



Aboriginal Health Council
of South Australia Inc.

**AHCSA The health voice
for Aboriginal people
across South Australia**



2016

Annual Report





Our Members

Aboriginal Health Council of South Australia Inc.

Key

- Aboriginal Community Controlled Substance Misuse Service
- Aboriginal Community Controlled Health Service

About AHCSA

Aboriginal Health Council of South Australia Inc. (AHCSA) is the peak body representing Aboriginal community controlled health and substance misuse services 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 35 year history includes:

- 1981 Incorporated 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 our 10th anniversary as an independent Aboriginal Community Controlled Health Organisation.
- 2014 AHCSA purchases land and building at 220 Franklin Street, Adelaide, South Australia.

AHCSA Members

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.

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 October 2012.

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.

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.

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 10 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 Lakalinerji Tumbetin Waal.

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 the Substance Use Recovery Program, Bringing Them Home Program, Mobile Assistance Patrol, Spirited Men's Program, and Community and 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 Aboriginal Corporation

Pangula Mannamurna Aboriginal Corporation 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.

Contents

Chairperson's Report	2
A Place to Call Home	3
Chief Executive Officer's Report	5
Deputy Chief Executive Officer's Report	6
Organisation Structure	7
Strategic Directions	8
Program Reports	
Constitutional Objective 1	10
Finance and Administration	11
Manager of Administration and Facilities' Report	11
Manager of Finance Report	12
Executive	14
Human Resources	14
AHCSA Accreditation	14
Grants and Submissions	15
Constitutional Objective 2	16
Public Health and Primary Health Care	17
Public Health	17
Blood Borne Virus	18
Ear Health	19
Eye Health	20
Sexual Health	21
Maternal Health Tackling Smoking	22
Trachoma Elimination	24
Tackling Smoking and Healthy Lifestyle	25
Tackling Indigenous Smoking	25
Aboriginal Dental	26
Data	28
GP Workforce	28
Patient Information Management System	29

Constitutional Objective 3	30
Research	31
Aboriginal Health Research Ethics Committee	31
Rising Spirits Community Resilience Project	32
South Australian Quality Improvement Data	33
Member Support	34
Continuous Quality Improvement Unit	34
Moorundi Aboriginal Community Controlled Health Service Inc.	35
Constitutional Objective 4	36
Education, Training and Workforce	37
Registered Training Organisation	37
General Practice Education and Training	39
360 Trained Skilled and Job Ready Aboriginal Employment Assistance	40
Cancer Australia Project	41
Workforce Development	43
Rural Aboriginal Health Worker	44
Aboriginal Primary Health Care Workers' Forum	44
Financial Report	45
Statutory Financial Report	46
Statement of Comprehensive Income	48
Statement of Financial Position	49
Statement of Changes in Equity	50
Statement of Cash Flows	51
Notes to and Forming Part of the Financial Statements	52
Statement by the Board of Directors	63
Independent Auditor's Report	64

Chairperson's Report

The last 12 months have continued to be busy for the Aboriginal Health Council SA Inc. We have seen the appointment of Shane Mohor as Chief Executive Officer and Amanda Mitchell as Deputy Chief Executive Officer, and believe they will continue to ensure that we develop as an organisation for many years to come.

The AHCSA Board has again been working on amending our Constitution. This time, the change has been from the Associations Act over to the Australian Securities and Investment Commission (ASIC).

We submitted our application to Minister Nigel Scullion to allow us to move to ASIC so that we could set up the business arm of AHCSA. In the future, this will help us to generate funds which we can use to support our Members and invest in community projects. In light of the approval of this application, on behalf of our Board and senior management, I would like to thank Minister Scullion and the Commonwealth government for their support.

In the early part of this year, the AHCSA Board was involved in the recruitment of staff for new positions in the organisation, as well as filling positions where staff have decided to move on. We wish those individuals all the best in the future and thank them for their contribution to AHCSA.

