

Healthy Alu If we eat fresh kuka (meats) and fruits like our bush tucker, drink plenty of kapi (water) and not alcohol, exercise by playing sports or going out to collect/hunt bush tuckers, our alu (livers), bodies and minds will be healthier.

Artists Sophia Gibson, Theresa Peters, Glenda Ken, Stephanie May, Karen Charra, Bronwyn Smart, Jessica Viersma, from Yalata Anangu School.
primary health care

**Project Aims**
1. Meaningfully utilise eHealth initiatives to foster improvements in continuity of care, disease management, health service infrastructure and clinical data quality.
2. Deploy PCEHR across SA ACCHSs.
3. Train staff to utilise PCEHR in SA ACCHSs.
4. Register > 7000 SA ACCHS consumers for the PCEHR by 30 June 2014.

**January – June 2014**

**Update**
- All ACCHSs set up for connection to national eHealth record except Oak Valley (in progress).
- Clinician training across all sites in progress.
- Point to Point Messaging Project underway with SA Health (P2P).

**Issues**
No support guaranteed post 30 June 2014. The program has fulfilled all its requirements ahead of schedule and is providing an ongoing support provision. The SMD and ROSIE projects are current focus areas.

**Major Achievements**
- PCEHR across SA, Argus and secure messaging being tested, satellites for improved internet connectivity for remote communities nearing completion.
- Building an eHealth website has improved communication and assisted the AHCSA members.
- All AHCSA members had ongoing training and support throughout the year.

**Interagency Relationships**
- National eHealth Transition Authority (NeHTA), Northern Territory Department of Health (NT DoH), SA Health eHealth (SAH eH) systems, Department of Health (DoH) PCEHR ops, Health Connex, Kimberly-Pilbara Medicare Local (KPML) and Chamonix IT.

**Meetings and Conferences Attended and Convened**
- Darwin meetings, HIC 2013, P2P NeHTA workshops and DoH PCEHR round tables.

**Ongoing Training and Development**
This was provided to the ACCHSs in PCEHR, Secure Message Delivery (SMD), Communicare and Argus, a software that all the ACCHSs in SA use for SMD.

**Eye Health and Chronic Disease Specialist Support Program**
This is a Commonwealth Government funded program auspiced through AHCSA. It is strongly focussed on providing the Aboriginal Communities of rural and remote SA with access to medical specialists such as ophthalmologists and optometrists, education and health promotion, whilst acknowledging the serious eye health and related chronic diseases associated with the Aboriginal communities’ health and wellbeing.
The Eye Health and Chronic Disease Specialist Support Program (EH&CDSSP) continues to operate in partnership with the rural and remote communities and maintains strong alliances with the state affiliates such as the Royal Society for the Blind, the Rural Doctors’ Workforce Agency, Can Do For Kids, Crows Football Club and receives excellent support from the Sight For All Foundation, in particular the Chairperson, Dr James Meucke an ophthalmologist. For several years, he has engaged with AHCSA, provided advice and consultancy in regard to eye health and diabetes. He has provided professional and commercial support to enable eye health films, DVDs covering real and animated stories to be offered to the Aboriginal Communities in reference to rural and remote health promotion, healthy living and eye surgery. The films can be viewed via the Sight For All website, and where possible, are used during the Eye Health team visits to the rural and remote communities or during health promotion and education activities. Dr James consults on a regular basis with senior Aboriginal staff of AHCSA and community members to gain appropriate cultural and language guidance for his ventures. Feedback has been extremely positive and well received and AHCSA looks forward to a long and healthy relationship with Dr James and the Sight For All Foundation.

Aspects of the Program

The EH&CDSSP is working in partnership with the Trachoma Elimination Program therefore ensuring the Aboriginal Communities of SA are provided with an up-to-date, informative and strong health promotion focus with regard to eye disease and other chronic health conditions. As both programs continue to be poorly funded and work under pressure of unstable contracts and unclear financial projections several areas of health promotion and logistics have been delayed until a clear pathway is offered.

On a more positive note, the two programs have worked together, sharing resources in partnership with the schools and ACCHSs within the rural and remote Aboriginal communities providing a holistic approach to child health checks.

Major Achievements

Family health checks with a strong focus on the reason to see an eye doctor if you have a chronic disease and child health checks with a strong focus on Clean Faces – Clean Hands – Strong Eyes were held at the schools in Coober Pedy, Whyalla, Oodnadatta, Oak Valley, Yalata and Ceduna. The health checks were a great success, bringing Aboriginal Community Education Workers, Environmental Health Workers, clinic health workers and AHCSA staff together to provide a day with healthy eating, health entertainment, promotion and discos whilst collecting data and providing referrals to specialists and GPs. Feedback from the schools, clinics and the communities was outstanding and more are planned for the next 12 months.

Meetings and Conferences Attended and Convened

- National Eye Health Coordinators Education Program – Melbourne 21 – 22 June 2014
- National Eye Care Coordination Forum – Melbourne – Monday 23 June 2014
- NACCHO SUMMIT – Melbourne 24 – 26 June 2014

Training and Presentations


The following Aboriginal Communities of SA are visited a minimum of twice a year and all plans and logistics are approved by the Aboriginal Communities before program visits:

- Port Augusta – optometrist
- Whyalla – optometrist
- Murray Bridge and Raukkan – optometrist
- Ceduna – ophthalmologist and optometrist
- Yalata – ophthalmologist and optometrist
- Oak Valley – ophthalmologist and optometrist
- Tjuntjunjarra – ophthalmologist and optometrist
- Coober Pedy – ophthalmologist and optometrist
- Ivantja, Fregon, Mimili, Pipalyatjara, Nyapari, Amata and Pukatja – ophthalmologist and optometrist
Training and Development

- Ensure ACCHSs are supportive of the training requirements for their AHWs in the broad areas of chronic diseases, in particular the relationship between diabetes and eye health checks.
- AHWs are encouraged and supported to become more involved in using the eye health equipment and understanding the relationship between diabetes, eye health and chronic diseases.
- Eye specialists continue to offer in-house hospital training and/or support to AHWs and medical professionals within the ACCHSs.
- Aboriginal health professionals continued to be offered the opportunity to attend training at the RAH and the FMC to understand the dynamics and management of eye health equipment, operations and screening.
- AHWs have become more involved in the specialist program by using the eye health equipment more confidently and managing the screening and checking of distance vision and other eye health requirements.

Future Activities for Increased Success

- Research, investigate and consult with the Aboriginal people of SA and cross-border relationships for new ways of improving access to chronic disease specialists, ophthalmologists, and optometrists in remote and rural Aboriginal communities.
- Work closely with and for the Aboriginal communities to ensure that the coordination of specialist visits are provided with cultural sensitivity. Advice to specialists will assist them to provide culturally appropriate services, adhering to community protocols.
- Continue consultation to provide a minimum of two visits a year or as requested by the ACCHSs.
- Work closely with ophthalmologists and support technicians to ensure that aging eye health equipment is maintained, serviced, repaired or replaced, as needed.
- Investigate innovative and new ways that ACCHSs can continue to support the direction and implementation of the EH&CDSSP.
- Aim for positive feedback indicates ACCHSs are satisfied with and continue to support the EH&CDSSP.

Patient Information Management System

Objectives of the Project:

- Development of a set of standard Patient Information Management System (PIMS) procedures and templates across ACCHSs to achieve standardisation and consistency of data.
- Investigation of methods for cross-sector data sharing between the ACCHS and the Department for Health and Ageing.
- Provision of leadership and advocacy within the ACCHS in the participation of data sharing with the Department for Health and Ageing to assist with the evaluation of benchmarks in the SA Implementation Plan of the COAG National Partnership on Closing the Gap in Indigenous Health Outcomes.
- Provision of orientation and training sessions for ACCHS staff regarding Patient Information Management systems.

Program Activities

- Engaged and maintained linkages with member services to establish Communicare training requirements.
- Delivery of Communicare orientation and training to staff of the AHCSA, member services and mainstream agencies.
- Identification of how Communicare can best support clinical processes and procedures by improving patient data quality.
- Investigation of how Communicare can best be used to support organisational reporting requirements to reduce some of the burden associated with this.
Major Achievements

- Completion of project at Umoona Tjutagku Drug and Alcohol Service, with the following results:
  - Determination of data entry requirements, supportive of reporting obligations and evaluation of clinical performance measures.
  - Advise and assist implementation of standardized data entry and retrieval, supportive of reporting obligations for UTHS DAS.
  - Develop Communicare User Manuals for staff at the service and onsite, phone and remote training provision.
  - Assistance with establishment of Communicare processes supportive of client pathway through the service.
  - Review of funding body reporting requirements.

Communication

- Use of Go to Meeting and remote access to Communicare at member services has enabled the delivery of more appropriate and effective training to more staff, including those visiting staff providing services to Aboriginal patients.

Interagency Relationships

- Kakarrara Wilurrara Health Alliance (KWHA) between Tullawon Health Service at Yalata, SA, Oak Valley Health Service at Oak Valley, SA and Spinifex Health Service at Tjuntjuntjara, WA, for the purposes of chronic disease management, as it relates to the use of Communicare.
- One21seventy – Support to ABCD researcher regarding audit tools.
- SA Health Rheumatic Heart Disease Coordinator regarding Communicare reporting.
- Australasian Society for HIV Medicine (ASHM), regarding project to develop documents for the purpose of standardising a best practice approach for the screening and management of viral hepatitis within the ACCHS at a national level.

Meetings and Conferences Attended and Convened

- Kakarrara Wilurrara Health Alliance (KWHA) Stakeholders meeting in Ceduna, May 2014.
- Attendance at the QAHC Aboriginal and Islander Community Controlled Health Services Clinical Excellence (ACE) Workshop in Brisbane, November 2013.
- Attendance at Lowitja Institute CQI Conference in Melbourne, March 2014.

Training and Presentations

- Training and support provision to staff from AHCSA; Public Health Medical Officer, Public Health Registrar, HERO team, Blood Borne Virus Coordinator, Eye Health and CDSSP, Trachoma Elimination team, Ear Health Program Coordinator, Workforce Development team, eHealth team.
- Training delivered to eight member services and to Spinifex Health Service at Tjuntjuntjara, WA.
- 192 Communicare orientation and training sessions conducted. 210 staff attended these sessions.
- Training and support delivered via phone and remote access to: Pangula Mannamurna Inc. at Mount Gambier, Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation, Umoona Tjutagku Health Service Aboriginal Corporation at Coober Pedy, Oak Valley Health Service, Tullawon Health Service at Yalata, Pika Wiya Health Service Aboriginal Corporation at Port Augusta, Nuyara Aboriginal Health Service at Whyalla, Spinifex Health Service at Tjuntjuntjara.
- Presentation regarding the Pangula Mannamurna Inc. Communicare Project at CEO Forum, September 2013.
- Presentation at SA Aboriginal Ear and Hearing Workshop in Adelaide, December 2013.

New Policies, Procedures and Systems

- Assisted with the establishment of remote access to Communicare for RFDS staff visiting Oak Valley and Tullawon Health Service and development of organisational processes and procedure.

Future Activities for Increased Success

- Negotiations with the AHCSA Education and Training team to provide training to all student groups in 2014 regarding orientation in use of Communicare, client consultation documentation on Communicare, Ear Health Management and STI screening and management.
- Continued support to member services via onsite, phone and remote access training to optimise the use of Communicare with the aim of improving data management patient care.
- Continued support to agencies delivering programs focussing on client healthcare to enable existing patient information management systems to be used optimally.
- Continued development of collaborative linkages with key agencies.
primary health care

Public Health

Objectives of this program are to provide public health advice and support to AHCSA and member services.

Major Achievements

The role of the Public Health Medical Officer (PHMO) involves a wide range of activities and initiatives. Activities that received attention in 2013-14 are as follows:

1. AHCSA Public Health and Primary Health Care team
   The PHMO is team leader of the Public Health and Primary Health Care team, which consists of the Patient Information Management Systems Coordinator, the Data Management Officer, the Sexual Health team, the Blood-Borne Virus Project Coordinator, the Alcohol Prevention Project Coordinator, the Ear Health Program Coordinator and Eye Health Program Coordinator and the Trachoma Control team.

2. AHCSA Public Health Network
   The PHMO convenes a Public Health Network involving all member services. A monthly teleconference is held, allowing topical public health issues to be discussed and information shared between AHCSA and health services.

3. Public health advice and support for ACCHSs in SA
   The PHMO’s core activity is to provide advice and support to AHCSA’s member services. In 2013, the PHMO regularly visited Umoona Tjutagku Health Service Aboriginal Corporation and in 2014 more attention was given to Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation (CKAHSAC).

4. Review of Oak Valley Health Service
   At the request of the Oak Valley (Maralinga) Council, AHCSA undertook a review of Oak Valley Health Service, in order to recommend options for a more effective and sustainable way of ensuring that the people from Oak Valley have access to quality health care.

5. NW Regional Residential Rehabilitation Program
   AHCSA, along with ADAC and AFSS, submitted a tender last year to receive funding to establish a Regional Aboriginal Alcohol Residential Rehabilitation program, both in the northwest and south of SA. We were successful in being awarded the tender for the NW Regional Program, and progress is underway to establish a facility in Port Augusta. The PHMO is involved with the management committee, and convenes a Clinical Advisory Group to provide clinical and public health advice to the program.

6. Continuous Quality Improvement
   Much of the PHMO’s work, in providing public health support to ACCHSs in SA, is aimed at improving the quality of health care provision. However, some activities have been specifically aimed at developing sustainable systems for Continuous Quality Improvement (CQI) and there have been some recent significant developments in this area.
   i. We are now able to send monthly reports to all health services (except Nganampa Health Council, who declined participation) on rates of screening for common STIs, and the prevalence rates of STIs. This is useful information to assist health services to improve their STI control activities.
   ii. Progress is well underway for the SA Quality Improvement Data Program (SQID). The Data Management officer is working to develop a system to allow information to be extracted from Communicare on a regular basis, which can then be fed back to participating health services. This will provide information on how well each health service is performing against a range of indicators. It is also useful for health services to assist with measuring progress in the improvement of healthcare quality.

7. Dental Health
   Access to dental care for Aboriginal people is often difficult, and the ability of ACCHSs in SA to support their patients in accessing dental care varies widely. In 2014 AHCSA engaged an Aboriginal dental student, to conduct a review of dental health programs and activities across the ACCHS sector in SA to assist with planning for better services into the future.

8. Public Health Registrar Supervision
   Since February 2014, AHCSA’s public health registrar, under the PHMO’s supervision, has undertaken the following:
   - Continuing the development and maintenance of the system for collecting data on STI control activities to be used for CQI activities within health services.
   - Supporting the SQID project.
   - Developing a system for collecting data on ear health activities to be used for CQI activities within health services, and contributing to a comprehensive Aboriginal Ear Health plan.
   - Working with CKAHSAC to help develop systems within primary health care for the management of people with alcohol misuse disorders, which also involves some clinical activity.
   - Working with Pika Wiya Health Service’s Women’s House to develop systems for monitoring activities and CQI processes to improve women’s health, which also involves some clinical activity.
The AHCSA Sexual Health Program – Health Education Respecting Others (HERO), commenced in early 2010, with the aim of building capacity within Aboriginal community-controlled health services in SA for the improvement of sexual health services for Aboriginal Communities across SA. The program in 2013/2014 was funded by two separate sources within SA Health. The Sexual Health Services for Aboriginal and Torres Strait Islander Young Women and their Partners Program (funded through the Indigenous Early Childhood Development National Partnership Agreement), and the Indigenous HIV/STI Prevention Program.

AHCSA’s statewide Sexual Health Program (HERO) review, conducted by James Ward, was completed in November 2012. The recommendations from the review incorporated our member services feedback and served as the framework for the current Action Plan for 2013 and 2014. The AHCSA Sexual Health Action plan focuses on:

- Community engagement with young people.
- Developing clinical capacity to address the issues of sexually transmitted infections and blood borne viruses within the SA Aboriginal community.

The Sexual Health Project Manager has continued to build on the work of previous project work as an integral member of AHCSA’s Public Health and Primary Health Care team. The project has also continued to employ registered nurse support and advisor in a part time capacity. AHCSA’s Drug and Alcohol Project Officer also worked with the project one day a week until June 30 2014. The program received advice and support from AHCSA’s Public Health Medical Officer and the AHCSA Public Health Registrars in 2013 and in 2014.

In collaboration with AHCSA’s Blood Borne Virus and Drug and Alcohol Projects, a two-day workshop, Respect Our Mob was organised for Aboriginal health workers from around SA and held in Adelaide at Tandanya, March 2014.

The Sexual Health Program continued the theme of Respect Our Mob workshops with Aboriginal health workers across SA, and regional peer education workshops with young people. The program continues to promote STI prevention, screening and treatment of chlamydia, gonorrhoea, trichomonas, blood borne viruses and HIV. The workshops also explore issues relating to sex and consent, safety in sexual relationships, including sexting, and the use of social media.

This included Respect Our Mob peer education workshops with approximately 50 young Aboriginal people in collaboration with SHineSA’s Yarnin’ On team and the use of resources from the SA Legal Services Commission Expect Respect and Trusted Moments Projects.
primary health care

Workshops were delivered to:
- Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation
- Pika Wiya Health Service Aboriginal Corporation: Well Women’s House, Port Augusta
- Umoona Tjutagku HS Aboriginal Corporation, Coober Pedy
- Pangula Mannamurna Inc., Mount Gambier
- Nunyara Aboriginal Health Service, Whyalla
- Tullawon Health Service Inc., Yalata Women’s Health Expo

Health promotion resources developed with the assistance AHCSA Sexual Health Program include:
- Images for postcards promoting Pika Wiya’s Well Women’s House
- Pangula Manamurna, Mount Gambier Posters, pull ups and t-shirts for workers and peer educators

Internal networks (within AHCSA) and collaboration:
- The HERO team, throughout the year, worked closely and in collaboration with the AHCSA BBV Project Coordinator, the AHCSA statewide Alcohol Prevention Program Coordinator, and the Public Health Medical Officer.
- The team continues to consult with the AHCSA Education and Training manager and team to include sexual health in depth in the Aboriginal Certificate III Aboriginal Health Worker training course.
- This year has also seen a close association with AHCSA’s Workforce Development team’s Keep it Corka, Stickin’ Up the Smokes and other Health Promotion and community development events including Survival Day, Blak Nite and NAIDOC 2014.

External Networks and collaboration:
- The HERO team organised the AHCSA Sexual Health Program Advisory Group (ASHPAG) to provide input into the activities of the team. The meeting was held in April and two more meetings have been planned for August and November 2014.
- Collaborative links continue with, Nunkuwanin Yunti, Moolagoo Mob and SHineSA, SA SIN leading to a range of shared activities.
- HIV Interagency Task Force member.
- Membership on SHineSA’s Aboriginal Youth Hub Steering Committee Karrparrinthi Reference Group and Online Chlamydia Project steering group Committee.
- STI Health Promotion and Workforce Development Sub Committee Member.
- Manager attended Stronger, Better Groups Facilitator Training at RASA.

Meetings and Conferences Attended and Convened
- RANZCOG 2014 Indigenous Women’s Health Meeting, 3 May 2014
- Oral presentation at National Conference in Health promotion stream

Enhanced STI Screening Program

During or prior to the six-week 2014 STI screening period, April – June, the HERO team visited most Aboriginal community-controlled health services in SA (with the exception of Nganampa Health Council, which has its own sexual health program). This provided an opportunity for education, discussion and questions relevant to implementation of Sexual Health Programs at a local level.

The HERO team visits supported culturally appropriate sexual health services, including promotion of local activities aimed at reducing the risk of STIs and clinical activities including screening and management of STIs. Opportunistic screening of all people at risk of STIs has been encouraged and supported, but an emphasis has been placed on a community-wide screening program, particularly aimed at people aged between 16-30 years, for the six-week period.

The aim of the community STI screening

1. There is evidence that if enough people in the target group are screened, and if necessary, treated within a finite time period, this can have a significant impact on transmission of STIs within the community and hence lead to a reduced prevalence.
2. Opportunistic screening only reaches those people who access health services for other reasons, whereas community screening casts a wider net and has the potential to diagnose STIs in people who do not access health services, which is reasonably common in the age group at highest risk of contracting STIs.
3. It ensures that for a six-week period, every year, there is a greater emphasis on sexual health, which helps to ensure that it does not get lost in the many other competing issues in primary healthcare.
ACCHSs participating in screening:

- Nunkuwarrin Yunti Inc., Adelaide
- Pika Wiya Health Service Aboriginal Corporation, Port Augusta
- Nunnyara Aboriginal Health Service, Whyalla
- Pangula Mannamurna Inc., Mount Gambier
- Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation
- Port Lincoln Aboriginal Health Service
- Umoona Tjutagku Health Service Aboriginal Corporation, Coober Pedy
- Tullawon Health Service, Yalata
- Tjuratja Maralinga, Oak Valley
- Spinifex Health Service, Tjuntjuntjara, WA

The participation rates, and prevalence rates of STIs identified, is outlined in the Community Screening Program Quantitative Results report by Dr Kat Taylor, Public Health Medicine Registrar based at AHCSA in 2014, who undertook the data collection and analysis.

It should be noted that the screening rates reported refer to the community screening program undertaken in April-June 2014. Health services also provide opportunistic screening throughout the year.

Trachoma Elimination

Trachoma is an eye infection which can cause blindness. It continues to be endemic in Aboriginal and Torres Strait Islander populations in some parts of the NT, SA and WA. Major improvements in environmental conditions in Aboriginal and Torres Strait Islander communities in Australia are a core requirement for trachoma elimination. In line with its Vision 2020 initiative, the World Health Organization (WHO) has adopted a resolution to eliminate blinding trachoma by 2020. The AHCSA Trachoma Elimination Program is responsible for establishing the geographic extent of endemic trachoma in SA, through screening in communities in all areas – Country Health SA Local Health Network (CHSALHN) will also contribute to this activity.