Along with our territory and state counterparts, and the National Aboriginal Community Controlled Health Organisation (NACCHO), AHCSA has had a review conducted by the Nous Group, which was initiated by the Commonwealth government. At the time of writing this report, we were waiting for their recommendations but we are quietly confident that the recommendations will ensure that our national, state and



A new era... AHCSA Chairperson John Singer with AHCSA's Deputy Chairperson Polly Sumner-Dodd accompanied by Minister for Health Jack Snelling and AHCSA's Chief Executive Officer Shane Mohor.

territory peak bodies will continue to play a critical role in Aboriginal health determination well into the future.

Over the last two years, we have had to make significant, strategic changes at AHCSA in order to position the organisation in such a way that we are adequately equipped to continue to be the peak voice for our Members and most importantly, a voice for our community and their members across South Australia.

In closing, I am confident that this has been achieved, and look forward to seeing AHCSA and our community grow from strength to strength.

John Singer
Chairperson

A place to call home

AHCSA celebrated the opening of its newly refurbished building at 220 Franklin Street on a sunny Friday in December last year.

The joyous event began with the cutting of the red ribbon across the two columns outside the front of the building by Minister for Health Jack Snelling, AHCSA Chairperson John Singer, Deputy Chairperson Polly Sumner-Dodd and CEO Shane Mohor.

Over 100 people attended the event, representing many of AHCSA's Members and Board, partners, key stakeholders and community, including Warren Snowdon, Shadow Parliamentary Secretary for Indigenous Affairs, Jill Gallagher CEO of VACCHO and Matthew Cooke, Chairperson of NACCHO, to name a few.

After words of welcome by John Singer, dignitaries, staff and guests proceeded upstairs to the bright, open plan community area, where the formal proceedings were held. In his signature style, MC for the day, Garry Goldsmith, welcomed everyone to their seats before introducing Rodney O'Brien, who provided the Welcome to Country on behalf of the Kaurna people.

John Singer and Minister Snelling spoke about AHCSA's history, both as the Aboriginal Health Organisation and since our incorporation in 2001, and the significance of the new building to AHCSA and its Members.

It took many years of saving and planning to make this dream of owning our own building come to fruition. The state-of-the-art Simulated Learning Environment in the Registered Training Organisation (RTO) arm of AHCSA is leading the way in Aboriginal Health Worker training, and is on par with University-level training of nurses. This is a very exciting way forward for the Aboriginal Health Practitioner workforce.

It was also an opportunity to reflect upon the changes we've experienced over the past 12 months, both with funding and the loss of Mary Buckskin. The day was made extra special by having the Buckskin and Karpany families join us for the celebration and they appreciated seeing the picture of Mary proudly displayed in the foyer of the building.



The new building represents a new chapter in AHCSA's journey and with Mary keeping a watchful eye over the comings and goings from her vantage point in Reception, we know she continues to give us direction for the path ahead.

The refurbishment commenced in May 2015 and was completed on time and within budget in August, successfully 'going live' on 31 August last year.

Years in the Making

In February 2014, AHCSA explored the possibility of purchasing its own office premises. It needed to suit AHCSA's needs at the time but also allow for significant expansion in the future. This became a reality with the successful negotiation of the purchase of 220 Franklin Street, Adelaide. Settlement took place in October 2014.

The property was in need of a makeover and as a result, AHCSA formed the New Building Governance Group to oversee

the management of the fit-out. This group comprised of Board and staff representation.

In September 2014, a tender process for the fit-out took place, seeking professional services of a builder, an architect, a services engineer, as well as a structural engineer, building certifiers and a quantity surveyor.

A selection panel represented by Board and staff was appointed to review all tenders received. Following a short listing process and interviews, the Project Team was appointed in December 2014. Planning for the fit-out commenced in February last year.

The AHCSA Board and Management would like to thank Angela Francisco for being our Project Manager on the refurbishment to make sure we both met our move in deadline and who provided us with the perfect fittings, equipment and resources to make it our forever home. We appreciate the extra time and commitment she provided to make this happen whilst overseeing the administration of two buildings.



**We continue to ensure that the
AHCSA Constitution and our
constitutional objectives are the
foundation of this organisation**

Chief Executive Officer's Report

It is fair to say that the past financial year provided a steep learning curve. Firstly, I would like to acknowledge our AHCSA staff, who have been as fantastic as always in their commitment to ensuring that our Members are taken care of, under any circumstances.

Late last year, AHCSA officially opened our new building, and the celebration was well attended by Board and staff. With the cutting of the ribbon, The Honourable Jack Snelling Minister for Health, SA Health, Aunty Polly Sumner-Dodd (vice Chair) and Mr John Singer (Chairperson) formally opened proceedings. We also enjoyed the company of other dignitaries, including Warren Snowdon MP, Australian House of Representatives, Member for Lingiari, Northern Territory, Matthew Cooke, Chair of the National Aboriginal Community Controlled Health Organisation (NACCHO); Ms Jill Gallagher, CEO Victorian Aboriginal Community Controlled Health Organisation; and Lyn Brodie, Adviser to Minister Fiona Nash, Minister for Rural Health.

I would also like to acknowledge Peter Buckskin, his family and the Karpany family for attending, as a tribute to the late Mary Buckskin. Mary was acknowledged in official speeches and remembered throughout the day. Thank you to all who attended and for showing your continued commitment and support to AHCSA and our Members.

AHCSA maintained critical relationships and ongoing support from key stakeholders, with regards to our programs, this year. These partnerships have included the Wardliparingga Aboriginal Research Unit from the SA Health and Medical Research Institute (SAHMRI), Cancer SA, Cancer Australia, Close the Gap, Oxfam, Heart Foundation, South Australian Council of Social Services (SACOSS), Health Consumers Alliance, Mental Health Coalition, Rural Doctors Workforce Agency (RDWA), and GPEx.

Changes to funding, new agreements and more competitive tender processes have placed increased pressure on our organisation to actively demonstrate our outcomes to ensure our Members and community are benefiting from investment.

AHCSA has been in constant communication with our main funding bodies and at the end of the financial year, we were at the end of two agreements. These included a Service Level Agreements with the Indigenous Rural Health Division for 18 months, under the Commonwealth and another with the Department for Health and Ageing, SA for three years.

We have been in ongoing discussions with the National Peak Body Review, and The Nous Group was successful in their tender to conduct the review. There have been several face-to-face meetings and planned visits to the other states and territories to consult with key members across Australia. The outcomes of the review will be published in the new financial year.

In relation to Primary Health Networks (PHN), AHCSA is close to entering into a partnership agreement with both the Adelaide and Country PHN. There is much anticipation about the significant opportunities that will accompany this agreement, particularly with regards to strengthening our commitment to improve Aboriginal health for our communities.

At a state level, the Close the Gap programs have continued on with funding secured for the 2016/2017 financial year, which provides substantial peace of mind for the staff in these programs as well as the AHCSA Members the program supports on the ground. We have initiated conversations with the Department for Health and Ageing regarding opportunities for the continuation of this program post 1 July 2017, given its significant success.

As a result of a reduction in funding to many of our programs, we have experienced significant changes at an organisational level, which has required us to regularly review our systems. Through our own tender processes, we are fortunate to have found partner organisations in Adelaide who specialise in the key areas we sought out. It has been exciting to share in their knowledge and years of expertise, as well as their creativity and modern approach to service delivery.

We continue to ensure that the AHCSA Constitution and our constitutional objectives are the foundation of this organisation and are embedded in our Strategic Directions, Organisational Plan, and the organisational structure to drive program delivery. With our new building and changes to funding, we look forward to providing the strong leadership required to address Aboriginal health needs for our Members and advocate for our community across this state.

In closing, it has been a busy, yet rewarding year, with many challenges ahead. Thank you to all staff, Board and Members for their continued support and commitment to AHCSA, which ensures that AHCSA will continue to be the peak body for Aboriginal health in South Australia.

Shane Mohor
Chief Executive Officer

Deputy Chief Executive Officer's Report

It has been a challenging twelve months with many highs and lows, which we have had to face as a collective. The financial year ends with some stability, but also some uncertainty.

July and August began with the planning for the move to the new building and preparations for new programmes, after long awaited new Agreements were signed. The week of the move in late August coincided with a number of recruitment interviews, being held to fill new positions in the organisation, with some new and old staff joining AHCSA in its new building.