The program’s aim is to reduce the prevalence and transmission of active trachoma by undertaking comprehensive screening for active trachoma in all children aged 1–14 annually in communities where trachoma is endemic, and ensuring that all individuals and families requiring treatment are treated according to the Guidelines for the Public Health Management of Trachoma in Australia. The Trachoma Elimination Program will support the Aboriginal Community Controlled Health Services and the health professionals to develop processes to ensure that adults aged over 40 are screened for trichiasis.

The Trachoma Elimination Program ensures appropriate and culturally safe consultation and engagement is provided to the rural and remote Aboriginal Communities of SA ensuring the communities are presented with education and health promotion in reference to trachoma, including trichiasis and eye health awareness.

Services were provided by AHCSA, specifically in the communities of Coober Pedy, Oodnadatta, Yalata and Oak Valley, where key performance indicators were:

- 50% of adults aged 40 and over are screened for trichiasis.
- 100% of adults diagnosed with trichiasis are referred to an ophthalmologist for treatment.
- 90% of adults with diagnosed trichiasis encouraged and supported being re-examined annually by health care staff.
- 80% of 5–9 year old Aboriginal children are screened for trachoma.
- 100% of children screened for trachoma are also screened for clean faces and 70% of these have clean faces.
- Promotion of the Clean Faces Messages as part of a holistic personal hygiene program as describe on section 12 Guidelines for the Public Health Management of Trachoma in Australia.
- A minimum of eight sessions of trachoma training activities to be provided scheduled to occur for the duration of the contract.

Aspects of the Program

For this financial year, the AHCSA Trachoma Elimination Program consisted of one manager and one part-time administration officer. Screening was provided for children aged 1-14 in the Aboriginal communities of Coober Pedy, Oodnadatta, Yalata and Oak Valley. All contract objectives and KPIs were met and the team continued building upon established relationships and ongoing connections and rapport with the Aboriginal
primary health care

Communities and other health professionals throughout SA. Trachoma Awareness Training and Education was provided to Aboriginal health workers and other health professionals throughout SA. Major trachoma health campaigns were promoted in the rural and remote Aboriginal Communities of SA.

The AHCSA Trachoma Elimination Program continued to support the Ceduna-Koonibba Health Service Aboriginal Corporation and the Pika Wiya Health Service Aboriginal Corporation, who signed contracts with CHSALHN.

The AHCSA Trachoma Elimination Program completed all contractible requirements and KPIs which can be seen as an achievement. However major challenges provided by floods, wind and dust storms, sorry business, pre-planned community events and breakdowns in communication, placed pressure on achieving the requirements.

With the strong support from the Aboriginal health workers and the Aboriginal Community Education workers in partnership with the Trachoma Elimination Program, a Child Health Check Day was successfully provided to the following schools:

- Coober Pedy Area School
- Oodnadatta Aboriginal Primary School
- Yalata Aboriginal School
- Oak Valley Aboriginal School

Feedback indicated that the days were extremely successful and positive not only in ensuring the children’s health in areas of hair, skin, teeth, blood sugar level, ears, eyes (trachoma and vision) were checked, but important ongoing community links and child health sharing was established along with important data collection and recording. Feedback from families and the children was also very positive. Other schools in Whyalla have indicated that they would like to participate in the future. Strong support was also provided by the school principals and the Aboriginal Community Education Department staff.
The Trachoma Elimination program continues to build upon strong partnerships with the following organisations to ensure cultural safety, consultation and engagement advice. Support includes working together for better sight for all Aboriginal people particularly those who live in the rural and remote areas of Australia:

- Port Power Football Club
- Adelaide Crows Football Club
- Royal Society for the Blind (RSB)
- Sight For All Foundation
- Guide Dogs of SA
- Can Do For Kids
- Fred Hollows Foundation
- NT Government Health Department
- Indigenous Eye Health Program, University of Melbourne
- Indigenous and Remote Eye Health Service (IRIS), which is a joint initiative between the Australian Society of Ophthalmologists and the Commonwealth Government
- Vision 2020
- Royal Australian and New Zealand College of Ophthalmology
- SA Health Pathway
- Visiting Optometrist Support Scheme
- Rural Doctors’ Workforce Agency
- AMSANT
- NACCHO

The AHCSA Trachoma Elimination program continues to offer Trachoma Awareness Training to all Aboriginal health workers and other health professionals who work with the Aboriginal Communities of SA, in accordance with the Guidelines for the Public Health Management of Trachoma in Australia.

The AHCSA Trachoma Elimination Program ensures that continuous, intense engagement and consultation is ongoing with the Aboriginal communities of SA. It recognises cross border relationships in reference to best practice for a holistic approach to Aboriginal health, including Trachoma Awareness Training and Education and community health promotion with child and adult health checks.

Queen’s Jubilee Trust

The Trust will play an important role in energising the global action plan to end preventable blindness, including trachoma, which still exists in Australia among indigenous communities.

The Trust will therefore be focused on combating two blinding conditions: trachoma and diabetic retinopathy (sight-threatening complications of diabetes). It will invest in research, technology and skills development enabling the poorest people to receive the best possible care. It will also fund fellowships and foster links between international centres of excellence for eye health and eye care services across the Commonwealth, increasing surgical competence and making a significant impact on preventable blindness and loss of sight.

The Trust will invest in the integrated Surgery Antibiotics Facial Cleanliness Environmental Change (SAFE) approach to combat trachoma, helping to clear the backlog of surgeries, support antibiotic distribution, improve awareness of the importance of face washing and support measures to improve local environments.

The Trust will fund innovative research and trials. The SAFE strategy works, but there is potential to accelerate the fight against trachoma through new approaches to public health messaging, and to the mapping and data analysis needed to ensure eradication of this excruciating disease. The Trust’s work will have additional benefits, including increased economic productivity, strengthening local and national health systems and sustainable improvement in eye health services.

The Trust will work with experts to develop valid, cost-effective programmes for screening and treating diabetic retinopathy and to overcome the challenges to implementation in poorer countries. The greatest problem in both developed and developing countries is access to diagnosis and treatment.

The Trust will build awareness of the issue in the Commonwealth. The Trust will also work to build awareness of diabetic retinopathy within the eye care community and build the professional skills necessary to diagnose and treat the condition. Public campaigns and educational programs will encourage people living with diabetes to access health care services and promote preventative measures such as dietary improvement and exercise.
primary health care

The Trust will support initiatives to trial game-changing approaches to tackling diabetic retinopathy. New technologies could aid detection of the presence and severity of diabetic retinopathy and more cost-effective treatments for sight-threatening stages of retinopathy must be developed.

In March 2014, the NACCHO Board endorsed a proposal to hold a tri-state (NT, SA and WA) Avoidable Blindness Forum in Alice Springs. This proposal has been developed through a partnership alliance between NACCHO, the Fred Hollows Foundation (FHF), the Queen’s Diamond Jubilee Trust Australia (QDJTA) and the Indigenous Eye Health Unit (IEHU), University of Melbourne.

To date, high-level advocacy on this proposal has extended to an initial meeting with Warren Mundine, Chair of the Indigenous Advisory Council, attended by Major General Jeffery, Aboriginal and Torres Strait Islander Social Justice Commissioner Mick Gooda and Marvin Weinman (all patrons/representatives of the QDJTA) and Justin Mohamed (Chairperson, NACCHO). It is planned that further meetings will be held with the Prime Minister, Minister for Indigenous Affairs and the Minister(s) for Health in the near future, to continue to brief the Australian Government on this proposal.

Central Australia, the tri-state region crossing NT, SA and WA, includes a number of Aboriginal Community Controlled Health Organisations delivering services to many communities of Aboriginal people that share significant social, cultural, historical, geographic and service-delivery realities.

At the initial forum in Alice Springs, the Aboriginal leadership from the ACCHO sector will workshop reforms and improvements to eye health within Central Australia. As part of these improvements, the elimination of trachoma within this significant cross-border region of central Australia will form a key focus for these discussions. Improvements in eye health will also depend upon substantial reforms beyond existing health service models and systems. Education, housing and environmental health delivery sectors will also need to participate fully in such a broad reform agenda. To this end, the following strategic partnerships outside the ACCHO sector have been leveraged to date:

Major General Michael Jeffery (Queen’s Diamond Jubilee Trust Australia) and Mick Gooda (Aboriginal and Torres Strait Islander Social Justice Commissioner and patron to QDJTA) have both been invited to attend this high-level forum of the Aboriginal leadership across the ACCHO sector.

Phase 1
29–30 May 2014 were scheduled for the initial forum in Alice Springs. The Aboriginal leadership of AHCSA, AMSANT, AHCWA and relevant member services across the tri-state region will be invited to participate.

Phase 2
State and territory planning forums will then occur in NT, SA and WA, respectively towards the end of 2014 and into the first half of 2015. This will be an opportunity to clearly define system improvements within each specific jurisdiction in partnership with relevant government, non-government and research agencies.

Phase 3
The final proposed stage of the project will be to hold a National Summit in 2015 in Alice Springs. The Summit will bring back the three states and territories to report as important case studies in how to address avoidable blindness effectively in Aboriginal and Torres Strait Islander communities nationwide. This summit will also deal with any cross-border issues and barriers to improvement within the broader tri-state central Australian region. It is expected that NT, WA, SA, QLD and NSW Australian jurisdictions will send representatives to attend the Summit in 2015.

Forum Invitees
Representation from four NACCHO affiliates, AMSANT, AHCSA, AHCWA and QAIHC with alliance representatives from the following:

- NACCHO
- Fred Hollows Foundation
- Queen’s Diamond Jubilee Trust Australia
- IEHU – University of Melbourne
- Mick Gooda

Representatives from 23 ACCHO member organisations in the tri-state region have been invited. These 23 ACCHOs have been selected based on their proximity to the tri-state border and also the recognition of the
geographic and socio-cultural relatedness of the many communities that are served by these 23 services:

- Nganatampa Health Council
- Oak Valley Maralinga Health Service
- Tuillawon Health Service
- Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation
- Umoona Tjutagku Health Service
- Pika Wiya Health Service Aboriginal Corporation
- Ngaanyatjarra Health Services
- Puntukurnu Aboriginal medical Service
- Bega Garnbirringu Health Service
- Nganagganawili Aboriginal Health Service
- Spinifex Health Service
- Central Australian Aboriginal Congress
- Pintubi Homelands
- Ampilatwatja Health Centre Aboriginal Corporation
- Urapuntja Health
- Amoonguna Health
- Lyentye Apurte
- Mutijulu Health
- Utju Health
- Western Desert Health
- Western Aranda Health
- Ilpurla Aboriginal Corporation
- Anyinginyi Health Services

**Ear and Hearing Health**

The objectives of the program are to provide advocacy training and support to member services to implement and deliver a sustainable and systematic approach to manage and monitor middle ear disease at the primary health level.

**Program Activities**

- Provide education and training to member services on the following:
  - Middle ear conditions and disease
  - Equipment
  - Flowchart
  - Communicare
- Collate and analyse data from member services to provide feedback on baselines and trends.
- Assist and support member services with ear and hearing health clinics.
- Advocate and lobby for and on behalf of member services where required.
- Collate and disseminate information on ear and hearing health to member services.
- Work with member services and key stakeholders to develop transparent pathways for secondary and tertiary health care.
- Represent and provide input on the South Australian Aboriginal Ear and Hearing Health Reference Group in matters relating to member services and communities.

**Other Aspects of the Program**

The program has increased its success due to the ongoing continuity and presence within member services to deliver and implement the programs objectives. The reputation of the AHCSA Ear Health Project is becoming well-known and has provided tangible outcomes for member services.

The Ear Health Project has visited all member services and a majority have been exposed to or trained on the three main components of the Ear Health program. Many of these services have been implemented and deliver Ear and Hearing Health programs in some sort of capacity. The reason this has been successful is the continual presence, education and training of the AHCSA Ear Health Project that has motivated member services to respond to a prevalent and chronic disease.

Communication has improved due to continual presence, education and training of the AHCSA Ear Health Project that has motivated member services and staff to respond to a prevalent and chronic disease.
Interagency Relationships

South Australian Aboriginal Ear and Hearing Health Reference Group
- Country Health SA LHN, Watto Purrunna, Health Promotion Branch, SALHN, RDWA and Adelaide Hearing Consultants.

Local
- AHCSA Member Services program support.
- Country Health SA Ear and Hearing Health training and support of the South Australian Aboriginal Ear and Hearing Health Workshop.

National
- NACCHO Ear and Hearing Health training and support of the South Australian Aboriginal Ear and Hearing Health Workshop.
- Queensland Aboriginal and Islander Health Council information sharing and support.
- Aboriginal Health Council of Western Australia information sharing and support.
- Indigenous Rural Health Division, program funding and support.

Meetings and Conferences Attended and Convened
- OZMOZ 2014 – Presentations on the continual practices to reduce and inoculate populations against Otitis Media from local and international research and studies, Melbourne.
- NACCHO Summit 2014 – Showcase of Aboriginal Health Programs across Australia, Melbourne.
- Ochre Day 2014 – National focus on Aboriginal Men’s Health, Brisbane.

Training and Presentations
- Umoona Tjutagku Health Service Aboriginal Corporation
- Pika Wiya Health Service Aboriginal Corporation
- Port Lincoln Aboriginal Health Service
- Nunyara Aboriginal Health Service
- Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation
- Tullawon Health Service
- Oak Valley Health Service
- Nunkuwarrin Yunti Inc.
- Pangula Mannamurna Inc.
- Nganampa Health Council

Future Activities for Increased Success
- 2nd South Australian Aboriginal Ear and Hearing Health Conference (Workshop).
- Continually source ongoing ear health funding.
- Continue to meet and implement program objectives.

SA Quality Improvement Data (SQID)
Objectives of the program involve the development of a streamlined data submissions system for ACCHSs to support CQI initiatives into the future.

Program Activities
- Compilation of quarterly nKPI reports to all health services.
- Potential for the development of an AHCSA Indicator set built into PENCAT for reporting on aspects relative to SA’s indigenous population.
- Development of a sustainable data submissions system to support CQI activities.

Future Activities for Increased Success
Health services submit nKPI data biannually to the Improvement Foundation (IF) as part of their funding requirements from the Australian Institute of Health and Welfare (AIHW). AHCSA have utilised this data submission system in order to return up-to-date, proactive reports for the purposes of CQI and to promote better patient outcomes. Draft reports have been disseminated to services in order to gain feedback in respect to content and layout. Meetings have also been held with IF in order to improve working relationships, which have resulted in the program’s implementation.
Major Achievements

January – February
Majority of health services signed up to the SQID Program and the online WebPortal was developed with IF, allowing health services the ability to logon remotely, and view aggregated data across numerous indicators.

March – April
Development of the SQID Program User Guide, aiding services in the extraction and submission of monthly nKPI data from Communicare, to the WebPortal. First wave of data was sent by four of the 10 services.

April – May
Technical difficulties hampered the program’s delivery for a short time, in the meantime, draft reports were compiled and sent to one of our health services for feedback.

May – June
Presentation of program details to Pangula Mannamurna Inc., development of research proposal into aspects of health service data validity.

Communication
Development of healthy professional relationships between the SQID program and ACCHS staff and CEOs. The ability to approach staff of IF, Communicare and PENCAT will address any issues relating to the program, including the good team communication within AHCSA, is paramount to the program’s implementation.

Interagency Relationships
The development of key relationships with IF staff and CEO for purposes of maintaining the WebPortal for ACCHS was important as this relationship covers any technical issues experienced and all further data submissions by health services. Contact was attained with our affiliates: QAIHC, AHCWA and VACCHO have engaged IF in some form, so routine updating between the affiliates is a key aspect of our program heading into the future.

Meetings and Conferences Attended and Convened
- Meetings were held with CEOs of the ACCHSs with detailed discussions about the program and beneficial outcomes.
- Improvement Foundation: Development of WebPortal for ACCHSs and resolution of any issues.
- CQI Conference: Held in Adelaide, allowed for the presentation of the proposed program to many key stakeholders of community controlled health.
- IF Webinars: to develop skills for use of the WebPortal.

Training and Presentations
- Training was given via teleconference to a majority of health services as to the procedure for data submission, development of user guides. It was also disseminated to all health services to aid in the data submission process.
- Presentations were given at the CQI Workshop in February to all key stakeholders involved in the program.
- At Pangula Mannamurna Inc., the draft nKPI data was presented, June 2014.

New Policies, Procedures and Systems
- Development of IF health service head agreements and program proposals, in conjunction with IF, outlining the details of data submission to the WebPortal.
- The development of the AHCSA Data Governance Protocols, which cover all aspects of data security, use, analysis, dissemination and destruction.
- The IF WebPortal system has been developed as a data repository for all participating health services.
- Basic training has been undertaken for the use of Communicare and PENCAT. Future training will be focused on data analysis software, such as STATA.

Future Activities for Increasing Success
Our aim is to continue to build on relationships with ACCHSs, IF and key stakeholders as well as full implementation of the data submission system to inform ACCHS CQI, of research undertaken into health service data validity to enlighten how it may be used to maximise benefit.
Aboriginal Dental

AHCSA Accreditation

CO1 Lead by example in the development of a quality organisation.

CO2 Improve AHCSA’s recognition to plan, deliver and evaluate the services it delivers to the membership.

CO3 Through experience, build the knowledge and skills required to support members.

CO4 Ensure that training and development is delivered in evidence-based, best practice ways.

Aboriginal Dental

CO1 Administer the Aboriginal Dental Program.

CO2 Host the Aboriginal Oral Health Advisory Group.

CO3 Deliver via a MOU with the South Australian Dental Service.

CO4 Provide oral health programs to children and adults.
Health Development

CO1 Support and advocate for members about health service needs.

CO2 Represent needs to Aboriginal Health Branch and the Indigenous and Rural Health Division (OATSIH).

CO3 Maintain and strengthen relationships with key agencies.

CO4 Develop health support strategies.

Quality and Accreditation

CO1 Engage AHCSA members in structured CQI.

CO2 Support member services to deliver high quality primary health care services.

CO3 Provide education and advice on high level governance and service standards.

CO4 Facilitate access by members’ staff to accredited training.

Aboriginal Health Research Ethics Committee

CO1 Administer AHREC, mandated and recognised by NHMRC as a HREC.

CO2 Monitor approved research projects in Aboriginal communities.

CO3 Promote research which benefits Aboriginal people in SA.

CO4 Advise communities on ethics, research approaches, benefits and outcomes.

Rising Spirits – Community Resilience Project

CO1 Explore services which address the burden of grief and loss in SA Aboriginal communities and use the findings to influence government funded programs and policy.

CO2 Empower Aboriginal communities to survive difficult times by building resilience and hope for the future.

CO3 Develop community resources to raise awareness and promote community engagement with grief and loss programs.

CO4 Gauge community capacity to address grief and loss, and work with services to help increase capacity by facilitating the development of action plans.

Social Marketing

CO1 Advocating for social marketing programs and SA Aboriginal specific resources.

CO2 Provide high quality and locally relevant social marketing materials.

CO3 Ensure AHCSA’s members have access to social marketing advice and services.

CO4 Work across a broad spectrum of projects within Aboriginal health.

The Hills Mallee Southern Project

CO1 Seek community input into the development of an appropriate health care service.

CO2 Provide members with the tools to undertake their roles in a professional and responsible manner.

CO3 Create a pool of staff to provide services to community.

CO4 Create partnership arrangements between existing health services and ACCHS.
strategic planning

AHCSA Accreditation

AHCSA was awarded its accreditation to the QIC 6th Ed. Health and Community Services Standards for the period 24 May 2013 – 24 May 2016. During this period, AHCSA will maintain its accreditation by implementing identified Continuous Improvement (CQI) projects in the Quality Work Plan.

Key projects include:

- Progressing an update to the Planning framework, including Strategic Directions, Policy Framework and Leadership Plan.
- Program management, monitoring and evaluation integrated into NetSuite.
- Timely and relevant reporting of both operational and financial outcomes to the organisation (Board and senior management) and to our funding bodies.

NetSuite

In September 2014, AHCSA finalised the core implementation of NetSuite throughout the organisation. A major efficiency gained was the use of online forms and integrated workflows (NetSuite) for the procurement of goods and services including travel. Importantly, the Constituent Relations Management module now captures and manages key AHCSA business correspondence providing a 360 degree view of the organisation communication.

AHCSA Program managers of specific funding agreements also completed a program budget template; providing continuity and consistency in financial information that is used in NetSuite. As a result, program managers can now actively monitor their budgets in real time, ensuring that they do not exceed their financial parameters.

The training and accessible use of the NetSuite finance and risk modules by the AHCSA Board has significantly increased their capacity to make informed decisions about AHCSA and its business.

Another important body of work that will enhance and improve our system is the implementation of a corporate document management system (Alfresco). This system will integrate with NetSuite to provide all of the attributes for modern document access and control. It is expected that this phase of the project will be completed by the end of 2014.

Aboriginal Dental

AHCSA receives funding from the Indigenous and Rural Health Division (formerly OATSIH) for the Aboriginal Dental Program, which it provides to the South Australian Dental Service through a memorandum of administrative arrangement. This assists in the provision of oral health programmes for Aboriginal and Torres Strait Islander children and eligible adults.

An adult is eligible for government-funded dental services if he/she is a holder or adult dependent of a holder of a current Centrelink Pensioner Concession Card or Health Care Card. The Aboriginal Health Council of South Australia Inc. provides the funding with an emphasis on the provision of oral health programmes as part of a holistic primary health care approach for Aboriginal and Torres Strait Islander people.