From October, it became very busy in the office with settling in. New programmes were also getting up and running, with visits to our Members and communities. The new Continuous Quality Improvement (CQI) unit was an exciting addition to the Member Support team and they headed into the new financial year with strong individual work plans and a structured Framework

of supporting our Members with their CQI approach, data and IT requirements. Their plans included workshops and site visits scheduled up to 30 June.

As Shane mentioned in his report, the AHCSA Building Opening was an exciting and poignant milestone for the organisation, finishing off a busy and sad year, that literally provided AHCSA and its Members with a foundation for the future.

As you will see from the program/ programme reports in this Annual Report, there have been significant achievements, milestones and outcomes for our teams. AHCSA is in a great space at the moment. We are moving forward with growth and renewed dedication towards making a significant difference to Aboriginal health.

Three new programs/programmes were successful in receiving funding in the past year. These include the new Tackling Indigenous Smoking Programme; the

Building Safe Communities for Women and Children Grant and the Cancer Australia Project, to deliver Aboriginal specific workshops and resources in Our Lungs, Our Mob and Women's Business. These developments have seen new staff join AHCSA and delivered the opportunity for us to provide our Members with Human Resource support for their services on the ground for the first time.

On many levels, this financial year has been a roller coaster of emotions, but we have reached some stability as we head into the next financial year. This is due mainly to our program/ programme delivery, the strengthening of our research agenda and the building of our Registered Training Organisation (RTO). We also continue to work closely with all of our partners and key stakeholders and I would like to thank you all for your continual support both with your funding and your compassion to enable us, in turn, to support our Members and their communities.

Thank you to the AHCSA Board of Directors for providing their support to the Secretariat, staff and particularly to Shane and myself, in our relatively new roles.

Finally, to the amazing staff at AHCSA, thanks for your commitment and dedication towards your work. It is what makes us a cohesive team. We have an exciting new year planned, as we rebuild and begin new ventures and programs. Although funding is always a challenge, we work towards sustainability and self-reliance to ensure that AHCSA will not only exist, but continue to thrive as the peak body for Aboriginal health in South Australia.

Amanda Mitchell
Deputy Chief Executive Officer

**AHCSA is in a great
space at the moment.
We are moving forward
with growth and renewed
dedication towards making
a significant difference to
Aboriginal health**

Organisational Structure

AHCSA BOARD OF DIRECTORS

Shane Mohor
Acting Chief Executive Officer (C)
Jul 2015 – 16 Oct 2015

Shane Mohor
Chief Executive Officer (C)
(19 Oct 2015 – 30 Jun 2016)

Amanda Mitchell
Acting Deputy Chief Executive Officer (C)
1 Jul 2015 – 12 Feb 2016

Amanda Mitchell
Deputy Chief Executive Officer (C)
(15 Feb 2016 – 30 Jun 2016)

Executive

Vacant
Health Development
Coordinator (C)

Mandy Green
Executive Assistant (C)

Ngara Keeler
Accreditation and Governance
Project Officer (AHCSA OP)
(13 Oct 2015 – 30 Jun 2016)

Jeff Mountford
Human Resources Officer (C)

Aboriginal Health Research
and Ethics Committee (AHREC)

Aboriginal Primary Health
Care Workers (APHCW) Forum

Constitutional Objective One

Finance

Robert Nilo
Chief Finance
Officer (C)

Vacant
Senior Finance
Officer
(AHCSA OP)

Administration and Facilities

Angela Francisco
Manager Admin
and Facilities (C)

Belinda Lock
Admin
Assistant
(AHCSA OP)

Jason Wauchope
Admin
Assistant
(AHCSA OP)

Jenaya Hall
Admin
Assistant
(AHCSA OP)
22 Sep 2015
30 Jun 2016

Lois Mulla
Receptionist
(AHCSA OP)
Leave 1 Jul 2015
– 30 Jun 2016

Constitutional Objective Two

Data

Nick Williams
GP Supervisor
(DHA)

Lana Dyda
Health
Check and
Communicare
Support Officer
(DHA)

Beth Hummerston
PIMS Coordinator
(DHA)

Catherine Carroll
Sexual Health
Clinical Support
Officer (DHA)
Rheumatic
Heart Disease
Project Officer
(DHA)