The Aboriginal Dental Program provides general emergency and course of care to Aboriginal people which can include extractions, restorative work, dentures and other services needed. The areas covered are: Balaklava, Barossa Valley, Ceduna, Coober Pedy, Fleurieu, Leigh Creek, Meningie, Murray Bridge, Port Augusta, Port Lincoln, Port Pirie, Riverland, South East, Streaky Bay, Whyalla and Yorke Peninsula.

The program was able to provide support to Pangula Mannamurna Inc. this financial year, to assist with the establishment and development of their new dental service. AHCSA was also able to employ an Aboriginal fifth year dental student to conduct a review of the various dental services provided to the South Australian Aboriginal Community Controlled Health Services. This would be the first time a review has been undertaken for many years.

It will assist AHCSA, the ACCHSs and the SA Dental Services with both service delivery and identification of needs. It continues to operate to its full budget allocation with over expenditure being met by the SA Dental Service. There are plans for the expansion of the Aboriginal Oral Health Program delivered by SADS has allowed the funding for the Aboriginal Dental Program in these regions to be reallocated to the areas not covered by the Aboriginal Liaison Program. This saving has allowed additional services to be provided for, where previously, funding was unavailable for assistance with dentures, for example.

AHCSA and the SA Dental Service have a strong partnership, and have participated in a memorandum of administrative arrangement since 2008, meeting biannually to honour this agreement. There is also strong representation from both parties on the Aboriginal Oral Health Advisory Group hosted by AHCSA.
The Aboriginal Oral Health Program, through the SA Dental Service, has provided increased services to Aboriginal people in SA and alleviated the demand on resources for the Aboriginal Dental Program.

**Health Development**

The Health Development Coordinator supports and implements the objectives and policies of the AHCSA Inc. by assisting Aboriginal communities to identify their health service needs, assisting the management committees of Aboriginal community controlled health services to operate effectively and to translate community health needs into health service outcomes. Health Development Coordinator assists the AHCSA Board to develop health support strategies and representing the needs of Aboriginal communities to relevant stakeholders, including the Aboriginal Health Branch and the Indigenous and Rural Health Division.

The Health Development Coordinator assists and supports the CEO, Deputy CEO and other AHCSA staff, as required, as well as collates articles for the AHCSA Newsletter, CEO Communiqué and program reports for the AHCSA Annual Report.

Represents AHCSA and its members on the following stakeholder committees:

- Aboriginal Oral Health Advisory Group
- Aboriginal Families Study Partnership Group
- South Australian Cancer Committee
- Aboriginal Cancer Sub Committee

The Health Development Coordinator continues to support and advocate for AHCSA and its members, which is the primary aim of this position.

One of the new partnerships this financial year has been with the Wardliparingga Aboriginal Research Unit (WARU) at the South Australian Health Medical Research Institute (SAHMRI) on the Cancer Data and Aboriginal Disparities (CanDAD) project. This involves representing AHCSA as an associate investigator with the WARU project team as well as assisting the team with establishment and facilitation of the interim Aboriginal Community Reference Group to guide the project. The project also involves conducting interviews with people who are either on a cancer journey, a carer or family member of someone with cancer or a service provider in the field of cancer. This is the beginning of a three year project which is beginning to yield interesting results.

Strong relationships continue to be maintained and strengthened between key stakeholders in the Aboriginal Health Branch, Indigenous and Rural Health Division, CHSA LHN Aboriginal Health Directorate, Cancer Council SA, SA Dental Service, the Murdoch Institute and new partnerships, as they develop.

Organisational processes have also been reviewed this financial year and a new tender process was introduced as a good business practice. The pilot for this was reviewing the AHCSA website, publications and promotional materials and inviting five South Australian organisations to tender for our business. It was a very exciting time for AHCSA as we mature as an organisation. The professionalism, quality and experience of the organisations who tendered was amazing and included candidates who have previous experience working with AHCSA. The proposed outcome would see the five organisations on a list of preferred providers for AHCSA and its members to utilise culturally appropriate organisations. AHCSA continues to grow in leaps and bounds.

**Quality and Accreditation**

AHCSA has utilised funding from the EQHS/EQHS-C budget measures since March 2009 to provide support for AHCSA members to engage in accreditation processes.

This builds on the AHCSA Constitutional Objective to build the capacity of members to create a strong and enduring Aboriginal Community Controlled Health Sector and contribute to improving the capacity of mainstream health services to respond appropriately to the health needs of the Aboriginal community within SA.

It recognises that one of the core AHCSA roles is to support the organisations that provide services to their communities to develop and improve in order to meet their objectives.

Key aspects of support:

- Providing information on how to engage with the support mechanism put in place.
- Facilitating workshops that bring members together to develop understanding, share experience and build capacity within the sector.
strategic planning

- Supporting planning processes for managing accreditation.
- Providing access to resources and connecting services to share resources.
- Working with other affiliates and national bodies to develop resources of benefit to the Membership.
- Provide input to the Commonwealth development and management of the EQHS/EQHS-C measures through reference group membership.

The AHCSA member response to the EQHS/EQHS-C measure has shown some outstanding results over the last five years, and SA is one of the jurisdictions in the nation that can boast 100% RACGP accreditation achievement amongst its membership. The AHCSA Membership has achieved the Commonwealth target of having 80% of the Membership engaged in whole of organisation accreditation.

To date, five of the AHCSA members had achieved whole of organisation accreditation and a further two members were very close to completing their accreditation cycle. This includes AHCSA as an organisation itself. AHCSA, through its member support functions will continue to support members with accreditation planning and maintenance processes.

AHCSA has also continued to work with the other Affiliates through regular engagement in the National Accreditation Officers’ Network (NAON) as well as providing feedback on the EQHS-C measure through the Indigenous Health Service Accreditation Implementation Group (IHSAIG).

1 It is important to recognise that several AHCSA members have already recognised the value in clinical accreditation, through the Royal Australian College of General Practice (RACGP). Standards were accredited prior to the budget measure.

Aboriginal Health Research Ethics Committee

The Aboriginal Health Research Ethics Committee’s (AHREC) main purpose is to promote, support and monitor quality research, which will benefit Aboriginal people in SA. In addition, the AHREC provides advice to communities on the ethics, research approaches, potential benefits and outcomes of research.

Each year, the Executive Officer for the AHREC submits an annual report to the National Health and Medical Research Council (NHMRC) to demonstrate compliance with the NHMRC’s ethical guidelines and report on a number of research proposals approved for the year. Submitted in
March 2014, the 2013 annual report showed stability in both the membership of the committee and the number of research proposals approved. From January to December 2013, 45 research proposals had been approved, compared with 58 approved for the same period in 2012. These include:

- The continuation of Aboriginal Health Research Ethics Committee (AHREC) meetings on the first Thursday of every month, excluding January. There are currently 13 AHREC members, 11 are active and two are on leave. At present, there are seven male and six female members. The majority of committee members are Aboriginal.
- Continued monitoring, coordination and advice on the ethics, methodology and potential benefits of research proposals in SA.
- 2013 Annual Report to National Health and Medical Research Council (NHMRC) submitted.

Key data:
- 55 considered research proposals (63 in 2011)
- 45 approved research proposals (58 in 2012; 52 in 2011; 53 in 2010; 44 in 2009 and 29 in 2008)
- Seven proposals involved children or young people
- Eight proposals involved dependent or unequal relationships
- Continuation of updates to AHREC Research and Ethics page of the AHCSA website.
- Continued contribution to the AHCSA newsletter.
- Continued our partnership with universities, research institutions and organisations on several research projects, to ensure Aboriginal voices are reflected in the research practices and methodologies are appropriate.
- Advocacy continues for the Aboriginal Researcher Registry. This an electronic database created and maintained by AHCSA for the purpose of identifying Aboriginal researchers interested in research project work and linking them with funded projects and other researchers. Access to the database will be restricted to personnel employed by the AHCSA and involved in the Aboriginal research capacity building course and the council’s research and ethics services. An application form is available via the AHCSA website.
- Ongoing consultation with existing AHREC members regarding recruitment of new members for AHREC.

Currently committee involvement includes:
1. Obesity Prevention and Lifestyle Scientific Advisory Committee – the work of this Committee is now concluded.
2. Obesity Prevention and Lifestyle Aboriginal Engagement Sub-committee – the work of this Committee is now concluded.
3. Co-morbidity Action in the North Research team – the work of this Committee is now concluded.
4. Advanced Care Directives Implementation Steering Committee – the work of this Committee is now concluded.
5. Children’s Centres Evaluation Advisory Committee – the work of this Committee is now concluded.
6. Family Home Visiting Program Evaluation Committee – this evaluation is completed. AHREC continues to meet with a smaller group to write a journal article on the evaluation of the program for Aboriginal families.
7. Health and Medical Research Council Advisory Committee, administered by SA Health.
10. Rising Spirits is a community resilience project of the AHCSA research team.
11. Next Steps for Aboriginal Health Research, explores how research can improve the health and wellbeing of Aboriginal people in SA. Chair of co-investigators group – the work of this Committee is now concluded.
12. Member of the SA Aboriginal Health Research Network.
13. Associate Investigator on the Cancer Data and Aboriginal Disparities (CanDAD) Project.

Meetings and Conferences Attended and Convened

- Co-facilitated Recommendations Workshop for the Aboriginal component of the Co-morbidity Action in the North project, 21 May 2014.
- Data collection and analysis is complete on Next Steps for Aboriginal Health Research: Exploring How Research Can Improve the Health and Wellbeing of Aboriginal People in SA, a joint project of the AHCSA and the (SAHMRI). This study aims to find, and place in order,
strategic planning

the main public health research areas that side with the needs and interests of Aboriginal people in SA. Janet Stajic completed her role as the Project Assistant in May 2014. A total of 59 face-to-face interviews were conducted with personnel from our member services and Aboriginal Health Advisory Committees. A consensus workshop was held on 1-2 April 2014 where the findings of the interviews were presented and confirmation was reached on research priorities for the ACCHO sector in SA. The report from this project is nearing completion.

Future Activities for Increased Success

• Consultation continues regarding current research activities and areas, or types of research of benefit to our constituency and accompanying audit of the AHREC database.

• Advocacy continues for the Aboriginal Researcher Registry, including an application form to go onto the registry available via the AHCSA website. The Aboriginal Researcher Registry is an electronic database created and maintained by the AHCSA for the purpose of identifying Aboriginal researchers interested in research project work and linking them with funded projects and other researchers. Access to the database will be restricted to personnel employed by AHCSA and involved in the Aboriginal research capacity building course and the council’s research and ethics services.

Rising Spirits – Community Resilience Project

This research aims to document programs, services and activities around SA, which provide support to Aboriginal people during bereavement. It also aims to gauge community capacity to address grief and loss, and work with services to help increase this capacity by facilitating the development of action plans. Finally, it aims to develop community resources to raise awareness and promote community engagement in grief and loss programs.

The project is overseen by the AHCSA Board and two committees, the research team and the advisory group, which have provided ongoing feedback to guide the methodology and direction of the project. So far, 55 interviews have been conducted with a range of stakeholders including CEOs of the ACCHSs, community members and Elders, Aboriginal Social and Emotional Wellbeing workers, counsellors, social workers and managers. Consultation has occurred with all seven Aboriginal Health Advisory Committees (AHACs) and with two ACCHSs so far. We are planning to consult with every ACCHS interested in participating.

Other Aspects of the Program

We adapted each of the three research interview schedules to be more relevant and appropriate for Aboriginal communities. We also began our consultation with communities before going to the health services, following the recommendation of our advisory group. In addition to the AHREC committee, we were required to obtain approval from the Human Research Ethics Committees of UniSA and the Department for Health and Ageing.

Major Achievements

We have consulted with two ACCHSs so far and have been invited into an additional four. We are hoping that most of the Aboriginal community controlled services will participate so that we have a representative view of supports for Aboriginal people during bereavement throughout the state. We have found that there are very few supports provided for Aboriginal communities during bereavement, specifically. However, there are a variety of locally driven programs and services specifically for Aboriginal people for social and emotional wellbeing generally. In the ACCHSs we have visited so far, because of the close-knit nature of communities, local councillors and social workers, volunteer Elders are aware of people suffering a significant loss. They keep an eye of those people and refer them to support services, where appropriate. In the few services we have seen so far, that are specifically tailored for bereavement support, staff are very committed to adapting and delivering the programs for maximum relevance and interest to patients.

Communication

The Rising Spirit Project has worked well, utilising ongoing two-way communication between the Aboriginal advisory group and the research team. The advisory group has guided the direction of the project and has made an important contribution to the cultural adaptation of the research tools and processes.
Interagency Relationships

AHCSA is the lead organisation of the project and Beyond Blue is the funder. We have maintained close working relationships with the SAHMRI and the University of South Australia. We have already consulted with the seven AHACs. We are also inviting any of the 10 ACCHSs to participate in the project, if they would like to. We are also consulting with key Aboriginal health practitioners and public servants from the government and non-government sectors who have an interest in the social and emotional wellbeing of Aboriginal South Australians.

Meetings and Conferences Attended and Convened

The project has convened eight research team meetings held at AHCSA and SAHMRI. These meetings are to share progress and to discuss methodologies and any issues arising. The Aboriginal advisory group has met six times throughout the year at AHCSA to report back on members’ project milestones and offer essential input into research tools and processes.

Training and Development

The project has recruited an Aboriginal research assistant to work closely alongside the project’s Research Coordinator to become familiar with all aspects of the project. This position has been filled by two different people in the life of the project and both have enrolled in the Certificate IV in Indigenous Research Capacity Building.

Future Activities for Increased Success

- A planned presentation on the history and progress of the project for the Aboriginal Health Research Showcase at the SAHMRI in September 2014 in Adelaide.
- At the conclusion of the project, we are hoping to hold a statewide forum for all participants, including all AHCSA members, to present the findings, showcase the resources and develop collectively recommendations of value and relevance to member services.

Social Marketing

In the last three years, the Social Marketing program has been responsible for developing the Keep It Corka campaign, which has been made possible through a partnership with Murray Mallee Community Health Service. Keep It Corka is a statewide social marketing campaign, supported by localised ambassadors and activities, that encourages Aboriginal people to get active, eat healthy and tackle smoking. It provides practical tips on how to lead a healthy lifestyle.

Elements of this campaign:

- A community cookbook was developed, featuring 20 recipes submitted by Aboriginal people around SA and selected by nutritionists.
- *Keep It Corka 2013 Calendar* was produced, featuring 12 healthy lifestyle Aboriginal ambassadors and their healthy lifestyle messages, with 5,000 of these being distributed throughout the state.
- The *Keep It Corka Guide To Healthy Eating* booklet was developed and distributed to Aboriginal organisations that offer nutrition-based programs and activities for use with their patients. It was also distributed via the Little Caravan of Fun project, which travels to 32 Aboriginal communities around SA and offers free nutrition and healthy eating training to community members.
- A *Keep It Corka Eat Good Food* poster was designed and distributed in conjunction with the healthy eating booklet.
- 22 ambassadors were involved in the creation of campaign posters, with these posters being distributed to health and community organisations within each ambassador’s community.
- Keep It Corka merchandise was created to support healthy lifestyle activities, including serve size plates for adults and children, cooking implements, seeds from which to grow edible plants, gardening gloves and tools. Colouring in sheets were also created to allow children to take part in a fun activity while being exposed to culturally appropriate health messages.
- Paid media is being arranged as the final component of the campaign and will comprise of bus shelter and venue advertising.

A grant was successfully obtained through the Premier’s Community Initiatives Fund for the provision of Keep It Corka dance classes to Aboriginal children aged one to five in the western suburbs of Adelaide, to be complemented by a *Corka Kids Dance* DVD, which is being edited at present. 1,000 copies of this DVD will be made available to Aboriginal children in SA. Corka Kids Dance has a holistic view of health, and is being used to deliver healthy eating, physical activity, dental hygiene, coordination, creativity and self-esteem messages. Parents of participants are also welcome at the classes, and in this way health messages are imparted to this older age group as well.
strategic planning

Medibank Private awarded another grant for the establishment of an Aboriginal Roller Derby team, known as Keep It Corka Roller Derby, through their Indigenous Grant Scheme. This project is being run through a partnership with Light City Derby and members of the metropolitan Adelaide Aboriginal community. It is likely that financial support for this project will end on 30 June, when Keep It Corka comes to an end.

The Little Caravan of Fun! project, applied for via AHCSA’s Social Marketing Program, and funded through a Live Longer! DoHA grant, continues with provision of free healthy cooking and horticultural training in Aboriginal communities around SA. To date, the caravan has visited 32 communities, some more than once, and the project has been met with such a high level of enthusiasm and success that it was refunded for a further nine months. This grant project was also scheduled for completion on 30 June 2014.

Further work is being done to support AHCSA’s Tackling Smoking Healthy Lifestyle team, who required a social marketing campaign to comply with service agreement requirements from DoHA. The Puyu Blaster campaign is in the development stage, and will be completed and distributed in May 2014. It comprises of posters, healthy lifestyle merchandise, a marquee, banners and healthy lifestyle information (print and web-based).

Assistance was provided to SA Dental to develop a resource for ageing Aboriginal people, encouraging them to maintain oral hygiene. This resource is in draft format and SA Dental will test the concept with key stakeholders prior to it being finalised.

VACCHO and AHCWA requested insights into AHCSA’s campaign developments, and assistance was requested from organisations, including SA Health, for the development of a variety of Aboriginal-specific resources.

The campaign ceased on 30 June 2014 and will not be refunded by SA Health.

Hills Mallee Southern Project

The project officer position was created in 2010 to support the establishment of an Aboriginal Community Controlled Health Service (ACCHS) in the Hills Mallee Southern Fleurieu Region of SA.

The ACCHS was established to deliver functioning, culturally appropriate health and associated services to the region’s Aboriginal community. This will be achieved through the transfer of existing services, development of new ones and the provision of outreach facilities across the region. This new service has been named the Moorundi Aboriginal Community Controlled Health Service (MACCHS).

Program Activities

The main aim of the project for this financial year has been to develop an initial governance process through the selection of an interim Board of Management within the terms of a community endorsed constitution and subsequent incorporation and service program scoping.

Major Achievements

1. The Governance Committee endorsed the MACCHS Constitution (Version 4) and the Public Officer was appointed, 9 October 2013.
2. The incorporation documents were lodged with Business and Consumer Affairs by the Public Officer, 10 October 2013.
3. The Organisation was officially incorporated and the Incorporation Certificate no A41961 was received, 18 October 2013.
4. The last meeting of the Governance Committee was convened to receive nominations and select the interim Board of Management. Subsequently on finalising the Board membership, the office bearers were appointed, 30 October 2013.

- CHAIRPERSON
  - Mr Bill Wilson
- DEPUTY CHAIRPERSON
  - Mr Clyde Rigney (Jnr)
- TREASURER
  - Mr Rick Hartman
- SECRETARY
  - Ms Georgie Trevorrow
- BOARD MEMBER
  - Eunice Aston
- BOARD MEMBER
  - Mr Clyde Rigney (Snr)
- BOARD MEMBER
  - Ms Dorothy Wilson
- BOARD MEMBER
  - Mr Steve Sumner
The Commonwealth has been presented with the MACCHS Funding and Program Submission, which includes:

- The MACCHS Draft Business plan and service delivery plan
- Details and qualifications of interim Board members
- Three year activity plan
- Budget for 2014/2015 Commonwealth Funds
- Budget for initial service establishment cost
- Risk assessment and risk management plan
- ICT set up and ongoing costings
- Review and evaluation plan

These documents have been forwarded to Canberra by the Commonwealth Department of Health and will be subject to approval and endorsement by the Minister.

The State Department for Health and Ageing, County Health SA LHN has been presented with the MACCHS service delivery scoping plan which identifies:

- All current Aboriginal health positions within the region that are in scope.
- Total number of FTS and position locations.
- Analysis of State and Commonwealth funding details.

These documents are being reviewed by the Regional Director who will table this submission to CHSALHN Executive.

**Ongoing Priorities**

- Establish linkages and Memorandums of Understanding with peak bodies and other service providers in the region, including AHCSA and Country Health SA LHN.
- A number of presentations have been made to the Interim Board for example, SAHMRI by Dr Alex Brown and his team, Country South SA Medicare Local (CSSAML) and Rising Spirits.
- Commence the recruitment of the inaugural Chief Executive Officer for MACCHS.
- Continue the service planning process and identify other Aboriginal health and well-being programs in the region that may be of interest to MACCHS.

**Meetings and Conferences Attended and Convened**

A number of community gatherings were convened during the financial year to inform the community of the progress of MACCHs and to receive their feedback, at the following locations:

- Murray Bridge November 2013, December 2013 and June 2014
- Victor Harbor and Southern Fleurieu March 2014 and June 2014

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**Meetings and Conferences Attended and Convened**

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- Murray Bridge November 2013, December 2013 and June 2014
- Victor Harbor and Southern Fleurieu March 2014 and June 2014
Workforce Management

CO1 Oversee workforce initiatives in South Australia.

CO2 Work with AHCSA members and mainstream to ensure delivery of high quality health care.

CO3 Work with AHCSA members to identify health workforce needs.

CO4 Recruit and retain Aboriginal and Torres Strait Islander People within the health workforce.

Aboriginal Primary Health Care Workers Forum

CO1 Facilitate APHCWF meetings three times per year.

CO2 Facilitate ongoing training in primary health care.

CO3 Foster continual professional development of AHWs/AHPs.

CO4 Consult with AHWs and member services managers.

Metropolitan Aboriginal Hospital Liaison Officers’ Network

CO1 Coordinate and facilitate the AHLO Network meetings for the Workers and advocate on their behalf at a Statewide level.

CO2 Ensure the AHLO positions are filled at the metropolitan hospitals funded by AHCSA to enable Aboriginal patients of these hospitals to receive the culturally appropriate care and service they require to improve their health and wellbeing.
Maternal Health Tackling Smoking

**CO1** Manage a statewide program to reduce tobacco smoking among Aboriginal women.

**CO2** Support ACCHSs and key stakeholders to promote quit smoking.

**CO3** Promote quit smoking messages to the wider SA Aboriginal community.

**CO4** Deliver education on the effects of smoking during pregnancy to AHWs.

Tackling Smoking and Healthy Lifestyle

**CO1** Manage a statewide program to reduce tobacco smoking among Aboriginal people.

**CO2** Support ACCHSs and key stakeholders to promote quit smoking.

**CO3** Promote quit smoking messages to the wider SA Aboriginal community.

**CO4** Deliver education on the effects of smoking during pregnancy to AHWs.

Workforce Issues

**CO1** Support the development of the AHP profession by advocating for members.

**CO2** Promote cultural awareness training for mainstream and Aboriginal health services.

**CO3** Promote health careers and education pathways for Aboriginal people.

**CO4** Build leadership capacity within AHCSA’s members and provide support.

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**CO3** Ensure the AHLOs receive updated information through the Network meetings and other forums to increase their knowledge and capacity to fulfil their role.

**CO4** Liaise with the AHLOs to ensure they receive support from their place of employment to receive updated and continued training for their role and their patients.

**COAG Workforce Liaison**

**CO1** Attend the COAG Implementation Advisory Group and General Practice SA meetings.

**CO2** Collaborate with key stakeholders to ensure access to ICDP programs.

**CO3** Work with members on the use of MBS items and ICDP.

**CO4** Visit MLs and services to support CTG teams in areas of GP access.

**GP Workforce**

**CO1** Increase the capacity of services to perform Aboriginal health checks.

**CO2** Increase GP workforce hours and develop systems to enable an increase in Aboriginal health checks.

**CO3** Increase GP workforce within ACCHSs.

**CO4** Recruit GP Registrars.

**General Practice Education and Training**

**CO1** Leading GPR training in Aboriginal health in SA.

**CO2** Increasing the number of GPRs training in Aboriginal health and culturally appropriate care.

**CO3** Provide support to the accredited Aboriginal and Torres Strait Islander Health Training Posts.

**CO4** Ensure GPRs are educated and have the resources to provide culturally appropriate care.
workforce

Workforce Management and Issues

The WIPO (Workforce Issues Project Officer) contributes to achieving the constitutional objectives of the AHCSA Business Plan and supports the implementation of the NATSIHWSF (National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework) 2011-2015. The activities of the WIPO are many and varied, driven by the workforce priorities of AHCSA Member Services and the five key areas of the NATSIHWSF 2011-2015:

- Participation of Aboriginal and Torres Strait Islander people in the health workforce.
- Workforce capacity of the ACCHS.
- Culturally competent health workforce to meet the needs of Aboriginal and Torres Strait Islander people.
- Leadership within the Aboriginal Health Workforce.
- Accountability to ensure the implementation of the NATSIHWSF 2011-2015 is driven by Aboriginal people.

Program Activities

- Managing Workforce team budgets.
- Working across other AHCSA teams to meet workforce needs.
- Managing operations.
- Working in collaboration with AHCSA partners and key stakeholders.
- Managing performance reporting to funding bodies and acquittal of grants.
- Working with and supporting the CEO and Deputy CEO in their leadership of AHCSA.
- Managing and supporting the Workforce team to lead and develop a well-qualified and trained Aboriginal health sector workforce.
- Working with Finance team, Administration team and Executive regarding the accreditation process for AHCSA.
- Work closely with the AHCSA RTO.

Interagency Relationships

- NATSIHWA (National Aboriginal and Torres Strait Islander Health Worker Association)
- HWA (Health Workforce Australia)
- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Aboriginal Health Branch and Aboriginal Health Units within SA Health
- Health Workforce Australia
- Country Health SA LHN
- Drug and Alcohol Services SA
- Department for Health and Ageing
- Burns Unit RAH
- Julian Burton Burns Trust
- Cancer Council SA

Representing AHCSA on the following committees:

- ATSIHRTONN
- WIPO National Network
- Health Workforce Australia Reference Group
- NATISHWA Reference Group (Develop National Scope of Practice)
- Country Health SA Aboriginal Practitioner Reference Group
- Breast Screening SA

Represented AHCSA at the following events:

- Closing the Gap Day Events (AHCSA, Port Lincoln, Port Adelaide)
- NATSIHWA AGM
- Oceania Tobacco Conference

Other activities undertaken:

- Providing Member Services with information about updates on AHP registration and training opportunities. This has occurred through emails, individual phone calls, teleconferences and site visit meetings.
- Providing information on AHP registration for a broad range of stakeholders across SA via phone, email, teleconferences, meetings and presentations.
• Provided and presented information regarding the National Aboriginal Health Practitioner Registration to:
  – AHCSA Aboriginal Health Worker Forum, ongoing information updates and subsequent Forum meetings
  – AHCSA Member Services
  – Individual Aboriginal health workers
  – Students undertaking the Aboriginal Primary Health Care Training
  – Gilles Plains Primary Health Care Centre
  – Aboriginal Maternal Infant Care Workers Forum
  – Nunkuwarrin Yunti Inc
  – AHCSA Board
  – AHCSA members CEO Network meetings
• Continue to work closely with AHCSA RTO
• Worked closely with Workforce Development Officer, COAG Liaison Project officer and Tobacco Project Officers.

Future Activities for Increased Success
• Ongoing support for the development the Aboriginal Health Practitioner profession through continued provision of registration information.
• Ongoing collaboration and support with NATSIHWA.
• Exploring mechanisms for developing an AHCSA Member Service workforce profile.

Aboriginal Primary Health Care Workers’ Forum
The Aboriginal Primary Health Care Workers’ Forum (APHCWF) was established in 1990 as a sub-committee of AHCSA to represent South Australian Primary Health Care Workers and provide advice for Aboriginal Health Worker (AHW) issues at the AHCSA Council level.

Aims of the forum:
• Acknowledge and adhere to the four constitutional aims and objectives of AHCSA.
• Support the National Aboriginal Health Practitioner profession through the registration process.
• Promote Aboriginal Primary Health Care Workers and Hospital Liaison Officer workforce.
• Provide support and advocacy for Aboriginal Primary Health Care Workers.
• Provide support and advocacy for Metropolitan Aboriginal Hospital Liaison Officers.

The APHCWF has 19 positions which represent the metropolitan, rural and remote regions of SA. The Forum meets three times per year, with venues rotating around the state, depending on available financial resources.

Program Activities
To facilitate the APHCWF three times per year and to introduce new and modern education, including:
• The APHCWF represents the views of ACCHS and state health services across SA and operates by acknowledging and adhering to the constitutional aims and objectives of AHCSA.
• This is achieved by working to improve the capacity of the Aboriginal Health Worker and the Aboriginal Hospital Liaison Officers’ workforce across SA to deliver appropriate services sensitive to the requirements of community.
• By operating for the purpose of representing South Australian Aboriginal Primary Health Care Workers and providing advice for Aboriginal Health Practitioners – AHWs and AHLOs issues at AHCSA Council level. Also, by working with and supporting mainstream and non-government services to assist in guiding delivery of accessible and adequate services to the Aboriginal community.
• The forum contributes to the development of a well-qualified and trained health workforce by providing education in the following: palliative care; dental health awareness; Aboriginal mental health; first aid training; trachoma eye health and chronic disease. These have all been driven by the membership of the APHCWF and the AHLO network.

Interagency Relationships
• Quitline SA
• Continuing to support Palliative Care SA group to facilitate forums
• Continue to strengthen links with the Cancer Council SA
• SA Health – Mental Health Clinical Network
• CAN Co-morbidity Action in the north project (Completed)
• Flinders University Managing Two Worlds Together project (Completed)
workforce

The following sessions of education were presented to the forum and AHLO network:

- APHCWF members were invited to attend the NATSIHWA AGM in January 2014.
- AHCSA Eye Health and Chronic Disease Specialist support program.
- Tobacco Cessation Strategy and Tackling Smoking project.
- Education delivered on the programs within SA Dental services.
- Tobacco Tool website – University of South Australia.
- AHCSA’s Maternal Health Tackling Smoking program

The Workforce Development Officer (WDO) continues to advocate for Aboriginal Health Practitioners and AHLO training on a needs basis, to support those who are already members of the workforce.

Future Activities for Increased Success

Implement new data collection tool to record Aboriginal Health Practitioners and AHLO workforce, according to numbers, gender and professional status.

This program is continuing to keep key stakeholders supported and informed of the Aboriginal health worker workforce and Aboriginal health practitioner national registration program.

Metropolitan Aboriginal Hospital Liaison Officers’ Network

Objectives of the program are to enhance access to user-friendly, appropriate services for inpatients and outpatients from metropolitan and rural and remote areas of SA, and other states and territories across Australia.

Program Activities

- Bi-monthly network meetings.
- The WDO also supports AHLO workforce to engage in relevant meetings, in consultation with the unit managers.

Other Aspects of the Program

The program has had minimal success this year. However, WDO has had some consultation with managers to improve communication within the MAHLO network this year. We still recognise that workplace commitments do not support availability of staff.

Major Achievements

Negotiations will occur in the next financial year with each Local Health Network for new service agreements in relation to the AHLO based in that region.

Communication

The WDO continues to relay information to support the development and progress of this workforce.

Training and Development

To date, we have had training delivered in the following areas:

- Aged Rights Advocacy Services
- Aboriginal and Torres Strait Islander Quitline services
- AHCSA Workforce State and National update
- AHCSA Workforce Oceania Tobacco Conference
- AHCSA RTO updated Centrelink tribunal services
- Transitional care packages
- The Royal Society for the Blind service.
- The WDO will advocate for and support the Aboriginal Hospital Liaison Officers network to seek further training, as applicable.

New Policies, Procedures and Systems

The Metropolitan Aboriginal Hospital Liaison Officers’ Network is now in a position to adopt the draft terms of reference for the group.

Future Activities for Increased Success

The WDO had combined a meeting of the MAHLO network meeting with the Aboriginal Primary Health Care Worker Forum in December 2013. This meeting was only let down by a lack of liaison staff on the day because of last minute apologies, however the meeting group agreed on collaborating up to one meeting per year for networking purposes. The WDO will continue to bring forward new initiatives or services as they arise to future MAHLO meetings, and to support the recruitment processes for the Aboriginal Hospital Liaison Officers that are funded by the AHCSA.
COAG Workforce Liaison

The COAG Workforce Liaison Officer (CWLO) continues to support AHCSA members to access the Practice Incentive Payment Indigenous Health Initiative (PIP IHI) and the use of Medicare Benefits Schedule (MBS) items, under the Chronic Disease Fund (CDF). This includes the promotion of Aboriginal Health Checks, GP management plans, team care arrangements and follow up items.

Visits to member services have increased in conjunction with the Department of Human Services (DHS) Medicare Field Officer, to provide MBS training. Education sessions have been delivered to services on general MBS information, incentives, claiming and referrals and support given to Aboriginal health workers to sign up for individual provider numbers. The CWLO meets with DHS Medicare Support Officers on a regular basis to ensure a coordinated approach for member support. Recently, the CWLO has coordinated training and support for services to utilise the Health Professionals Online Service (HPOS).

Education sessions are delivered on PIP IHI and MBS incentives to AHCSA primary health care students, and education sessions promoting PIP IHI and the CTG co-payment program to GPs and pharmacies in regional areas.

The CWLO works with AHCSA members and Medicare Local (ML) CTG teams to support and co-facilitate the CTG workforce network. Network meetings are held three times a year to provide an opportunity for professional development, information sharing and networking with Aboriginal and Torres Strait Islander Outreach Workers (ATSIOW), Indigenous Health Project Officers and Care Coordinator Supplementary Services workers across the state. AHCSA works with individual MLs to continue this support and holds regular teleconferences for the network teams. The CWLO has led the development of the terms of reference and communication strategy for the network.

The CWLO advocated for members with new ATSIOW positions and supported AHCSA members with the recruitment of allocated positions. They provided support in developing job and person specifications, advertisements, selection panels and follow up activities as well as assisting with the development of work plans. The CWLO has coordinated and participated in forums at a senior management level, regional forums with other stakeholders and local forums with consumer groups, which include:

- Quarterly meetings between ML CEOs and ACCHO CEOs
- Regular ML and AHCSA meetings
- CTG Workforce meetings
- Community meetings, forums and events
- National IHPO meetings

The program contributes to the development of formal partnership agreements and MOUs with MLs and formalised MOU between Country North South Australian Medicare Local, Northern Adelaide Medicare Local and AHCSA.

The CWLO will work with senior management on advocacy and strategic planning for CTG activities for the future transitioning into the Primary Health Care Networks.

GP Workforce

The GP Workforce team aims to enhance the uptake of Aboriginal Health Checks (AHC) in Aboriginal Community Controlled Health Services (ACCHS). This program increases the GP workforce in ACCHSs in SA, in order to increase the number of AHCs and provide the appropriate follow-up.

The AHCSA provides leadership for ACCHSs to promote the benefits of AHCs within a primary health care context and increases the capacity of Aboriginal Health Services to perform AHCs and provide appropriate follow-up services. AHCSA provides clinical leadership to ensure and enhance the quality of primary health care provision within Aboriginal health services. Partnerships are formed between AHCSA and the GP training programs (Adelaide to Outback and Sturt Fleurieu), enabling GP registrars to be placed in appropriate, consenting rural ACCHSs to enhance the GP workforce.

Program Activities

- A total of 420 days of extra GP services was provided across four rural ACCHS in 2013/14; 65% of which was provided to Pika Wiya Health Service Aboriginal Corporation (PWHSAC).
- There were four GP Registrars employed across two rural ACCHS.
- A 0.5 FTE GP Registrar undertook an advanced placement in Aboriginal Health at PWHSAC throughout 2013. She was dedicated to Chronic Conditions Management, working with a Care Planning team with three AHWs, specifically to increase GP management plans and systems to support these.
- A second full-time GP Registrar was recruited for PWHSAC in the second half of 2013.
- A FTE GP registrar continued at Pangula Mannamurna Inc. in late 2013.
- A 0.4 FTE registrar was recruited for 2014, increasing to FT in late 2014.
workforce

Formal service agreements continue with Adelaide to Outback GP Training and Sturt Fleurieu Training. These involve provision of supervision for GP registrars, participation in education and training and development of new initiatives to increase training opportunities in Aboriginal Health in SA.

Training and ongoing support in the use of the Communicare patient information systems has continued, including:

- Provision of training to staff, increasing organisational and individual capacity.
- Assisting services with data quality by identifying areas requiring improvement with regard to client information management.
- Production of resources specific to staff requirements.
- Identification of organisational reporting requirements, advising on data entry methods to support the capture of data, thus facilitating a more accurate reflection of health service provision to community.

- Improving quality of Communicare data through staff training, data cleansing and auditing of existing records.
- Assisting in the design and implementation of Communicare usage, supportive of health service practices.
- Research of organisations’ eligibility for support and funding regarding MBS, and assistance to establish procedures to access that funding.
- Intensive support in the extraction of relevant and accurate data.
- Assist services to align their Communicare use with accreditation requirements.
- Ongoing administrative support.
Other Aspects of the Program

One GP supervisor and one Communicare support worker were employed in during the 2013/14 period and both spent more than 60% of their time providing services to rural ACCHS on outreach visits.

Major Achievements

• Two GP registrars at PWHSAC, which continued as an accredited training post.
• Recruited an additional FT GP for PWHSAC in February 2014.
• Two GP registrars at Pangula Mannamurna Inc. (Both started as 0.4 FTE and increased to FTE for the second six months of their placements).
• Consolidated Pangula as an established Aboriginal health training post.
• Continued to develop and support systems to increase the uptake of AHC and GP management plans at PWHSAC and Pangula Mannamurna Inc. with a significant increase throughout 2013/14.
• Developed systems in Communicare and conducted training with health staff at PWHSAC, Pangula Mannamurna Inc., Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation (CKAHSAC), Tullawon Health Service Inc., Nynara Aboriginal Health Service and Nunkuwarrin Yunti Inc.

Interagency Relationships

• Adelaide to Outback Training program, Sturt Fleurieu GP training program – GP Registrar orientation and training in Aboriginal health.
• Rural Doctors’ Workforce Agency – GP recruitment, GP Locum orientation to Aboriginal health and new IMG doctors’ orientation and training in Aboriginal health.
• Adelaide University Medical School – lectures to medical undergraduates and representation on Aboriginal Curriculum Development for Whole of Medicine.
• Flinders University Medical School – presentations.
• AMSANT – Communicare network.
• Communicare Systems – to provide support to member services.
• QAIHC Aboriginal and Islander Community Controlled Health Services Clinical Excellence – CQI network.

Meetings and Conferences Attended and Convened

• RDWA annual conference.
• Convened the annual AHCSA GP Forum for all doctors working within ACCHS in SA.
• Presented a Framework for Optimising Patient Information Management Systems; An Illustration of the Benefits of a South Australian Experience at the 2013 NACCHO Summit, in collaboration with Karen Glover CEO of Pangula Mannamurna Inc., and Beth Hummerston, Patient Information Management Systems Coordinator at AHCSA.
• QAIHC ACE workshop.
• CQI Workshop.

Training and Presentations

• Aboriginal Health within Global Health – Adelaide University Medical School elective.
• Environmental Influences on Health in Aboriginal Communities – Adelaide University Medical School, third year students.
• Diabetes Issues in Aboriginal Population – Adelaide University Medical School, second year students.
• Chronic Disease in Aboriginal People – Adelaide University Health Sciences.
• Orientation to Aboriginal Health – RDWA locum renewal program.
• Overview of Aboriginal Health – Sturt Fleurieu GP training program Aboriginal health.

Training and Development

• Two day’s training in STATA – a statistical software package that can assist with data analysis, data management and graphic production.
• Internal Audit training.
workforce

New Policies, Procedures and Systems

Procedures for optimal use of Communicare are continually developed, taking into account different services needs.

Future Activities for Increasing Success

More of the same in 2014/15. The extensive systems support and relationship building that has occurred in the program is expected to bring significant rewards in exceeding program KPIs in the coming year.

General Practice Education and Training

AHCSA has secured ongoing funding from 2011, for three years, for this position, through both Regional Training Providers (RTP’s), Adelaide to Outback GP Training Program (AOGP) and Sturt Fleurieu General Practice Education and Training (SFGPET). Previously this position was funded directly by General Practice Education and Training (GPET).

As part of the tasks and functions of the role, the Project Officer continues to:

- Actively participate on the GPET Aboriginal and Torres Strait Islander Health Training Advisory Group (ATSIHTAG), which provides direct advice to the GPET Board.
- Coordinate and provide presentations at the RTP’s GP Registrars two-day Aboriginal health workshops with three being held this year at Camp Coorong and Raukkan community.
- Be involved in the AOGP’s Reconciliation Action Plan working group.
- Participate with both RTP’s in their Aboriginal Health Training Strategic plans for three years.
- Work with GPR’s being placed in our sector or potential placements.

Aims of the program

- Increase the number of GP Registrars (GPR) training in Aboriginal health.
- Increase the number of Aboriginal health training posts in SA to accommodate GPR training.

Liaison and advocacy with key stakeholders and partners have included providing advice, presentations and information to relevant agencies and services, such as UniSA, Rural Doctors Workforce Agency, Adelaide University, GP Registrars Australia (GPRA), Royal Australian College of General Practitioners (RACGP) and Workforce Australia.

Background

The Minister indicated to GPET that GPR training in an Aboriginal Health Training Post needed to increase to reach set targets by 2015. In 2012, GPET had instructed all RTP’s across the nation to complete an Aboriginal and Torres Strait Islander Health Training Strategic Plan to receive further funding to achieve this.

In the past, GPET had funded the program officer’s position directly to AHCSA. As of 1 January, 2013, GPET provided funding to the Regional Training Providers (RTP), Adelaide to Outback General Practice Training (AOGP) and Sturt Fleurieu Education and Training (SFGPET). The program officer now works three days per week with AHCSA and one day each at both RTPs, and remains an employee of AHCSA.

AHCSA, AOGP and SFGPET are working collaboratively to ensure that goals are achieved. This year’s focus was to strengthen partnerships and build capacity within the ACCHS to ensure the services are prepared and able to accommodate GPR training. GPR training opportunities have increased already and AOGP have their first Advance Skills Year in Aboriginal health in progress.

There are currently six Aboriginal health training posts and all but one has GPRs placed within their service. This financial year, AHCSA worked collaboratively on three initiatives, producing Cultural Mentor guidelines for GPRs, a joint Advisory committee to provide a forum for the oversight and coordination of GPR training and developing an information video and booklet resource to promote training in Aboriginal health.

Additional developments include:

- Optimising the integration of Aboriginal health throughout the curriculum.
- Ensuring the RTPs have a culturally appropriate office atmosphere, utilising relevant AHCSA staff in their profession to deliver information and education to GPRs.
- Development of a Reconciliation Action Plan.
- An Aboriginal identified seat on respective RTP Boards.
- Delivery of appropriate Aboriginal health information and education to all GPRs during a two-day workshop.
- Raise the profile of Aboriginal issues and business to RTP staff.
By December 2013, GPET have provided funding to all 17 RTPs across the nation to facilitate the Aboriginal and Torres Strait Islander Strategic Health Plans. This was a strategy to ensure that all RTPs engage with the ACCHS and incorporate Aboriginal health into the spectrum of their business and GP training.

Adelaide to Outback GP Training (AOGP) had their GPET review, with a visit from GPET personnel and an external consultant. As well as meeting and interviewing AOGP staff, they also had the opportunity to meet with AHCSA, Nunkuwarrin Yunti and Pika Wiya Health Service Aboriginal Corporation.