Public Health and Primary Health Care

David Johnson
Public Health
Medical Officer (DoH)

Sarah Betts
Manager Sexual
Health (DHA)

Michael Larkin
Coordinator, Blood Borne
Virus Program (DHA)

Garry Goldsmith
Ear Health
Project Officer (DoH)
29 Sep 2015 – 30 Jun 2016

Robyn Cooper
Project Officer, Trachoma
Elimination Program (CHSALHN)
21 Mar 2015 – 30 Jun 2016

Chris Reksinis
Project Officer –
Eye Health (DoH)
23 Sep 2015 – 30 Jun 2016

Mary-Anne Williams
Maternal Health Tackling
Smoking Project Officer (DASSA)

**Tackling Indigenous
Smoking Programme** (DoH)
Mar 2016

Paul Ryan
Tackling Indigenous
Smoking Coordinator (DoH)
29 Mar 2015 – 30 Jun 2016

Ben Stewart
Tackling Indigenous Smoking
Data and Evaluation Officer (DoH)
21 Mar 2015 – 30 Jun 2016

Trent Wingard
Tackling Smoking and Healthy
Lifestyle Project Officer (DoH)
7 Mar 2015 – 30 Jun 2016

Jocelyn Wright
Tackling Indigenous Smoking
Project Officer (DoH)
9 May 2015 – 30 Jun 2016

Constitutional Objective Three

Research

Gokhan Ayturk
Senior Research and
Ethics Officer (C)

Member Support

**Continuous Quality
Improvement**

Polly Paerata
Statewide CQI
Coordinator (DoH)

Isaac Hill
Statewide Data and
IT Coordinator (DoH)

Vacant
Practice Managers
Support Officer (DoH)

Constitutional Objective Four

Education, Training and Workforce Team

Stan Butler
Manager Education
and Training Team (DoH)

Christine Fraser
Clinical Educator (DHA)

Sarah Fraser
Clinical Educator (DHA)

Mary-Anne Williams
Clinical Educator (DHA)
13 Jun – 30 Jun 2016

Annie-Rose Thurnwald
RTO Accreditation
and Compliance
Officer (C)

Leanne Ritossa
Admin Assistant C

Kerrin Florance
Cancer Australia Project
Support Officer (CA)
4 Jan – 30 Jun 2016

Eleni Tsiaprakas
Aboriginal Employment
Support Officer (DPM&C)
23 Nov 2015 – 30 Jun 2016

Tim Lawrence
Aboriginal Employment
Support Officer (DPM&C)
10 May – 30 Jun 2016

Robert Dann
Workforce Development
Officer (C)

Key

C Core

DHA Department for
Health and Ageing

DoH Department
of Health

DPM&C Department of
Prime Minister
and Cabinet

CA Cancer Australia

CHSALHN Country Health
SA Local Health
Network

DASSA Drug and Alcohol
Services of
South Australia

AHCSA OP AHCSA Operational



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 Inc. 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 Peak Body for Aboriginal health in South Australia, including by:
 - i. Being the peak organisation consulted by Governments in relation to issues of Aboriginal Health;
 - ii. Providing leadership in the development of policy affecting Aboriginal communities and their health needs;
 - iii. Advocating on behalf of Members and those communities without representation;
 - iv. Providing regulatory assistance and enforcement for Members; and
 - v. Developing leadership within the South Australian Aboriginal community, including developing youth leaders.
2. Provide support to Members to improve 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. Provide support to Members to build their capacity 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 South Australia.
4. Contribute to the development of a well qualified and trained Aboriginal health sector work force.

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





CONSTITUTIONAL OBJECTIVE 1

**Operate as the peak body for
Aboriginal Health in South Australia**

CONSTITUTIONAL OBJECTIVE 1

Finance and Administration

Manager of Administration and Facilities Report

The 2015-2016 has once again been a busy year for the Administration and Facilities team. In addition to the executive and administrative support provided throughout the year, we have also assisted the Board of Management, Secretariat, students and various sub committees and forums. Several workshops were coordinated in addition to AHCSA's Board Meetings and AGM, Student Induction Day, Student Graduation and AHCSA's NAIDOC Open Day.