AOGP and SFET worked together to develop a short promotional video and website, which can be used to inform GP registrars about the opportunities, benefits and support they can receive when completing a training post in an ACCH organisation. The long-term benefits from this project will be:

- Opportunities for retention of GPs in this context.
- Increased understanding of Aboriginal and Torres Strait Islander health and culture, which can benefit future patient care irrespective of their geographical location of practice.
- The DVD was launched at AHCSA in January with partners from the ACCHS, hospitals, AOGP and SFET.

**AOGP Art Launch**

On 20 September 2013, AOGP staff and representatives from AHCSA gathered in the AOGP foyer with eager anticipation to catch the first glimpse of the new artwork commissioned by AOGP and produced by Ngarrindjeri Kaurna Yankunytjatjara artist Allan Sumner.

Aunty Alitya welcomed us to country at the launch and everyone heard the story of the artwork from Allan. The artwork tells the story of AOGP learners, understanding and listening together. It represents our rural and urban network of Practices and teachers and the way they connect with AOGP to support our learners. On the AOGP Aboriginal Health Training Post web pages, the artwork has appeared to appropriately communicate our story and connectedness.

AOGP will hang it in the entrance of the building, as a symbol of their commitment to, understanding of and respect for the journey towards reconciliation with Aboriginal and Torres Strait Islander people, as confirmed in the Reconciliation Action Plan.
workforce

Inaugural Caroline Laurence Research Medal

The Inaugural Caroline Laurence Research Medal was presented at the AOGP Graduation Dinner, 6 December 2013. Caroline has been the driving force behind the conception of AOGP and until this year, led the organisation in the areas of research and development. She is an experienced, well published academic, and an Associate Professor at the University of Adelaide. Her passion for research and especially her determination to ensure that research is able to be applied to improve practice epitomises the skills that AOGP recognises with the introduction of this new medal.

The three finalists were: Holly Deer, Meredith Barrett and Annabelle Hocking. All three of these Registrars showed commitment and passion in their broader contributions to research, such as presenting at conferences, teaching research to others and assisting to integrate the results of research into practice, to benefit patient outcomes.

This year’s winner was Annabelle Hocking. She undertook an academic skills post at the University of Adelaide where she investigated the influence of socio-demographic background on patients awareness of their chronic diseases, which resulted in a publication in the AFP. However, beyond the research, she has also actively participated in and facilitated the Research and Critical Thinking Workshops, GPET’s Research Week, AOGP Research Forum at the Education Weekend, and has been an active member of the AOGP Research Committee since 2011. She has also presented her research at the PHC Research Conference. We would like to congratulate the other two finalists, Meredith and Holly. It was a very close contest. This will be an annual award for registrars to aspire to at the completion of their training.

The AHCSA Award

For the first time, AOGP invited AHCSA to their Graduation Dinner and the CEO and GPET Project Officer presented the inaugural annual AHCSA Awards. The AHCSA awards are provided by the AHCSA to acknowledge Registrars who choose to complete a portion of their training in an Aboriginal Health Training Post. This year’s recipients were Meredith Barratt and Kat Taylor who both trained at Nunkuwarrin Yunti Inc. Congratulations to both of them for their contributions.

Maternal Health Tackling Smoking

The aim of the program is to support maternal health services to assist in increasing the proportion of healthy birth-weight babies born in the Aboriginal population, by reducing the rates of tobacco smoking in pregnant Aboriginal women by 2.1% annually by June 2016.

Program Activities

• Educate communities on tobacco cessation, prevention and passive smoking initiatives with particular reference to pregnant Aboriginal women and their families.
• Collaborate with regional tackling tobacco programs, offering support to promote smoking cessation within Aboriginal communities (Quit SA, regional tobacco workers).
• Collaborate with neonatal, maternity and AMIC staff at regional and urban hospitals offering smoking cessation support to pregnant Aboriginal mothers and their families.
• Promote Maternal Health Tackling Smoking social media campaign to influence pregnant Aboriginal women to make quit smoking attempts.
• Encourage partners, families and communities not to smoke around pregnant women and promote smoke free homes and cars.

Aspects of the Program

How the program operated during the year and what changes were made to increase success:

• Maternal Health Tackling Smoking program funding will continue until June 2016, however, the KPIs and future direction of the program have been modified, moving the focus from social marketing to face-to-face education on the risks of smoking and supports available to assist pregnant Aboriginal women to make quit attempts. The program now permits follow-up opportunities with individual women, at their request, to offer support to make quit attempts and stay off tobacco.
• The project officer has continued to work closely with the Commonwealth Tackling Smoking team at AHCSA, offering mentoring and guidance, where required. This continues to be a successful network opportunity for the Maternal Health Tackling Smoking program, as it has given the opportunity to continue networking with regional tobacco teams and promote new directions for the program.
• Opportunity to travel with the AHCSA Tackling Smoking team and Port Power Football Club to six
schools to promote the program and deliver risk of smoking messages to teenage girls and young men. The hand-held smoking resources have been well received by the whole community, giving them visual effects of smoking and the harm it can bring to unborn babies.

- Continue to work closely with AMIC workers to help support their patients to make quit attempts while they are pregnant. With focus in Ceduna, Yalata, Point Pearce, Whyalla, Mount Gambier, Women and Children’s Hospital and Adelaide northern suburbs.

**Major Achievements**

- Stickin’ it up the Smokes (SIUTS) Facebook page continues to build momentum, delivering support for Aboriginal pregnant mums and their families to make quit attempts, celebrating recent successful quit attempts by other pregnant Aboriginal women in SA. The page currently has 1,300 Likes.

Development of six new Maternal Health Tackling Smoking resources:

- Updated Stickin’ it up the Smokes DVD includes Ellie Lovegrove’s rap song.
- Smoke free stickers for homes and cars.
- Smoke free car air fresheners.
- Baby sleeping smoke free area doorknobs.
- Tackling Smoking Yalata poster featuring a pregnant woman, with the tag line in Wirrungu language, as requested by the community.
- Over the life of the project, 27 smoking prevention, cessation and passive smoking resources have been developed.
- 286 Aboriginal women were provided with individual or group quit support activities in this reporting period.
- Successful Women’s health promotion day in Yalata, where the women were pampered by having their hair and nails attended to in exchange for opportunistic education around risks of smoking, with the focus on pregnancy and information on the support available to make quit attempts. Project officer liaised with AHCSA Sexual Health team and Commonwealth TS/HLI team to facilitate this event. A healthy lunch was provided and the women who participated in this event were also screened for sexually transmitted diseases.
- Attended 22 health promotion events which included a Port Lincoln Sports Carnival, supporting the Netball Carnival with SIUTS netballs and resources; Tauondi Open Days, C&YH Family Fun Day and Point Pearce Family Fun Day. Disseminated resources and demonstrated use of smokerlyser tool to monitor carbon monoxide levels. This is an effective resource to engage with community around smoking. Stickin’ it up the Smokes posters continue to motivate positive messages for pregnant women to make quit attempts.

**Communication**

The program has been communicating with Medicare Locals more often over the past year, resulting in effective partnerships to deliver education to women at health promotion days. The project officer has been able to establish and maintain productive working relationships with key community individuals and groups across the state and more recently, in the Yorke and Eyre Peninsula regions.

The project officer consulted with pregnant Aboriginal women, Elders and community members regarding the look and feel of the six new, recently developed campaign resources. There has been effective communication with AHCSA staff, specifically the Sexual Health team which has resulted in combining programs and resources to facilitate successful women’s health promotion days.

**Interagency Relationships**

Continued support for CTG project officers’ outreach to workers and care coordinators at Adelaide Northern Medicare local and Country North Medicare local, providing education and resources to assist Aboriginal pregnant women and their families to make quit attempts.

The AHCSA partnered with Nunkuwarrin Yunti Inc., Cancer Council and Tauondi College to organise the World No Tobacco Healthy Community Day on 6 June. Approximately 100 people attended. The Maternal Health Tackling Smoking project officer liaised with these agencies to promote the program at this event.

AHCSA coordinated the Point Pearce Family Fun Day. The Maternal Health Tackling Smoking program contributed to the success of this event, partnering with the Point Pearce Council, Country North SA Medicare Local Close the Gap team and Country Health SA Local Health Network Inc. to deliver the event. Approximately 200 community members attended. The aim of the day was to bring Aboriginal families from the Yorke Peninsula together to share a day of fun, participate in some interactive activities and learn healthy lifestyle messages along the way, including the risks of smoking during pregnancy.
Meetings and Conferences Attended and Convened

- Attended and presented at Oceania Tackling Smoking Conference in New Zealand. There was much discussion following our presentation, as there has not been another campaign like SIUTS in the south Pacific region. New Zealand are now planning to start Quit Smoking campaigns and health promotion, focusing on pregnant women.
- In addition to the oral presentation, SIUTS was selected for a poster presentation at the New Zealand Oceania Tackling Smoking Conference.
- Interest continues in adapting our SA Maternal Health Tackling Smoking Campaign for use in other jurisdictions.
- Attended Tackling Smoking and Healthy Lifestyle meeting in Victor Harbour and shared information from the New Zealand Oceania Conference. Introduced Maternal Health Tackling Smoking Program to new staff.
- Attended two statewide Tackling Smoking and Healthy Lifestyle Initiative Workforce meetings, one teleconference on 13 March and one face-to-face meeting on 14 May at Tandanya, National Aboriginal and Cultural Institute. This provided the opportunity for SA teams to network and share ideas and resources.

Training and Presentations

121 staff from ACCHOs, Medicare Locals and regional hospitals were provided with information through face-to-face engagement on program and education on use of the smokerlyser and tool used to monitor carbon monoxide and risks of smoking during pregnancy.

New Policies, Procedures and Systems

- Developed new survey and evaluation data collection resource, inclusive of optional contact details to be included on evaluation, for follow-up assistance from project officer. This is to assist with encouraging and monitoring successful quit attempts by pregnant Aboriginal women.
- New DASSA reporting template, including new KPIs number of follow up contacts made, number of quit attempts and number of successful quit attempts.

Training and Development

- National Indigenous Drug, Alcohol and Other Substances Conference, Melbourne
- NACCHO Summit, Melbourne
- RANZCOG Women’s Conference, Adelaide
- TS&HLI State Workforce Meeting

Future Activities for Increased Success

The Project Officer is planning to do a pilot project with Northern Adelaide Medicare Local (NAML) to give incentives to pregnant women to quit smoking during pregnancy. Participants will have ongoing support by the project officer during their pregnancy to get off tobacco. They will be monitored on their smoke-free status by opportunistic smokerlyser testing by care coordinators from NAML throughout their pregnancy.

There has been a successful project interstate to pay financial incentives and healthy food vouchers which are given in exchange for staying smoke-free during pregnancy to offer their unborn babies a healthy start to life.

Due to the success of the Yalata Women’s Health Pamper Day, we are liaising with Sexual Health and TS&HLI teams at AHCSA and Medicare Locals to facilitate similar events at Murray Bridge, Victor Harbour, Mount Gambier, Ceduna, Port Augusta, Whyalla, and the northern suburbs of Adelaide in the near future. Incentives for women to attend workshops include pampering (hair and nails), a yoga session and healthy lunches provided.

The dissemination of new resources recently developed to assist with delivering messages to the community not to smoke during pregnancy or around pregnant women, including SIUTS stickers for cars and homes promoting smoke-free zones, SIUTS air fresheners for smoke-free cars and 100 copies of SIUTS DVDs.

Tackling Smoking and Healthy Lifestyle

The aim of this project is to promote awareness of the risks associated with smoking and to promote physical activity and healthier nutritional choices, assisting people to reduce the lifestyle risk factors that contribute to preventable chronic disease.

Program Activities

Social Marketing Campaign The team developed the Puyu Blaster Social Marketing Campaign, based on male and female superhero characters who blast out cigarettes and support smoking prevention and cessation. The campaign features 12 ambassadors from communities on the Yorke Peninsula and Eyre Peninsula regions. Promoting local role
models helps generate local pride and spread peer-to-peer and word-of-mouth health promotion messages to community members. Ambassadors appear on posters that are displayed in their community, as well as pull-up banners, which are displayed by AHCSA at local events and on a permanent basis at local health services. An interactive poster has also been developed. When pressed, an audio message is heard in a local language. A Puyu Blaster superhero costume has been developed and a team member wears this at events to communicate non-smoking messages.

Community Cookbook AHCSA, along with project partners Tauondi Aboriginal College and Drug and Alcohol Services South Australia (SA Health) developed the 20 Healthy Feeds – A Community Cookbook by Our Mob, For Our Mob. Initially, the Little Caravan of Fun was collecting recipes when delivering cooking and nutrition education, then word quickly spread when the invitation was extended to the wider Aboriginal Community. All the recipes that were included in the cookbook were chosen because they support the Australian Guide to Healthy Eating and Australian Dietary Guidelines. It is anticipated that recipes from the cookbook will be used in communities to help make healthier choices when preparing family meals. The team have been using recipes from the cookbook and enlisting school and community groups to do Puyu Blaster cook offs. This is where teams cook the recipes and are judged on various criteria including fun, cleanliness of cooking area, presentation of food and taste. All teams that compete are rewarded with a Puyu Blaster trophy and cooking equipment such as a fry pan or vegetable steamer. The winning team gets a Puyu Blaster trophy and a sports pack for their school or organisation. The cook offs have demonstrated how simple it is to cook Puyu Blaster meals.

Point Peace Family Fun Day AHCSA coordinated the Point Pearce Family Fun Day. The team created a partnership with the Point Pearce Council, Country North SA Medicare Local Close the Gap team and Country Health SA to deliver the event. Approximately 200 community members attended. The aim of the day was to bring Aboriginal families from the Yorke Peninsula together to share a day of fun, participate in some interactive activities and learn healthy lifestyle messages along the way. Key messages included the health impacts of smoking and the importance of exercise and healthy eating. The team launched the Point Pearce Puyu Blaster campaign and local ambassadors were available toograph their posters. Other activities included health promotion stands, acknowledgement of NAIDOC Week, healthy cook offs, healthy community lunch, a community walk around the town, jumping castle, photo booth and an appearance by the Puyu Blaster superhero.

Aboriginal Power Cup The team developed a partnership with Power Community Limited, the community development arm of the Port Adelaide Football Club. AHCSA was a program partner at the Aboriginal Power Cup (APC), where over 400 students from 34 schools across the state participated in the APC. In the months leading up to the APC, the team had the opportunity to deliver education session to schools with football players and Power Community staff to increase awareness of the importance of health and wellbeing and the risks of smoking. Other activities included:

- Health promotion messages in the Student Workbook and the WillPower booklet distributed to over 400 students.
- Health promotion information stand at the APC Career and Lifestyle Expo.
- Health promotion interactive display at the football carnival, where students recorded the health messages they had learnt on butcher’s paper and had their photos taken.
- Team attended the awards ceremony and participated in the cultural walk through the city.
- AHCSA provided the run-through banner at the final of the APC, which contained anti-smoking messages. The finals were played at a sold out Adelaide Oval in front of 52,233 spectators.

Women’s Health Promotion Day The team partnered with the AHCSA Sexual Health team to deliver a Women’s Health Day in Yalata on 8 May. There was a healthy cook up and a hairdresser available to cut and colour hair. The team discussed the importance of not smoking when you are pregnant and when you are around children and babies. The team explained the importance of smoke-free homes and cars. Women who were interested had their carbon monoxide levels read with the smokerlyser monitor. The team used the 20 Healthy Feeds – A Community Cookbook by Our Mob, For Our Mob to explain nutrition and healthy cooking. The Sexual Health team had the opportunity to discuss sexual health screening and women who were interested participated in screening on the day.
The team provided health promotion stalls at a number of events around the state in 2014:

- Spirit Festival, 15-16 March
- Point Pearce Close the Gap Event, 25 March
- Salisbury Healthy Lifestyle and Recreation Day, 30 March
- Yalata Football and Softball Carnival, 11-13 April
- Strathalbyn Medicare Local Close the Gap Event, 26 April
- Mount Barker Medicare Local Reconciliation Event, 29 May

Aspects of the Program

In the last 12 months, the team has successfully delivered numerous events and activities. The team has regular meetings to share information, report on progress, identify challenges and brainstorm solutions. With so many activities to develop and implement, it has been really important to keep lines of communication open. The effectiveness of the project management style was evident in how the team delivered the Point Pearce Healthy Community Day. When scoping the event, the team focussed on the objective of the day, identified stakeholders and considered the resources needed.

They developed an action plan which identified each critical step to be completed leading up to the day. Team members were assigned tasks according to individual strengths such as consultation, management of sporting activities, marketing or the planning and coordination of the event overall. Numerous face-to-face and telephone meetings were held with key stakeholders involved in the day. A budget tracking sheet was developed to keep a close eye on the estimated cost and the actual amount the team was spending. When the Healthy Community Day had to be rescheduled at the last minute due to sorry business in the community, the team quickly shifted their priorities to suit circumstances, by making the necessary arrangements to notify all the people involved in the event and change the date of the Healthy Community Day. The team’s use of effective project management strategies was definitely a main contributing factor the success of the Point Pearce Healthy Community Day.

Major Achievements

The Point Pearce Healthy Community Day was an overwhelming success. Approximately 200 people attended the event and for a community of around 150, this was a substantial turnout. There was a real community atmosphere with lots of people joining in the activities such as the cook off, photo booth, jumping castle and rock climbing. One child mentioned to a team member that it was the best day of his life.

The Puyu Blaster social marketing campaign has been implemented in a very short period of time. The team was able to source twelve ambassadors from six different communities, carry out photo shoots in the various communities, get feedback from the ambassadors about each individual poster and have the posters and pull up banners printed within the reporting period. All these elements, combined with regular liaison with the advertising and marketing company, would typically take much longer.

The team developed an interactive poster with ambassador, Aunty Gladys. When the button on the poster is pressed, an audio message is played in the local language. This is the first interactive Tackling Smoking and Healthy Lifestyle poster developed in SA.

There has been a lot of positive feedback around the 20 Healthy Feeds – A Community Cookbook by Our Mob, For Our Mob. People have commented on how simple the recipes are and how appetising the photos in the book look. Community members have pointed out to team members which recipes they have cooked at home.

By having the cook offs between people of various ages, at different events, demonstrates how easy the recipes are to prepare. Having the cooking utensils such as wooden spoons, spatulas and peelers to distribute to community members is an added incentive to use them to try out the recipes in the book.

Communication

The team has been able to establish and maintain productive working relationships with key community individuals and groups in both the Yorke and Eyre Peninsula regions. With the Puyu Blaster social marketing campaign, the team worked with communities to identify individuals who would be good healthy lifestyle ambassadors. The team consulted with the communities about the look and feel of the campaign. Ambassadors were able to provide suggestions on the format and content of their posters throughout the design phase of the campaign.
With the Point Pearce Healthy Community Day, the team approached the Point Pearce Aboriginal Council for approval to become more engaged with the community. AHCSA sought guidance and advice from the Council during the planning processes to ensure that the day met the community’s needs. The team had around 6 meetings with key community stakeholders in the lead up to the event to keep lines of communication open and help ensure that activities on the day were a success.

**Interagency Relationships**

The team, in partnership with Port Power Community Limited Football Club, delivered a number of education sessions in primary and secondary schools to raise awareness of the health impacts of smoking and the benefits of eating healthy and being active.

The AHCSA partnered with Nunkuwarrin Yunti, the Cancer Council and Tauondi College to organise the World No Tobacco Healthy Community Day on 6 June. Approximately 100 people attended. AHCSA launched the 20 Healthy Feeds – A Community Cookbook by Our Mob, For Our Mob at this event and the team organised a successful Puyu Blaster cook off with five teams from local Aboriginal schools.

AHCSA coordinated the Point Pearce Family Fun Day. The team created a partnership with the Point Pearce Council, Country North SA Medicare Local Close the Gap team, and Country Health SA to deliver the event. Approximately 200 community members attended. The aim of the day was to bring Aboriginal families from the Yorke Peninsula together to share a day of fun, participate in some interactive activities and learn healthy lifestyle messages along the way.

**Meetings and Conferences Attended and Convened**

The team held two statewide Tackling Smoking and Healthy Lifestyle Initiative Workforce meetings, a teleconference on 13 March and one face-to-face meeting on 14 May, at Tandanya, National Aboriginal and Cultural Institute. This provided an opportunity for the teams to network and share ideas and resources. 21 Tackling Smoking and Healthy Lifestyle Workforce members attended.

**Training and Presentations**

The team delivered a number of education sessions in primary and secondary schools to raise awareness of the health impacts of smoking. These sessions focussed on how smoking can affect your health, specific effects of smoking on the body, what is in a cigarette, smoking during pregnancy and the benefits of never becoming a smoker. The education sessions also raised awareness of the benefits of eating healthy and being active.

These sessions focussed on what food you need to eat to stay healthy and strong; why we need to eat a variety of foods; how many serves of fruit and vegetables we need to eat each day; why it is important to drink plenty of water; what are healthier choices for snacks and drinks; why being active is good for your health; and ways to be more active. On average, there were around 30 students in each education session. Schools visited by the team:

- Ceduna Area School, 17 February
- Koonibba Primary School, 18 February
- Penong Primary School, 18 February
- Yalata Primary School, 19 February
- Murray Bridge High School, 19 March
- Maitland Area School, 25 March
- Oodnadatta Aboriginal School, 5 May
- Coober Pedy Area School, 6 May

**New Policies, Procedures and Systems**

The team has developed a survey questionnaire that was trialled at the Aboriginal Power Cup. The survey was a series of questions related to smoking that could be answered on an iPad. 85 students participated in the survey, 36 male and 49 female, the majority aged between 15-17 years old. Seven students answered ‘yes’ to ‘Do you smoke?’ and the average age they started smoking was 13.5 years of age. Most said they smoked on the weekends. They were given a tick-the-box style question on who they would feel most comfortable talking to if they wanted help to quit smoking. Most chose a family member, an Aboriginal health worker or a teacher. No students chose the option of friend, doctor or the Quitline.