Administration

The Administration team for the year comprised of:

Name	Position
Leanne Ritossa	Administration Officer
Jason Wauchope	Administration Officer
Mandy Green	Executive Assistant
Lois Multa*	Receptionist (extended leave during this period)
Belinda Lock	Administration Officer
Jenaya Hall	Administration Officer

Training, Professional and Personal Development

Members of the Administration team were supported with the following training, professional and personal development opportunities throughout the year:

- NetSuite training
- Yammer training
- Security programming training
- Mental Health training
- International Women's Day luncheon
- Payroll
- Attend AHCSA promotional activities
- Contribute to Trachoma Elimination Program
- Contribute to Sexual Health Program

Quality Improvement and Compliance

During the year, administration personnel and Manager, Administration and Facilities contributed to organisational and departmental continuous quality improvement and compliance. This was achieved by:

- Holding monthly team meetings
- Reviewing organisational policies and procedures
- Reviewing administrative systems and processes
- Reviewing commercial contracts
- Reviewing communication devices
- Reviewing fleet vehicles
- Reviewing AHCSA's insurances
- Contributing to AHCSA'S accreditation review

Acknowledgements

This year, I had the opportunity to manage members of the Finance team: Sue Wood and Natalia Bzikadze. A review of AHCSA's organisational priorities saw the re-structure of the Finance team which resulted in both positions being made redundant in May 2016. In pursuit of other opportunities, we also saw the departure of Jason Wauchope in June 2016. I'd like to acknowledge the wonderful contribution made by Jason, Sue and Natalia to AHCSA and their respective teams over many years. We wish them all the very best in their future endeavours.

I'd also like to take this opportunity to acknowledge the hard work, commitment and reliability of the other members of the Administration team. To Leanne, Mandy, Belinda and Jenaya – thanks for everything you do. You play an integral part in AHCSA's success. We are looking forward to Lois re-joining the team. Many thanks to those members of the New Building Governance Group during the fit-out. Your advice and support was greatly appreciated.

Last but not least, I'd like to thank my family for their support over the past 12 months, in particular my husband Frank who was a tower of strength for me during AHCSA's office fit-out. This period was challenging – emotionally, physically and mentally but he was always there to pick me up, check on my wellbeing and provide me with words of encouragement to keep going.

Facilities Management

As reported in last year's Annual Report, in 2014 AHCSA purchased its own office premises located at 220 Franklin Street, Adelaide. This made 2015 an extremely busy year, not only planning for the relocation from the Unley office to AHCSA's new home but also for the planning and project management of the Franklin Street fit-out. It was a very challenging but rewarding period, not only for me personally but more importantly, for our community.

I'd like to acknowledge the following for their support provided during the fit-out:

- New Building Governance Group (AHCSA Board and Staff Representation)
- Commonwealth Bank
- JJEM Finance Solutions (Finance Brokers)
- Schiavello (Builder)
- Hames Sharley (Architects & Interior Designers)
- BESTEC (Services Engineers)
- SMEC (Structural Engineers)
- m3 Property (Real Estate Appraisers)
- WT Partnership (Quantity Surveyors)
- Katnich Dodd (Building Surveyors)
- Cowden's SA Pty Ltd (Insurance Brokers)
- Camatta Lempens (Lawyers)
- Adelaide City Council

Angela Francisco

Manager, Administration and Facilities

CONSTITUTIONAL OBJECTIVE 1

Finance and Administration

Manager of Finance Report

Financial Performance

AHCSA registered a higher statutory loss of \$523,604 for the FY 2015-2016, compared to a lower statutory loss of \$237,357 for the FY 2014-2015. Total Comprehensive Income Attributable to Members of the Entity amounted to \$1,702,771, due to the fair value gains on the revaluation of the 220 Franklin Street property. The amount of the revaluation is \$2,226,375.

This increase in statutory loss is the result of higher depreciation and amortisation of internally developed software and intellectual properties. This is further impacted by the write-off of leasehold improvements in the previous lease properties in Unley worth \$270,779.