The team has also developed a healthy lifestyle evaluation survey that is used when delivering education sessions in schools. After an education session, students fill out true or false responses to the key health promotion messages delivered in the session. From the answers given, the team are more aware of knowledge gaps and are able to adjust the content and delivery of education sessions accordingly.

The team has assisted member services and sporting clubs to implement smoke free policies adapted from NACCHO and AHCSA smoke free policies.
Future Activities for Success

The AHCSA team fills the gaps in communities that are not within the scope of the five regional Tackling Smoking and Healthy Lifestyles teams across SA.

The team has been focussing efforts in the Yorke Peninsula and Eyre Peninsula regions. It is a challenge for the team to deliver services in such a wide region. Factoring in costs of flights, car hire, accommodation and staff travel allowances, each trip is resource and time intensive.

The team understands that it needs to be strategic about visits and make the best use of limited time and financial resources available by scheduling as many activities and visits to as many communities as possible in each trip. The team has also developed partnerships with other services in both regions in order to share resources.

Another challenge in terms of planning ongoing activities has been the uncertainty surrounding future funding. The team has learnt about the importance of establishing sustainable programs to ensure activities are able to continue with community support if the AHCSA team is no longer able to coordinate these activities.
In 2013/2014 AHCSA continued to support the Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN), providing accommodation, administration and management support to the program. In addition to that, AHCSA also provided in-kind support to ATSIHRTONN through reduced management fees and access to all equipment, facilities and human resources management.

Throughout the financial year, ATSIHRTONN and its secretariat continued to progress implementation of the objectives set out in the service agreement with the Commonwealth Department of Health, as well as implementation of ATSIHRTONN’s own strategic and business plans. This report focuses on the implementation of the 2013/2014 Service Agreement objectives.

ATSIHRTONN Executive Committee meetings held:
- Monday 22 July 2013
- Thursday 26 September 2013
- Tuesday 10 December 2013
- Tuesday 11 February 2014
- Wednesday 2 April 2014
- Tuesday 13 May 2014
- Thursday 26 June 2014

Key points discussed were as follows:
- ATSIHPBA/AHPRA introduction of 800 hours for Clinical Practice and how this impacts on RTOs, students, supervision and assessments. The outcome is that all RTOs must adhere to the AHPRA standard in order for students to gain Registration in future years.
- HWA Accreditation Support Project All ATSIHRTONN members were alerted to the Request for Proposal issued by HWA. ATSIHRTONN Secretariat offered support to all RTO members to develop and lodge their submissions.
- NATSIHWA Scope of Practice ATSIHRTONN was invited to participate in the round table discussions. The outcome was that three ATSIHRTONN representatives were nominated to attend the roundtable discussion.
- ATSIHRTONN Action Plan Due for review and the 2014/2015 Action Plan was being developed by the Senior Project Officer. ATSIHRTONN Executive members were given tasks as part of the review and development processes to ensure their participation. Due to not being refunded, this draft ATSIHRTONN Action Plan 2014/2015 will not be finalised.

The ATSIHRTONN full membership met twice during the financial year with the first meeting held in Adelaide on 16-17 October 2013. The second meeting was held in Canberra on 19-20 February 2014. Both meetings were preceded by professional development training. At the October 2013 meeting, participants were offered a session on submission and tender writing and a session about developing transition plans to the new HLT13 Training Package.

At the February 2014 meeting, participants attended a two day workshop on validation and moderation, which included a formal session lead by a consultant engaged from the Vocational Education and Learning Group (VELG). These professional development sessions were well attended and provided participants with in-depth knowledge of topics as well as an opportunity to share knowledge, resources and support.

### Key Projects and Activities

<table>
<thead>
<tr>
<th>PROJECT / ACTIVITY</th>
<th>ROLES</th>
<th>OUTCOMES / COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope of Practice Workshop</td>
<td>Partnership</td>
<td>This project is led by NATSIHWA and includes NACCHO, ATSIHPBA, HWA, ACCHOs and ATSIHRTONN, state and territory health departments.</td>
</tr>
<tr>
<td>HWA RFP</td>
<td>Lead and Support</td>
<td>In addition to submitting an RFP Accreditation Support for RTOs Project (Coordination), ATSIHRTONN also provided support to RTO members that were submitting RFP for the Accredited Support for RTO Project (RTOs). If successful, this funding will provide much needed support for RTOs that train potential Aboriginal and Torres Strait Islander Health Practitioners, to meet the new ATSIHPBA accreditation standards.</td>
</tr>
<tr>
<td>Future Planning</td>
<td>Lead</td>
<td>In discussion with the Executive Committee and AHCSA (as host organisation), the Secretariat was working on the key areas of focus beyond June 2014; however, because ATSIHRTONN has been defunded, this work has stopped.</td>
</tr>
</tbody>
</table>
Stakeholder Engagement

Communiqué During the 2013/2014 financial year, ATSIHRTONN produced three communiqués.

Website The ATSIHRTONN website continues to be a valuable tool for promoting ATSIHRTONN and its members. As changes occur to the Aboriginal and/or Torres Strait Islander Primary Health Care qualifications, registration for health practitioners and standards for RTOs, the information is provided on the ATSIHRTONN website. This website was closed in July 2014.

Promotions ATSIHRTONN also participated in the NACCHO Summit during August 2013 with an information table and promotional material available on the ATSIHRTONN members and the training they offer to the Aboriginal and Torres Strait Islander health workforce. This was a very positive promotional opportunity for ATSIHRTONN as we were able to share information about ATSIHRTONN but also talk to many Aboriginal and Torres Strait Islander people in the health workforce about ATSIHRTONN, its members and the training they provide. Many of the flyers produced were taken by visitors and ATSIHRTONN attracted more attention with the give-away prize of a satchel with the ATSIHRTONN name and logo embroidered on it.

Meetings In this financial year, ATSIHRTONN held two national member face-to-face meetings. The first was held in Adelaide on 23-24 October. Attendance levels at this meeting were high, with a number of key issues in the agenda for discussion.

The second meeting was held in Canberra on 19-20 February. The location of this meeting was chosen to allow senior DoH and NACCHO staff to attend the meeting in person. It was a great opportunity to meet the DoH senior staff and have a lengthy discussion regarding the issues faced by ATSIHRTONN members.

Key topics discussed at the meetings:
- Eye Health Coordination Skills-Set Training.
- Review of Indigenous Training and Employment Programs, and development of ATSIHRTONN’s submission to the review.
- Criminal History Checks for ATSIHPBA.
- Update from DOHA staffed by Graeme Rossiter and Brenton Rodgers.
- Skills recognition and up-skilling program roll-out.
- Clinical Log Book review.
- Simulated Learning Environments – ATSIHRTONN’s project report and subsequent funding submissions from ATSIHRTONN RTO members.
- Executive Committee elections, February 2014 only.
- ATSIHRTONN Report Card development, use and distribution.
- Establishment of a support network for trainers employed in member RTOs.
- ATSIHRTONN future funding.

Both ATSIHRTONN members’ face-to-face meetings were well attended and member participation was robust, indicating strong support and a need for an ongoing network.

Building Member Capacity

Professional Development Workshops were held prior to both of these meetings for ATSIHRTONN members. The first workshop, held on 22 October had two focus areas; tender and submission writing and developing qualification transition plans. This workshop was well attended by all ATSIHRTONN members, with some members choosing to send more than one delegate at their own cost.

The second workshop was training focussed and was mainly attended by the RTO members. The topic was Validation and Moderation – validation of training assessments and delivery and moderation of a random selection of assessments completed by students. An expert trainer from Vocational Education Learning Group (VELG) was brought in to run the first part of the workshop and participants were provided with a statement of attendance to contribute towards their professional development record. The second part of the workshop was hands-on and the actual techniques of validation and moderation were trialled in practice.
The attendees at both workshops were provided with statements of attendance to contribute towards their professional development record as required by the Australian Skills Quality Authority (ASQA). The attendees also provided significant positive feedback about the benefits they received from both workshops.

**Meetings Attended and Convened**

<table>
<thead>
<tr>
<th>EVENT/MEETING</th>
<th>OUTCOMES / COMMENT / ROLE</th>
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<tbody>
<tr>
<td>Health Workforce Australia –</td>
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<tr>
<td>Aboriginal and Torres Strait</td>
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<td>Islander Health Workforce</td>
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<tr>
<td>Standing Advisory Committee</td>
<td>The National Coordinator</td>
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<tr>
<td>(SAC).</td>
<td>continued to attend the</td>
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<td></td>
<td>SAC meetings, with the</td>
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<td>ATSIHRTONN Chairperson</td>
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<td></td>
<td>attending as proxy when</td>
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<td></td>
<td>required. A SAC meeting</td>
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<tr>
<td></td>
<td>was scheduled for 25 June,</td>
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<td></td>
<td>however, due to the</td>
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<td></td>
<td>closure of HWA, the meeting</td>
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<tr>
<td></td>
<td>was cancelled.</td>
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<tr>
<td></td>
<td>The National Coordinator</td>
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<tr>
<td></td>
<td>also met regularly with</td>
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<td></td>
<td>the HWA Program Manager</td>
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<td></td>
<td>responsible for Aboriginal</td>
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<td></td>
<td>and Torres Strait Islander</td>
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<td></td>
<td>Health Workforce programs</td>
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<td></td>
<td>and projects. The National</td>
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<td></td>
<td>Coordinator discussed</td>
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<td></td>
<td>issues and concerns raised</td>
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<tr>
<td></td>
<td>by the ATSIHRTONN members</td>
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<tr>
<td></td>
<td>and gained access to</td>
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<td></td>
<td>advice and information</td>
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<tr>
<td></td>
<td>relevant to the network</td>
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<td></td>
<td>members.</td>
</tr>
<tr>
<td>HWA RAP Working Group</td>
<td>Met with the HWA Reconciliation Action Plan working group and provided expert input.</td>
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<tr>
<td>Practitioners’ Professional</td>
<td>Strengthening relationships</td>
</tr>
<tr>
<td>Development</td>
<td>with NATSIHWA and ATSIHPBA led to a number of meetings and opportunities. In this reporting period, ATSIHRTONN discussed professional development support for Practitioners, including seeking clarification on the standards for continuous professional development under HPBA.</td>
</tr>
<tr>
<td>Scope of Practice Workshop</td>
<td>Attended the full-day scope of practice at HWA. ATSIHRTONN is an active partner in this project. ATSIHRTONN members were able to raise the need for scope of practice development to be mindful of the training delivered, skills developed and support provided by ATSIHRTONN Member RTOs responsible for delivering the Aboriginal and/or Torres Strait Islander Primary Health Care qualifications. Some of the education and training documents that already exist will also assist the process of developing a scope of practice.</td>
</tr>
</tbody>
</table>

**Project Partnerships**

ATSIHRTONN has been providing support to NATSIHWA’s Scope of Practice project. Although NATSIHWA is the lead organisation, this project is a key example of successful partnerships. Other organisations involved include: ATSIHPBA, ACCHOs, HWA and state and territory health departments.

ATSIHRTONN submitted a proposal for HWA’s RFP Accreditation Support for Registered Training Organisations Project Coordination. ATSIHRTONN received written advice from HWA that due to the closure of HWA, this program would be transferred to the Commonwealth Department of Health.

ATSIHRTONN RTO members await advice from the Department regarding further progress on this project, the success of their RFP submissions and the allocation of funding.

**Training and Support**

ATSIHRTONN continued to provide support to Aboriginal Health College’s (AH&MRC NSW) roll-out of Certificate IV in Training and Assessment for Aboriginal and Torres Strait Islander workers in health. Funded by HWA, this has enabled more Aboriginal and Torres Strait Islander people to gain skills in training and accessing, or upgrade from the superseded qualifications. At 30 June 2014, 65 Aboriginal and Torres Strait Islander students have completed this training, with more expected over the next few months.

A number of employees within ATSIHRTONN member organisations have taken up this professional development opportunity, with a few employees now looking at moving into training and assessing roles. The ATSIHRTONN Senior Project Officer finished block two in this reporting period; enabling her to build capacity to work with RTO member organisations.

Planning for future continuation of the de-funded Ear and Hearing Skills Set program was also in focus during April, with meetings held between the ATSIHRTONN National Coordinator and NACCHO. It is hoped that, if funding can be sourced, this training will continue in the future.

Attendance at the NATSIHWA Aboriginal and Torres Strait Islander Health Workers Forums has been a great opportunity to promote the value of training and professional development and highlight the courses provided by ATSIHRTONN member RTOs.
Policy Advice

<table>
<thead>
<tr>
<th>Organisation / Department</th>
<th>Project / Program</th>
<th>Advice Provided / Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHPBA</td>
<td>AHPBA RTO Accreditation</td>
<td>Raised concerns regarding resource limitations for preparing and undergoing accreditation. As a result, HWA initiated an RFP process to support not-for-profit RTOs to prepare and undertake the ATSIHPBA accreditation process.</td>
</tr>
<tr>
<td>HWA</td>
<td>Health Workforce Australia Aboriginal and Torres Strait Islander Health Workforce Advisory Committee</td>
<td>ATSIHRTONN National Coordinator was an ongoing member of this committee, and provided updates and information to ATSIHRTONN members.</td>
</tr>
<tr>
<td>NATSIHWA</td>
<td>Scope of Practice</td>
<td>Raised awareness of existing documents within the Aboriginal and/or Torres Strait Islander Primary Health Care qualifications which will assist with the development of SOP. Also raised concerns regarding the impact this will have on RTOs and how the SOP should match the skills and knowledge gained in the qualifications.</td>
</tr>
</tbody>
</table>

Australian Skills Quality Authority Registration

ATSIHRTONN member RTOs are required to register and maintain registration with the Australian Skills Quality Authority (ASQA). Since ASQA was established, they have implemented numerous standards and legislation related to the operation and management of RTOs. RTOs are required to implement and adhere to these standards and legislation and are audited against them.

A number of ATSIHRTONN’s member RTOs have already been through the audit process and have achieved successful outcomes. This means that they do not need to be audited again for five years. Those RTOs that have successfully achieved audit are Booroongen Djugun, Nganampa Health Council, Nunkuwarrin Yunti and Aboriginal Health Council of South Australia.

The audit process is stringent and complex, which means that RTOs are required to put a great deal of effort and resources into ensuring that they can achieve a successful audit. Unfortunately, this means that RTOs that are not well resourced may struggle to achieve a successful audit. The Kimberley Aboriginal Medical Services Council’s RTO was unsuccessful in achieving the standards under a recent audit, resulting in de-registration until such time as they can fulfil the requirements of the standards and legislation. To assist them in preparing for regarding-registration and future audits, AHCWA is providing support and has taken responsibility for the enrolment of students and delivery of training on KAMSC’s behalf. ATSIHRTONN Secretariat staff offered support where possible and provided up-to-date information and advice to ensure that KAMSC is aware of all changes that occur with ASQA standards and legislation, as well as other matters related to the delivery of the Aboriginal and/or Torres Strait Islander Primary Health Care qualifications. It is hoped that smaller RTOs will be continued to be supported by the larger, more resourced ATSIHRTONN Member RTOs.

ATSIHRTONN Membership at 30 June 2014

<table>
<thead>
<tr>
<th>Australian Capital Territory</th>
<th>Winnunga Nimmityjah Aboriginal Health Service</th>
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<tbody>
<tr>
<td>New South Wales</td>
<td>Aboriginal Health and medical Research Council</td>
</tr>
<tr>
<td></td>
<td>(AH&amp;MRC of NSW)</td>
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<tr>
<td></td>
<td>Aboriginal Health College of AH&amp;MRC of NSW (AHC)</td>
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<tr>
<td></td>
<td>Booroongen Djugun Aboriginal Corporation</td>
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<tr>
<td>Northern Territory</td>
<td>Central Australian Aboriginal Congress (CAAC)</td>
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<tr>
<td></td>
<td>Aboriginal medical Services Alliance</td>
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<tr>
<td></td>
<td>Northern Territory (AMSANT)</td>
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<td></td>
<td>Central Australian Remote Health Development</td>
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<tr>
<td></td>
<td>Services (CARHDS)</td>
</tr>
<tr>
<td>Queensland</td>
<td>Queensland Aboriginal and Islander Health Council (QAihc)</td>
</tr>
<tr>
<td>South Australia</td>
<td>Aboriginal Health Council of South Australia</td>
</tr>
<tr>
<td></td>
<td>(AHCSA)</td>
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<tr>
<td></td>
<td>Nganampa Health Council</td>
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<tr>
<td></td>
<td>Nunkuwarrin Yunti of South Australia Inc.</td>
</tr>
<tr>
<td>Tasmania</td>
<td>Tasmanian Aboriginal Centre Inc. (TAC)</td>
</tr>
<tr>
<td>Victoria</td>
<td>Victorian Aboriginal Community Controlled Health Organisation (VACCHO)</td>
</tr>
<tr>
<td>Western Australia</td>
<td>Aboriginal Health Council of Western Australia</td>
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<tr>
<td></td>
<td>Bega Gambirringu Health Services</td>
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<tr>
<td></td>
<td>Aboriginal Corporation</td>
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<tr>
<td></td>
<td>Kimberley Aboriginal medical Services Council</td>
</tr>
<tr>
<td></td>
<td>Wirraka Maya Health Services</td>
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<td></td>
<td>Aboriginal Corporation</td>
</tr>
</tbody>
</table>
ATSIHRTONN Strategic Planning Documents

The Network was preparing for the second year of the current ATSIHRTONN Strategic Plan, and the evaluation of the first Action Plan. Development of the Action Plan 2014/2015 commenced, but was stopped due to being defunded. The idea was to ensure that the next Action Plan fully reflected any changes to resources, as well as properly addressing targets set by both the Department of Health and ATSIHRTONN member organisations. Because funding was not received, network members commenced discussion on the gap that will be left in the sector without ATSIHRTONN and how to address the loss of resources and support created by defunding the Secretariat. It is envisioned that NACCHO will support the RTOs to plan for the future.

Final Message

On 1 July 2014 AHCSA received formal advice that the Australian Government Department of Health has withdrawn funding for ATSIHRTONN. The ATSIHRTONN Secretariat will utilise surplus funds to shut down operations before 29 August 2014.

NACCHO will provide some support to ATSIHRTONN’s RTO members in an attempt to maintain the networking between the RTO members. NACCHO does not have the capacity to provide administrative support at the same level that was provided by the ATSIHRTONN Secretariat.

For further information regarding ATSIHRTONN’s operations, please contact Denise Burdett at NACCHO on 02 6246 9300 or via email at denise.b@naccho.org.au
AHCSA Board of Directors submit the financial report of the Aboriginal Health Council of South Australia Incorporated for the period 1 July 2013 to 30 June 2014.

**Board of Directors**

Full voting membership of the Aboriginal Health Council of South Australia Inc. (‘the Association’) is made up of 10 independently constituted Aboriginal Community Controlled Health and Wellbeing Services, two Aboriginal Community Controlled Substance Misuse Services and seven Aboriginal Health Advisory Committees (AHAC).

From 1 July 2013 to 4 December 2013:

**EXECUTIVE MEMBERS**

John Singer (Chairperson)
Independent Chair
Bill Wilson (Deputy Chairperson)
Moorundie AHAC
Les Kropinyeri (Secretary)
Port Lincoln Aboriginal Health Service
Arlene Burgoyne (Treasurer)
Eyre AHAC
Polly Summer-Dodd (Executive Member)
Aboriginal Sobriety Group Inc.
Leonard Miller (Executive Member)
Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation
Vicki Holmes (Executive Member)
Nunkuwarrin Yunti of South Australia Inc.
Lucy Evans (Executive Member)
Mid North AHAC
Late Mr Walker (Executive Member)
Umoona Tjutagku Health Service Aboriginal Corporation
Yvonne Buza
Northern AHAC
Kingsley Abdulla
Riverland Aboriginal and Islander Health Advisory Group
Helen Smith
Nunyara Aboriginal Health Service Inc.
Wayne Oldfield
Wakefield AHAC

From 5 December 2013 to 30 June 2014:

**EXECUTIVE MEMBERS**

John Singer (Chairperson)
Independent Chair
Bill Wilson (Deputy Chairperson)
Moorundie AHAC
Les Kropinyeri (Secretary)
Port Lincoln Aboriginal Health Service
Arlene Burgoyne (Treasurer)
Eyre AHAC
Polly Summer-Dodd (Executive Member)
Aboriginal Sobriety Group Inc.
Leonard Miller (Executive Member)
Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation
Vicki Holmes (Executive Member)
Nunkuwarrin Yunti of South Australia Inc.
Lucy Evans (Executive Member)
Mid North AHAC
Mr Walker (Executive Member) Until 30 June 2014
Umoona Tjutagku Health Service Aboriginal Corporation
Yvonne Buza
Northern AHAC
Kingsley Abdulla (July 2013 to 18 Dec 2014)
Darryle Barnes (18 Dec to June 2014)
Riverland Aboriginal and Islander Health Advisory Group
Helen Smith
Nunyara Aboriginal Health Service Inc.
Wayne Oldfield
Wakefield AHAC
Principal Activities

The Aboriginal Health Council of SA Inc (the ‘Association’) is the peak body representing Aboriginal Community Controlled Health, Substance Misuse Services and Aboriginal Health Advisory Committees in South Australia.

Since the review process and reincorporation as an independent community controlled organisation in September 2001, full-time equivalent secretariat positions have risen to 60.

The role of the secretariat is to provide support to the Association’s Board of Directors, its standing and sub committees and to manage the day-to-day operations of the Association.