Overall there is a 14% reduction in expenses contributed to by the following:

- Travel cost \$517k
- Employment cost \$1.210m

Employment cost is lower compared to last year as the result of the reduction in FTE staff due to redundancy from 58 staff, as at June 2015, down to 39 as at June 2016. The reduction is directly attributable to the reduced grants received for the financial year. In view of this, travel costs are also significantly reduced.

Included in the operating cost is the one-off write off of the unamortised balance of the leasehold improvements in the previous rented premise in King William Road, Unley (\$270,779).

Financial Position

The overall equity position has increased from \$1.378m in FY 2015 to \$3,082m in FY 2016 attributable to fair value gains on the revaluation of the 220 Franklin Street property.

Nett Property, Plant and Equipment increased from \$5.152m in FY 2015 to \$8,711m in FY 2016, basically due to the refurbishment of 220 Franklin Street and development of resources for the Registered Training Organisation (RTO).

Total liabilities increased from \$4.7m in FY 2015 to \$6.5m in FY 2016. This increase is due to the Better Business Loan taken from the Commonwealth Bank to finance the building refurbishments.

The cash balance at the end of FY 2016 has dropped considerable low, which is the result of the lesser amount of grants received. This is further compounded by redundancy and entitlement payments paid out during the year. The biggest impact on the cash balance has been from the subsidy provided to the RTO from FY 2013-2016 to develop training resources and Economic Provider Unit Cost (EPUC) subsidies for students coming from remote areas.

Information Technology

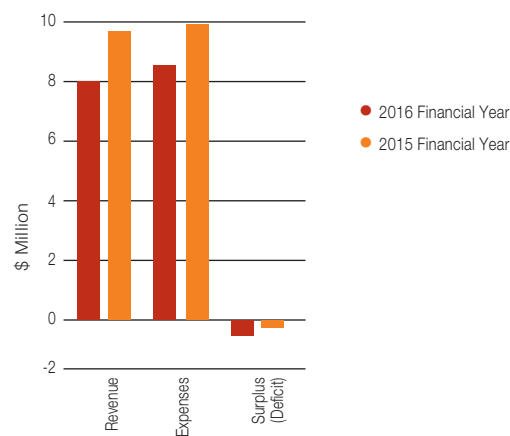
Further ICT enhancement was undertaken with the internally developed NetSuite system to provide improved transparency, accountability, management and governance. This includes converting the manual processing of travel allowances (TA) to an electronic procedure.

Intellectual Property

The amount of \$89,763 was capitalised as intellectual property in developing course materials for the Education and Training Team to be compliant with Australian Health Practitioner Regulation Agency (AHPRA) requirements in order to provide training for Aboriginal Primary Health Care (APHC) Certificates III and IV and other related website and NetSuite configurations.

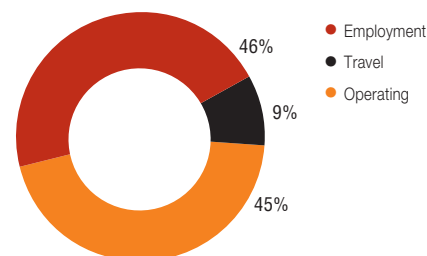
Robert Nilo CPA
Chief Finance Officer

Comparative Annual Revenue and Expenses



	Financial Year		Variance
	2016	2015	Amount
Revenue	\$8,013,542	\$9,665,295	(\$1,651,753)
Expenses	\$8,537,146	\$9,902,652	(\$1,365,506)
Surplus (Deficit)	(\$532,604)	(\$237,357)	(\$286,247)

Comparative Costs and Expenses



	Financial Year		Variance
	2016	2015	Amount
Employment	\$3,893,322	\$5,102,906	(\$1,209,584)
Travel	\$807,027	\$1,323,674	(\$516,647)
Operating	\$3,836,797	\$3,476,072	\$360,725

Comparative Financial Position

	Financial Year		Variance
	2016	2015	Amount
Total Assets	\$9,614,695	\$6,106,041	\$3,508,653
Total Liabilities	\$6,533,161	\$4,727,278	\$1,805,883
Nett Assets	\$3,081,533	\$1,378,763	\$1,702,768

Earnings Before Depreciation and Amortization (EDBA)