The key activities of the Association’s secretariat during this period included:

- Appointment of new staff to the Association’s secretariat
- Reviewing operational policies and procedures
- Undertaking the review of its 2011-2015 Strategic Plan and Business Plan
- Supporting the members of the Executive and full Board of Directors
- Collaboration with other agencies on research and other projects
- Advocating on behalf of individuals and groups in relation to Aboriginal health matters
- Responding on behalf of the Board to reviews and reports at State and National levels

- Developing strategies to support the ongoing quality and future of Aboriginal Health Worker training and workforce development issues
- Regularly updating the Association’s website
- Visiting Aboriginal communities and member organisations
- Participating on the executive committee of the South Australian Aboriginal Health Partnership
- Providing administration support to the Aboriginal Primary Health Care Workers Forum
- Provide administration support to the Aboriginal Research and Ethics Committee
- Responding to requests for information from students and other members of the public
- Presenting information about the Board to various State and National forums.

Financial Summary

The following Financial Statements and Notes presented in this report have been prepared on an accrual basis with the accompanying notes providing related party information. The Association has moved to a Cloud ERP System and NetSuite for its financials and business functions. AHCSA continues to outsource the payroll function to Integrated Payroll Systems.

Basso Newman and Co Chartered Accountants remained the Association’s appointed Auditors for the 2013/2014 financial year.

Significant Changes

Apart from the implementation of NetSuite, no other significant changes in activities occurred during the year.

Operating Result

In the 2013/14 financial year, AHCSA posts a deficit of $295,864. There were no abnormal items.

Signed in accordance with a resolution of the members of the Committee.
# Statement of Comprehensive Income

## For the Year Ended 30 June 2014

<table>
<thead>
<tr>
<th></th>
<th>Note</th>
<th>2014 $</th>
<th>2013 $</th>
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<tbody>
<tr>
<td><strong>Revenue</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Grant revenue</td>
<td>2</td>
<td>11,031,764</td>
<td>10,604,897</td>
</tr>
<tr>
<td>Other revenues</td>
<td>2</td>
<td>417,921</td>
<td>329,467</td>
</tr>
<tr>
<td>Net Gain on Disposal of Non Current Assets</td>
<td>4</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td></td>
<td><strong>11,449,685</strong></td>
<td><strong>10,934,364</strong></td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits expenses</td>
<td></td>
<td>5,710,271</td>
<td>5,389,635</td>
</tr>
<tr>
<td>Goods and Services expenses</td>
<td>3</td>
<td>5,866,158</td>
<td>5,125,647</td>
</tr>
<tr>
<td>Depreciation expenses</td>
<td>8</td>
<td>169,120</td>
<td>167,680</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td></td>
<td><strong>11,745,549</strong></td>
<td><strong>10,682,962</strong></td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td></td>
<td><strong>(295,864)</strong></td>
<td><strong>251,402</strong></td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
## Statement of Financial Position

The accompanying notes form part of these financial statements.

### As at 30 June 2014

<table>
<thead>
<tr>
<th></th>
<th>Note</th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>5</td>
<td>1,931,973</td>
<td>3,092,914</td>
</tr>
<tr>
<td>Trade and Other Receivables</td>
<td>6</td>
<td>211,917</td>
<td>694,155</td>
</tr>
<tr>
<td>Other Current Assets</td>
<td>7</td>
<td>76,956</td>
<td>87,875</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td></td>
<td>2,220,846</td>
<td>3,874,944</td>
</tr>
<tr>
<td><strong>Non-current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant and Equipment</td>
<td>8</td>
<td>993,191</td>
<td>738,607</td>
</tr>
<tr>
<td><strong>Total Non-current Assets</strong></td>
<td></td>
<td>993,191</td>
<td>738,607</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td></td>
<td>3,214,037</td>
<td>4,613,551</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and Other Payables</td>
<td>9</td>
<td>875,982</td>
<td>2,167,992</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>10</td>
<td>669,624</td>
<td>529,785</td>
</tr>
<tr>
<td>Short Term Provisions</td>
<td>11</td>
<td>10,000</td>
<td>10,000</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td></td>
<td>1,555,606</td>
<td>2,707,777</td>
</tr>
<tr>
<td><strong>Non-current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>10</td>
<td>161,966</td>
<td>103,445</td>
</tr>
<tr>
<td>Long Term Provisions</td>
<td>11</td>
<td>35,833</td>
<td>45,833</td>
</tr>
<tr>
<td><strong>Total Non-current Liabilities</strong></td>
<td></td>
<td>197,799</td>
<td>149,278</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td></td>
<td>1,753,405</td>
<td>2,857,055</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td>1,460,632</td>
<td>1,756,496</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building Reserve</td>
<td>12</td>
<td>875,700</td>
<td>875,700</td>
</tr>
<tr>
<td>Retained Surplus</td>
<td></td>
<td>584,932</td>
<td>880,796</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td></td>
<td>1,460,632</td>
<td>1,756,496</td>
</tr>
</tbody>
</table>
statement of changes in equity
for the year ended 30 June 2014

<table>
<thead>
<tr>
<th>Note</th>
<th>Retained Surplus $</th>
<th>Building Reserve $</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BALANCE AT 1 JULY 2012</strong></td>
<td>755,094</td>
<td>750,000</td>
<td>1,505,094</td>
</tr>
<tr>
<td>Net surplus/(deficit) for the year</td>
<td>251,402</td>
<td>–</td>
<td>251,402</td>
</tr>
<tr>
<td>Transfer to Building Reserve</td>
<td>12 (125,700)</td>
<td>125,700</td>
<td>–</td>
</tr>
<tr>
<td><strong>BALANCE AT 30 JUNE 2013</strong></td>
<td>880,796</td>
<td>875,700</td>
<td>1,756,496</td>
</tr>
<tr>
<td>Net surplus/(deficit) for the year</td>
<td>(295,864)</td>
<td>–</td>
<td>(295,864)</td>
</tr>
<tr>
<td><strong>BALANCE AT 30 JUNE 2014</strong></td>
<td>584,932</td>
<td>875,700</td>
<td>1,460,632</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
statement of cash flows
for the year ended 30 June 2014

<table>
<thead>
<tr>
<th>Note</th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASH FLOW FROM OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant receipts</td>
<td>11,627,250</td>
<td>12,711,332</td>
</tr>
<tr>
<td>Other cash receipts in the course of operations</td>
<td>472,884</td>
<td>178,765</td>
</tr>
<tr>
<td>Cash payments in the course of operations</td>
<td>(12,897,721)</td>
<td>(12,057,212)</td>
</tr>
<tr>
<td>Interest received</td>
<td>60,350</td>
<td>67,371</td>
</tr>
<tr>
<td><strong>Net cash provided by/(used in) operating activities</strong></td>
<td>(737,237)</td>
<td>900,256</td>
</tr>
<tr>
<td><strong>CASH FLOW FROM INVESTING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for plant and equipment</td>
<td>(423,705)</td>
<td>(167,293)</td>
</tr>
<tr>
<td>Receipts from disposal of plant and equipment</td>
<td>–</td>
<td>21,439</td>
</tr>
<tr>
<td><strong>Net cash provided by financing activities</strong></td>
<td>(423,705)</td>
<td>(145,854)</td>
</tr>
<tr>
<td><strong>CASH FLOW FROM FINANCING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash provided by financing activities</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>NET INCREASE/(DECREASE) IN CASH HELD</strong></td>
<td>(1,160,942)</td>
<td>754,402</td>
</tr>
<tr>
<td>Cash at the beginning of the financial year</td>
<td>3,092,914</td>
<td>2,338,512</td>
</tr>
<tr>
<td><strong>CASH AT THE END OF THE FINANCIAL YEAR</strong></td>
<td>16</td>
<td>1,931,973</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Aboriginal Health Council of South Australia Incorporated (‘the Association’) is an Association incorporated in South Australia under the Associations Incorporation Act 1985.

(a) Basis of Preparation

The Aboriginal Health Council of South Australia Incorporated (‘the Association’) applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010-2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements and other applicable Australian Accounting Standards - Reduced Disclosure Requirements.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the Associations Incorporation Reform Act 2012. The Association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions to which they apply. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

(b) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost, where applicable, net of any accumulated depreciation.

The carrying amounts of plant and equipment are reviewed annually by the Association to ensure they are not in excess of their recoverable amount at balance date. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets’ employment and subsequent disposal.

The expected net cash flows have been discounted to present values in determining recoverable amounts.

(c) Depreciation

All non-current assets have limited useful lives and are depreciated using the straight line method over their estimated useful lives. Assets are depreciated or amortised from the date of acquisition from the time an asset is completed and held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease and expected renewal period or the estimated useful lives of the improvements.

Depreciation and amortisation rates and methods are reviewed annually for appropriateness. When changes are made, adjustments are made prospectively in current and future periods only.

The depreciation rates used for each class of depreciable asset are:

- Leasehold Improvements 10%
- Medical Equipment 10%
- Computing Equipment 33%
- Other Plant and Equipment 10% – 20%
- Software 40%
- Artwork 0%

(d) Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the Association, are classified as finance leases.

Finance leases are capitalised recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the Association will obtain ownership of the asset or over the term of the lease. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

Lease incentives under operating leases are recognised as a liability and amortised on a straight line basis over the life of the initial lease period and optional renewal period.

(e) Employee Benefits

Provision is made for the Association’s liability for employee benefits arising from services rendered by employees to the end of the reporting period. Liabilities for employee benefits and wages and salaries expected to be settled within twelve months of the reporting date together have been measured at their nominal
amount based on remuneration rates the Association expects to pay including related on-costs. Other employee entitlements payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those entitlements.

Contributions are made by the Association to a defined contribution employee superannuation fund and are charged as expenses when incurred.

(f) **Cash and Cash Equivalents**
Cash assets and bank overdrafts are carried at face value of the amounts deposited and drawn. For the purposes of the Cash Flow Statement, cash includes cash on hand, at banks and on deposit.

(g) **Revenue and Other Income**
Non-reciprocal grant revenue is recognised in the statement of comprehensive income when the Association obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the Association and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied. The grant conditions are considered satisfied when the grant is acquitted.

Donations and bequests are recognised as revenue when received.

Interest Revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument.

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

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

(h) **Taxation**
The Association is not subject to income tax and therefore no income tax expense or income tax payable is shown in the financial statements.

(i) **Trade and other Receivables**
The collectability of debtors is assessed at year end and specific provision is made for any doubtful accounts.

(j) **Trade and other Payables**
Liabilities are recognised for amounts to be paid in the future for goods or services received. Trade accounts payable are normally settled within 60 days.

(k) **Goods and Services Tax**
Revenues, expenses and assets are recognised net of the amount of goods and services tax, except where the amount of GST incurred is not recoverable from the Australian Tax Office (ATO).

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 ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

(l) **Impairment of Assets**
At the end of each reporting period, the Association assesses whether there is any indication that an asset may be impaired.

The assessment will consider both external and internal sources of information. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of that asset, being the higher of the asset’s fair value less costs to sell and its value-in-use, to the asset’s carrying amount.

Any excess of the asset’s carrying amount over its recoverable amount is immediately recognised in profit or loss.

(m) **Financial Instruments**
Initial recognition and measurement
Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the Association commits itself to either purchase or sell the asset (ie trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified ‘at fair value through profit or loss’ in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement
Financial instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.
notes to and forming part of the financial statements
for the year ended 30 June 2014

Amortised cost is calculated as: (i) the amount at which the financial asset or financial liability is measured at initial recognition; (ii) less principal repayments; (iii) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and (iv) less any reduction for impairment.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

(i) Loans and Receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

(ii) Financial Liabilities
Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

Impairment
At each reporting date, the Association assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether impairment has arisen. Impairment losses are recognised in the income statement.

Derecognition
Financial assets are derecognised where the contractual right to receipt of cash flows expires or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

(n) Comparative Figures
When required by Accounting Standards or for improved presentation of the financial report, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

(o) Critical Accounting Estimates and Judgements
The committee evaluates estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained externally and within the Association.

(p) New and Amended Accounting Policies Adopted by the Association
Employee Benefits
During the year, the Association adopted AASB 119: Employee Benefits (September 2011) and the relevant consequential amendments arising from the related Amending Standards. As a result, the Association early adopted AASB 2011-11: Amendments to AASB 119 (September 2011) arising from Reduced Disclosure Requirements because the Association’s financial statements are prepared under Australian Accounting Standards - Reduced Disclosure Requirements. The association has applied AASB 119 (September 2011) and the relevant consequential amendments arising from the related Amending Standards from 1 January 2013. For the purpose of measurement, AASB 119 (September 2011) defines obligations for short-term employee benefits as obligations expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related services. In accordance with AASB 119 (September 2011), provisions for short-term employee benefits are measured at the (undiscounted) amounts expected to be paid to employees when the obligation is settled, whereas provisions that do not meet the criteria for classification as short-term (other long-term employee benefits) are measured at the present value of the expected future payments to be made to employees. Previously, the Association had separated provisions for benefits with similar characteristics, such as annual leave and sick leave, into short- and long-term portions, and applied the relevant measurement approach under AASB 119 to the respective portions. As the Association expects that all of its employees would use all of their annual leave entitlements earned during a reporting period before 12 months after the end of the reporting period, adoption of AASB 119 (September 2011) did not have a material
impact on the amounts recognised in respect of the Association’s employee provisions. Note also that adoption of AASB 119 (September 2011) did not impact the classification of leave entitlements between current and non-current liabilities in the Association’s financial statements.

AASB 119 (September 2011) also introduced changes to the recognition and measurement requirements applicable to termination benefits and defined benefit plans. As the Association did not have any of these types of obligations in the current or previous reporting period, these changes did not impact the Association’s financial statements.

Fair Value Measurement

During the year, the Association adopted AASB 13: Fair Value Measurement and the relevant consequential amendments arising from the related Amending Standards. As a result, the Association early adopted AASB 2012-1: Amendments to Australian Accounting Standards - Fair Value Measurement - Reduced Disclosure Requirements because the Association’s financial statements are prepared under Australian Accounting Standards - Reduced Disclosure Requirements. The Association has applied AASB 13 and the relevant consequential amendments arising from the related Amending Standards from 1 January 2013.

No material adjustments to the carrying amounts of any of the Association’s assets or liabilities were required as a consequence of applying AASB 13. Nevertheless, AASB 13 requires enhanced disclosures regarding assets and liabilities that are measured at fair value and fair values disclosed in the Association’s financial statements. These enhanced disclosures are provided in Note 22.

The disclosure requirements in AASB 13 need not be applied by the Association in the comparative information provided for periods before initial application of AASB 13 (that is, periods beginning before 1 January 2013). However, as some of the disclosures now required under AASB 13 were previously required under other Australian Accounting Standards, such as AASB 7: Financial Instruments: Disclosures, the Association has provided this previously provided information as comparatives in the current reporting period.
notes to and forming part of the financial statements
for the year ended 30 June 2014

### NOTE 2 – REVENUE

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grant Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Government Grant Revenue</td>
<td>3,651,160</td>
<td>4,015,892</td>
</tr>
<tr>
<td>Commonwealth Grant Revenue</td>
<td>3,859,664</td>
<td>3,272,467</td>
</tr>
<tr>
<td>Commonwealth DEEWR Grant</td>
<td>1,487,368</td>
<td>949,477</td>
</tr>
<tr>
<td>Other Grants</td>
<td>2,033,572</td>
<td>2,367,061</td>
</tr>
<tr>
<td><strong>Total Grant Revenue</strong></td>
<td>11,031,764</td>
<td>10,604,897</td>
</tr>
<tr>
<td><strong>Other Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td>60,350</td>
<td>67,371</td>
</tr>
<tr>
<td>Other</td>
<td>357,571</td>
<td>262,096</td>
</tr>
<tr>
<td><strong>Total Other Revenue</strong></td>
<td>417,921</td>
<td>329,467</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>11,449,685</td>
<td>10,934,364</td>
</tr>
</tbody>
</table>

### NOTE 3 – GOODS AND SERVICES EXPENSES

Goods and Services expenditure recorded in the Statement of Comprehensive Income comprises:

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>6,449</td>
<td>8,262</td>
</tr>
<tr>
<td>Bank Fees</td>
<td>4,615</td>
<td>5,005</td>
</tr>
<tr>
<td>Bad and Doubtful Debts</td>
<td>–</td>
<td>182</td>
</tr>
<tr>
<td>Computing</td>
<td>79,425</td>
<td>48,938</td>
</tr>
<tr>
<td>Consultancy</td>
<td>397,362</td>
<td>530,290</td>
</tr>
<tr>
<td>Contract Cleaning</td>
<td>32,723</td>
<td>29,678</td>
</tr>
<tr>
<td>Contractors, Agency Staff and Salary Recharges</td>
<td>1,460,287</td>
<td>1,131,475</td>
</tr>
<tr>
<td>Donations and Ex Gratia Payments</td>
<td>51,162</td>
<td>18,601</td>
</tr>
<tr>
<td>Electricity</td>
<td>55,696</td>
<td>70,739</td>
</tr>
<tr>
<td>External Auditors Remuneration</td>
<td>19,614</td>
<td>21,023</td>
</tr>
<tr>
<td>Fee for Service</td>
<td>160,000</td>
<td>160,000</td>
</tr>
<tr>
<td>Insurance</td>
<td>24,819</td>
<td>23,668</td>
</tr>
<tr>
<td>Membership – Professional</td>
<td>27,296</td>
<td>11,933</td>
</tr>
<tr>
<td>Minor Equipment</td>
<td>4,601</td>
<td>31,583</td>
</tr>
<tr>
<td>Motor Vehicle Expense</td>
<td>239,192</td>
<td>211,857</td>
</tr>
<tr>
<td>Newsletter, Publicity and Promotions</td>
<td>418,252</td>
<td>128,973</td>
</tr>
<tr>
<td>Office Administration and Corporate Expenses</td>
<td>294,715</td>
<td>164,475</td>
</tr>
<tr>
<td>Periodicals, Journals and Publications</td>
<td>15,253</td>
<td>29,792</td>
</tr>
<tr>
<td>Postage and Courier</td>
<td>11,062</td>
<td>17,463</td>
</tr>
<tr>
<td>Printing and Stationery</td>
<td>41,600</td>
<td>94,229</td>
</tr>
<tr>
<td>Rental Expense on Operating Lease</td>
<td>288,455</td>
<td>226,736</td>
</tr>
<tr>
<td>Repairs, Maintenance and Occupancy Costs</td>
<td>38,932</td>
<td>60,829</td>
</tr>
<tr>
<td>Research Project</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Security Service</td>
<td>5,584</td>
<td>11,944</td>
</tr>
<tr>
<td>Training and Development</td>
<td>391,178</td>
<td>252,477</td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>1,785,449</td>
<td>1,723,347</td>
</tr>
<tr>
<td>Telephone</td>
<td>102,437</td>
<td>112,148</td>
</tr>
<tr>
<td><strong>TOTAL GOODS AND SERVICES EXPENSES</strong></td>
<td>5,866,158</td>
<td>5,125,647</td>
</tr>
</tbody>
</table>
NOTE 4 – NET GAIN (LOSS) ON DISPOSAL OF NON CURRENT ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from disposal</td>
<td>–</td>
<td>21,439</td>
</tr>
<tr>
<td>Less net book value of assets disposed</td>
<td>–</td>
<td>(19,685)</td>
</tr>
<tr>
<td><strong>NET GAIN (LOSS) ON DISPOSAL OF NON CURRENT ASSETS</strong></td>
<td>–</td>
<td>1,754</td>
</tr>
</tbody>
</table>

NOTE 5 – CASH AND CASH EQUIVALENTS

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank</td>
<td>1,455,502</td>
<td>2,963,558</td>
</tr>
<tr>
<td>Cash on deposit</td>
<td>474,971</td>
<td>127,556</td>
</tr>
<tr>
<td>Cash on hand</td>
<td>1,500</td>
<td>1,800</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,931,973</td>
<td>3,092,914</td>
</tr>
</tbody>
</table>

The Association has provided a bank guarantee of $104,500 in relation to the leasing of premises. The guarantee is a restriction on cash and can be called upon in the event of default on the lease agreement.

NOTE 6 – TRADE AND OTHER RECEIVABLES

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant funding receivable</td>
<td>211,917</td>
<td>578,842</td>
</tr>
<tr>
<td>Other receivables</td>
<td>–</td>
<td>115,313</td>
</tr>
<tr>
<td>Less: Provision for Doubtful Debts</td>
<td>211,917</td>
<td>694,155</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>211,917</td>
<td>694,155</td>
</tr>
</tbody>
</table>

Past due but not impaired receivables

As at 30 June 2014, receivables of $32,050 were past due but not impaired. These relate to a number of independent parties for whom there is no recent history of default. The ageing analysis of receivables is:

<table>
<thead>
<tr>
<th></th>
<th>Within initial trade terms</th>
<th>Past due but not impaired (days overdue)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;30</td>
<td>31-60</td>
<td>61-90</td>
</tr>
<tr>
<td>Grant funding receivable</td>
<td>163,838</td>
<td>33,000</td>
<td>–</td>
</tr>
<tr>
<td>Other receivables</td>
<td>16,029</td>
<td>35</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>179,867</td>
<td>33,035</td>
<td>–</td>
</tr>
</tbody>
</table>

NOTE 7 – CASH AND CASH EQUIVALENTS

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepayments</td>
<td>76,956</td>
<td>87,875</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>76,956</td>
<td>87,875</td>
</tr>
</tbody>
</table>
### NOTE 8 – PROPERTY, PLANT AND EQUIPMENT

<table>
<thead>
<tr>
<th>Item</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer equipment at cost</td>
<td>298,617</td>
<td>245,458</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(233,282)</td>
<td>(197,516)</td>
</tr>
<tr>
<td></td>
<td><strong>65,335</strong></td>
<td><strong>47,942</strong></td>
</tr>
<tr>
<td>Computer software at cost</td>
<td>299,056</td>
<td>–</td>
</tr>
<tr>
<td>Less: Accumulated amortisation</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td><strong>299,056</strong></td>
<td>–</td>
</tr>
<tr>
<td>Medical Equipment at cost</td>
<td>245,970</td>
<td>209,249</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(192,321)</td>
<td>(187,946)</td>
</tr>
<tr>
<td></td>
<td><strong>53,649</strong></td>
<td><strong>21,303</strong></td>
</tr>
<tr>
<td>Leasehold improvements at cost</td>
<td>716,823</td>
<td>716,823</td>
</tr>
<tr>
<td>Less: Accumulated amortisation</td>
<td>(374,357)</td>
<td>(302,671)</td>
</tr>
<tr>
<td></td>
<td><strong>342,466</strong></td>
<td><strong>414,152</strong></td>
</tr>
<tr>
<td>Motor Vehicle at cost</td>
<td>160,968</td>
<td>157,163</td>
</tr>
<tr>
<td>Less: Accumulated Depreciation</td>
<td>(57,637)</td>
<td>(25,888)</td>
</tr>
<tr>
<td></td>
<td><strong>103,331</strong></td>
<td><strong>131,275</strong></td>
</tr>
<tr>
<td>Other Plant and equipment at cost</td>
<td>312,504</td>
<td>295,023</td>
</tr>
<tr>
<td>Less: Accumulated Depreciation</td>
<td>(214,386)</td>
<td>(188,847)</td>
</tr>
<tr>
<td></td>
<td><strong>98,118</strong></td>
<td><strong>106,176</strong></td>
</tr>
<tr>
<td>Artwork at cost</td>
<td>17,759</td>
<td>17,759</td>
</tr>
<tr>
<td>Land and Building at cost</td>
<td>13,477</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>993,191</strong></td>
<td><strong>738,607</strong></td>
</tr>
</tbody>
</table>
NOTE 9 – TRADE AND OTHER PAYMENTS

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Creditors and Accruals</td>
<td>673,643</td>
<td>1,107,841</td>
</tr>
<tr>
<td>Unspent Grants</td>
<td>202,339</td>
<td>1,060,151</td>
</tr>
<tr>
<td></td>
<td>875,982</td>
<td>2,167,992</td>
</tr>
</tbody>
</table>

NOTE 10 – EMPLOYEE BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary Sacrifice Fees</td>
<td>176</td>
<td>84</td>
</tr>
<tr>
<td>Social Club Clearing</td>
<td>10</td>
<td>–</td>
</tr>
<tr>
<td>Accrued Wages</td>
<td>107,835</td>
<td>85,316</td>
</tr>
<tr>
<td>Annual Leave</td>
<td>396,161</td>
<td>317,507</td>
</tr>
<tr>
<td>Long Service Leave</td>
<td>99,112</td>
<td>77,738</td>
</tr>
<tr>
<td>Superannuation and Workers Compensation On-Costs</td>
<td>66,330</td>
<td>49,140</td>
</tr>
<tr>
<td></td>
<td>669,624</td>
<td>529,785</td>
</tr>
</tbody>
</table>

Non-Current

|                      |       |       |
| Long Service Leave   | 145,918 | 93,409  |
| Superannuation and Workers Compensation On-Costs | 16,048 | 10,036 |
|                      | 161,966 | 103,445 |

Number of employees

| Number of employees at year end | 60  | 61  |
# Notes to and Forming Part of the Financial Statements

for the year ended 30 June 2014

## Note 11 – Provisions

<table>
<thead>
<tr>
<th></th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lease Incentive</td>
<td>10,000</td>
<td>10,000</td>
</tr>
<tr>
<td></td>
<td><strong>10,000</strong></td>
<td><strong>10,000</strong></td>
</tr>
<tr>
<td><strong>Non-Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lease Incentive</td>
<td>35,833</td>
<td>45,833</td>
</tr>
<tr>
<td></td>
<td><strong>35,833</strong></td>
<td><strong>45,833</strong></td>
</tr>
</tbody>
</table>

## Note 12 – Reserves

<table>
<thead>
<tr>
<th></th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Building Reserve</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening Balance 1 July 2013</td>
<td>875,700</td>
<td>750,000</td>
</tr>
<tr>
<td>Transfer to Reserve</td>
<td>–</td>
<td>125,700</td>
</tr>
<tr>
<td><strong>Closing Balance 30 June 2014</strong></td>
<td><strong>875,700</strong></td>
<td><strong>875,700</strong></td>
</tr>
</tbody>
</table>

## Note 13 – Commitments

<table>
<thead>
<tr>
<th></th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Lease Commitments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Rent</td>
<td>382,896</td>
<td>185,791</td>
</tr>
<tr>
<td>Motor Vehicle</td>
<td>102,953</td>
<td>10,792</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>26,236</td>
<td>81,582</td>
</tr>
<tr>
<td><strong>Total Operating Lease Commitments</strong></td>
<td><strong>512,085</strong></td>
<td><strong>278,165</strong></td>
</tr>
</tbody>
</table>

Operating Lease Commitments are payable:

- Not later than 1 year 389,741 204,488
- Later than 1 year but not later than 5 years 122,344 73,677

**Total Operating Lease Commitments** 512,085 278,165

Operating Lease commitments are shown at GST inclusive values. Office Rent commitments relate to the initial 5 year or 3 year period of the relevant leases. There are options to renew the leases for a further 5 years or 3 years respectively at the conclusion of the initial lease periods.
## NOTE 14 – RELATED PARTY DISCLOSURES

### Board of Management

The Board of Management for the year ended 30 June 2014 comprised:

#### From 1 July 2013 to 5 December 2013:

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td>John Singer (Chairperson)</td>
</tr>
<tr>
<td>Deputy Chair</td>
<td>Bill Wilson (Deputy Chair)</td>
</tr>
<tr>
<td>Secretary</td>
<td>Les Kropinyeri (Secretary)</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Arlene Burgoyne (Treasurer)</td>
</tr>
<tr>
<td>Executive Member</td>
<td>Late Mr Walker (Executive Member)</td>
</tr>
<tr>
<td>Executive Member</td>
<td>Polly Sumner-Dodd (Executive Member)</td>
</tr>
<tr>
<td>Executive Member</td>
<td>Leonard Miller (Executive Member)</td>
</tr>
<tr>
<td>Executive Member</td>
<td>Lucy Evans (Executive Member)</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Vicki Holmes (Executive Member)</td>
</tr>
<tr>
<td>Secretary</td>
<td>Clayton Queama</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Marshall Carter</td>
</tr>
<tr>
<td>Secretary</td>
<td>Helen Smith</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Kingsley Abdulla</td>
</tr>
<tr>
<td>Secretary</td>
<td>Fiona Wilson</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Gwen Owen</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Rodney Chuna (proxy)</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Brian Queama</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Veronica Milera</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Wayne Oldfield</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Jamie Nyaningu</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Yvonne Buza</td>
</tr>
</tbody>
</table>

#### From 5 December 2013 to 30 June 2014:

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td>John Singer (Chairperson)</td>
</tr>
<tr>
<td>Deputy Chair</td>
<td>Bill Wilson (Deputy Chair)</td>
</tr>
<tr>
<td>Secretary</td>
<td>Les Kropinyeri (Secretary)</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Arlene Burgoyne (Treasurer)</td>
</tr>
<tr>
<td>Executive Member</td>
<td>Late Mr Walker (Executive Member)</td>
</tr>
<tr>
<td>Executive Member</td>
<td>Polly Sumner-Dodd (Executive Member)</td>
</tr>
<tr>
<td>Executive Member</td>
<td>Leonard Miller (Executive Member)</td>
</tr>
<tr>
<td>Executive Member</td>
<td>Lucy Evans (Executive Member)</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Vicki Holmes (Executive Member)</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Clayton Queama</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Marshall Carter</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Roy Wilson (proxy)</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Helen Smith</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Darryle Barnes</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Fiona Wilson</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Gwen Owen</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Peter May</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Brian Queama</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Roderick Day</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Veronica Milera</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Wayne Oldfield</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Jamie Nyaningu</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Yvonne Buza</td>
</tr>
</tbody>
</table>

The Chairperson of the Association is paid an honorarium. The amount is determined by decision of the Board. No other member of the Board received remuneration from the Association in their capacity as member in relation to the year ended 30 June 2014. No other entity that the above members are associated with has received funds other than through dealings with the Association in the ordinary course of business and on normal commercial terms and conditions.

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total remuneration received by Board members</td>
<td>12,000</td>
<td>12,250</td>
</tr>
<tr>
<td>Number of Board members receiving remuneration</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Key Management Personnel Compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short Term Benefit</td>
<td>938,300</td>
<td>872,326</td>
</tr>
<tr>
<td>Post Employment Benefit</td>
<td>79,555</td>
<td>71,764</td>
</tr>
<tr>
<td>Total Compensation</td>
<td>1,017,855</td>
<td>944,090</td>
</tr>
</tbody>
</table>
notes to and forming part of the financial statements
for the year ended 30 June 2014

NOTE 15 – AUDITOR REMUNERATION

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Auditor Remuneration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit Services</td>
<td>19,614</td>
<td>21,023</td>
</tr>
<tr>
<td>Non-audit Services</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>19,614</td>
<td>21,023</td>
</tr>
</tbody>
</table>

NOTE 16 – CASH FLOW INFORMATION

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reconciliation of cash</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash at bank, on deposit and on hand</td>
<td>1,931,973</td>
<td>3,092,914</td>
</tr>
<tr>
<td></td>
<td>1,931,973</td>
<td>3,092,914</td>
</tr>
</tbody>
</table>

NOTE 17 – CAPITAL COMMITMENTS

The Association has entered into a Contract of Sale on 2 June 2014 with San Angeles Ply Ltd to purchase a block of land and existing building costing $3,600,500 (GST exclusive) situated at 220 Franklin St. Adelaide. The settlement of the purchase is on 1 October 2014.

The purchase including the associated settlement cost, refurbishments and purchase of new capital equipment will be financed from the Association’s cash reserve and the Commonwealth Bank of Australia.

The Contract of Sale stipulates the establishment of a bank guarantee of $180,025 equivalent to the 5% deposit payable required. This has been organised with the Commonwealth Bank.

NOTE 18 – ECONOMIC DEPENDENCY

The Association is dependent on funding from the State and Federal Government to maintain its operations.

NOTE 19 – CONTINGENT LIABILITIES

There were no contingent liabilities as at 30 June 2014.
NOTE 20 – ADDITIONAL FINANCIAL INSTRUMENTS DISCLOSURE

The Association’s financial instruments consist mainly of deposits with banks, accounts payable and receivable. The Association does not have any derivative financial instruments as at 30 June 2014.

(a) Interest Rate Risk

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Weighted Average Effective Interest Rate</th>
<th>Non-Interest Bearing</th>
<th>Floating Interest Rate</th>
<th>Fixed Interest Rate maturing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Within 1 Year)</td>
<td>(1 Year to 5 Years)</td>
<td>(More than 5 Years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FINANCIAL ASSETS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>2.37%</td>
<td>1,500</td>
<td>1,025,549</td>
<td>904,924</td>
<td>1,931,973</td>
</tr>
<tr>
<td>Receivables</td>
<td>–</td>
<td>192,652</td>
<td>–</td>
<td>–</td>
<td>192,652</td>
</tr>
<tr>
<td>Total Financial Assets</td>
<td>194,152</td>
<td>1,025,549</td>
<td>904,924</td>
<td>–</td>
<td>2,124,625</td>
</tr>
</tbody>
</table>

FINANCIAL LIABILITIES

<table>
<thead>
<tr>
<th>Year</th>
<th>Weighted Average Effective Interest Rate</th>
<th>Non-Interest Bearing</th>
<th>Floating Interest Rate</th>
<th>Fixed Interest Rate maturing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Within 1 Year)</td>
<td>(1 Year to 5 Years)</td>
<td>(More than 5 Years)</td>
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<td>Payables</td>
<td>–</td>
<td>561,163</td>
<td>–</td>
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<td>Total Financial Liabilities</td>
<td>561,163</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>561,163</td>
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</tbody>
</table>

The amount of receivables and payables stated above do not include those arising from statutory obligations, including levies, workers compensation liability, staff on-costs, and GST. They are carried at cost.
(b) Credit Risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date on recognised financial assets is the carrying amount, net of any provisions for doubtful debts, as disclosed in the balance sheet and notes to the financial statements.

The Association does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the Association other than from the State and Commonwealth government departments.

(c) Net Fair Values

The following methods and assumptions are used in determining net fair value:

For other assets and other liabilities the net fair value approximates their carrying value. No financial assets and financial liabilities are traded on organised markets.

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet and in the notes to the financial statements.

(d) Sensitivity Analysis

The Association’s cash levels and subsequent impact on profit and equity would not change significantly through an increase of 2% of the interest rate of cash deposits. Therefore no sensitivity analysis has been performed.

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### NOTE 21 – ASSOCIATION DETAILS

The principal place of business for the Association is:
Aboriginal Health Council of SA Incorporated, 9 King William Road, Unley SA 5061

### NOTE 22 – EVENTS AFTER THE BALANCE SHEET DATE

There have been no material events after the reporting date that have not been recognised in the financial report.
statement by the board of directors
Aboriginal Health Council of South Australia Incorporated

1. In the opinion of the Board of Directors of the Aboriginal Health Council of South Australia Incorporated, the financial report:
   i) Presents fairly the financial position of the Association for the year ended 30 June 2014 and its performance for the year ended on that date; and
   ii) At the date of this statement there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

2. No officer of the Association, nor a firm of which an officer is the member, nor a body of corporate in which an officer has a substantial financial interest, has received or become entitled to receive a benefit as a result of a contract, between an officer, firm or corporate and the Association, other then on commercial terms and conditions.

3. Since the end of the previous financial year, no officer of the Association has received directly or indirectly, any payment or other benefit of a pecuniary value.

4. The financial statements have been prepared in accordance with Accounting Standards, Urgent Issues Consensus Views and the provisions of the Associations Incorporation Act.

This statement is made in accordance with a resolution of the Board and is signed for and on behalf of the Aboriginal Health Council of South Australia Inc. by:

Mr John Singer
Chairperson

Ms Arlene Burgoyne
Treasurer

Signed at Ceduna, SA this day of 4th September 2014.
independent auditor’s report

to the members of Aboriginal Health Council of South Australia Incorporated

We have audited the accompanying financial report of Aboriginal Health Council of South Australia Incorporated (the Association), which comprises the statement of financial position as at 30 June 2014, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by the members of the committee.

Committee’s Responsibility for the Financial Report

The committee of the Association is responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act 1985 and for such internal control as the committee determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Association’s preparation of the financial report that gives a true and fair view, in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association’s internal control.

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee as well as evaluating the overall presentation of the financial report.

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

Auditor’s Opinion

In our opinion, the financial report of Aboriginal Health Council of South Australia Incorporated is in accordance with the Associations Incorporation Act 1985 including:

i. Giving a true and fair view of the Association’s financial position as at 30 June 2014 and of its performance for the year ended on that date; and

ii. Complying with Australian Accounting Standards- Reduced Disclosure Requirements.

Trevor Basso, Partner
Basso Newman and Co
Chartered Accountants Adelaide

Dated this 29th day of September 2014
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ABCD</td>
<td>Audit and Best Practice in Chronic Disease</td>
</tr>
<tr>
<td>ACCHO</td>
<td>Aboriginal Community Controlled Health Organisation</td>
</tr>
<tr>
<td>ACCHS</td>
<td>Aboriginal Community Controlled Health Service</td>
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<td>ADAC</td>
<td>Aboriginal Drug and Alcohol Council</td>
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<td>AFSS</td>
<td>Aboriginal Family Support Services</td>
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<tr>
<td>AHP</td>
<td>Aboriginal Health Practitioner</td>
</tr>
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<td>AHREC</td>
<td>Aboriginal Health Research Ethics Committee</td>
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<td>Aboriginal Hospital Liaison Officers</td>
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<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
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<td>Aboriginal Maternal and Infant Care</td>
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<td>AMLA</td>
<td>Australian Medicare Local Alliance</td>
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<tr>
<td>AMSANT</td>
<td>Aboriginal Medical Services Alliance of the Northern Territory</td>
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<tr>
<td>AOOGP</td>
<td>Adelaide to Outback GP Training Program</td>
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<td>AHCSA/QAIHC Quality Improvement Project</td>
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<td>Australian Skills Quality Authority</td>
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<td>Australian Society of Ophthalmologists</td>
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<td>ASHPAG</td>
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<td>Cancer Data and Aboriginal Disparities</td>
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<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>PCEHR</td>
<td>Personally Controlled Electronic Health Record</td>
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<td>PHC</td>
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acronyms

<table>
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<th>Acronym</th>
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<td>Personal Digital Assistant</td>
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<td>Patient Information Management System</td>
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<td>Practice Incentives Program</td>
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<td>Port Lincoln Aboriginal Health Service</td>
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<td>QAHC</td>
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<td>RACGP</td>
<td>Royal Australian College of General Practitioners</td>
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<td>RAH</td>
<td>Royal Adelaide Hospital</td>
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<td>RANZCO</td>
<td>Royal Australian and New Zealand College of Ophthalmologists</td>
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<td>RAP</td>
<td>Reconciliation Action Plan</td>
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<td>RCSA</td>
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<td>RDWA</td>
<td>Rural Doctors Workforce Agency</td>
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<td>RFOS</td>
<td>Royal Flying Doctor Service</td>
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<td>RHO</td>
<td>Rheumatic Heart Disease</td>
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<td>Registered Nurse</td>
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<td>Regional Training Provider</td>
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<td>SAAHP</td>
<td>SA Aboriginal Health Partnership</td>
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<td>SACOSS</td>
<td>SA Council of Social Services</td>
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<td>SADS</td>
<td>South Australian Dental Service</td>
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<tr>
<td>SAOS</td>
<td>SA Dental Service</td>
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<tr>
<td>SAHMRI</td>
<td>South Australian Health and Medical Research Institute</td>
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<td>SANOAS</td>
<td>South Australian Network for Drug and Alcohol Services</td>
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<td>SAPol</td>
<td>SA Police</td>
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<td>Sturt Fleurieu Education and Training</td>
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<td>Sturt Fleurieu General Practice Education and Training</td>
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<td>SGN</td>
<td>Sector Governance Network</td>
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<td>SHineSA</td>
<td>Sexual Health Information Networking and Education SA</td>
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<td>SMEG</td>
<td>Subject Matter Evaluation Group</td>
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<td>STIs</td>
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<td>Stickin’ It Up The Smokes</td>
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<td>Tasmanian Aboriginal Corporation</td>
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<td>VET</td>
<td>Vocational Education and Training</td>
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<td>VOSS</td>
<td>Visiting Optometrists Support Service</td>
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<td>WACHS</td>
<td>WA Country Health Service</td>
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<td>WH&amp;S</td>
<td>Workplace Health and Safety</td>
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<td>WDO</td>
<td>Workforce Development Officer</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>WIPO</td>
<td>Workforce Issues Project Officer</td>
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<tr>
<td>WLO</td>
<td>Workforce Liaison Officer</td>
</tr>
<tr>
<td>VACCHO</td>
<td>Victorian Aboriginal Community Controlled Health Service</td>
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</tbody>
</table>
AHCSA member directory

Aboriginal Community Controlled Health Services

Nganampa Health Council
Umuwa Office
Tel 08 8954 9040
Fax 08 8956 7850
Alice Springs Office
3 Wilkinson Street
Tel 08 8952 5300
Fax 08 8952 2299
Postal
PO Box 2232
Alice Springs, NT 0871
www.nganampahealth.com.au

Pangula Mannamurna Incorporated
191 Commercial Street West,
Mount Gambier, SA 5290
Tel 08 8724 7270
Fax 08 8724 7378
Postal
PO Box 942
Mount Gambier, SA 5290
www.pangula.org.au

Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation
1 Eyre Highway
Ceduna, SA 5690
Tel 08 8626 2600 (Admin)
Fax 08 8625 2898
Postal
PO Box 314
Ceduna, SA 5690

Pika Wiya Health Service
Aboriginal Corporation
40-46 Dartmouth Street
Port Augusta, SA 5700
Tel 08 8642 9904
Fax 08 8642 6621
Postal
PO Box 2021
Port Augusta, SA 5700

Oak Valley Aboriginal Health Service
Maralinga Tjarutja Administration Office
43 McKenzie Street
Ceduna, SA 5690
Tel 08 8623 2946
08 8670 4207 (Clinic)
Fax 08 8625 3076

Nunyara Aboriginal Health Service
17-27 Tully Street
Whyalla Norrie, SA 5608
Tel 08 8649 4366
Fax 08 8649 4185
Postal
PO Box 2253,
Whyalla Norrie, SA 5608
www.nunyara.org.au

Substance Misuse Services
Aboriginal Sobriety Group Inc.
182-190 Wakefield Street,
Adelaide, SA 5000
Tel 08 8223 4204
Fax 08 8232 6685
Postal
PO Box 7306, Hutt Street
Adelaide, SA 5000
www.aboriginalsobrietygroup.org.au

Kalparrin Community Inc.
Karooonda Road,
Murray Bridge, SA 5253
Tel 08 8532 4940
Fax 08 8532 5511
Postal
PO Box 319
Murray Bridge, SA 5253
www.kalparrin.com

Aboriginal Health Advisory Committees:
• Mid North Aboriginal Health Advisory Committee
• Northern Aboriginal Health Advisory Committee
• South East Aboriginal Health Advisory Committee
• Wakefield Aboriginal Health Advisory Committee
• Eyre Aboriginal Health Advisory Committee
• Riverland Aboriginal and Islander Health Advisory Group
• Moorundie Aboriginal Health Advisory Committee

The above AHACs can be contacted through Country Health SA
(Adelaide Office)
NAB Building
Level 2, 22 King William Street
Adelaide, SA 5000
Tel +61 (0) 8 8226 6120
Fax +61 (0) 8 8226 7170
Postal
PO Box 287
Rundle Mall
Adelaide, SA 5000