	Financial Year		Budget
	2016	2015	
Comprehensive Income (loss) for the Year	(\$523,604)	(\$237,357)	\$76,121
Depreciation/Amortisation	\$584,692	\$279,295	-
Comprehensive Income (loss) Before Depreciation and Amortisation	\$61,088	\$41,938	\$76,121

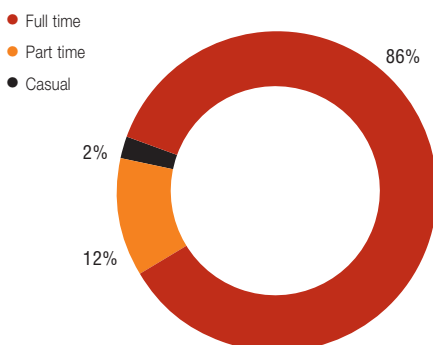


ICT enhancement was undertaken to provide improved transparency, accountability and governance

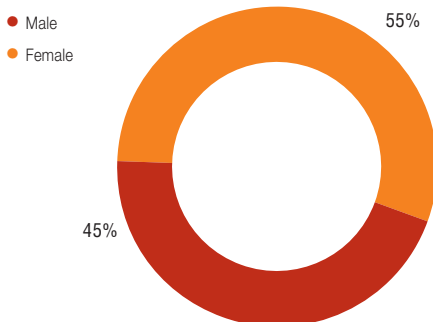
CONSTITUTIONAL OBJECTIVE 1

Executive

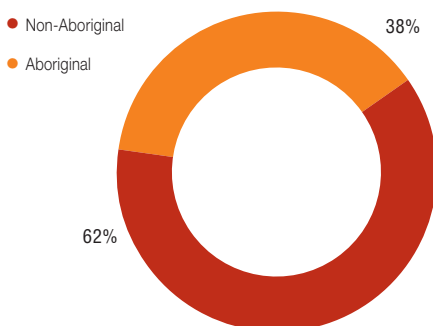
Total AHCSA Employees – 42 Staff



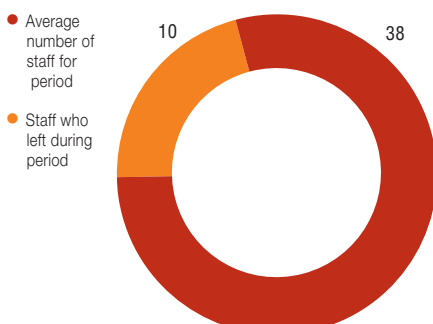
Gender



Aboriginal or non-Aboriginal



July 2015 - 2016 Staff Turnover - 26.3%



Human Resources

With the lack of funding certainty at June 2015, it was necessary to allow a significant number of staff contracts to expire. In the four months prior to that, AHCSA lost a total of 21 staff due to delayed funding confirmation, non-renewal of funding or natural attrition. This produced a staggering staff turnover figure of 42% for the period. The enormous loss of experience, knowledge and expertise has been a challenge for AHCSA. However, in the last twelve months, with some previous and some new streams of funding being released, we have recruited for 22 positions.

AHCSA was left with 35 staff members at 1 July 2015 but by 30 June 2016 had grown to 42 staff. As at 30 June 2016, AHCSA had 42 staff, of which 36 were full time, 5 were part time and there was 1 casual. Of the 42 staff, 23 were female and 19 male. 16 were Aboriginal and 26 non-Aboriginal. Staff turnover for the period was 26.3%. AHCSA conducted 22 staff recruitments in 2015/16.

STAFF RECRUITMENTS 2015	
Ear Health	21 Sept
Statewide Data/IT Coordinator	21 Sept
Statewide CQI Coordinator	21 Sept
Administration Officer	22 Sept
Eye Health Project Officer	23 Sept
Public Health Medical Officer	13 Oct
Accreditation & Compliance Officer	13 Oct
Chief Executive Officer	13 Oct
Education, Training & Workforce Accreditation & Compliance Officer	09 Nov
Trachoma Elimination Project Officer	Not Filled
Aboriginal Employment Support Officer	23 Nov
Practice Managers' Support Officer	07 Dec
Rheumatic Heart Disease Project Officer	10 Dec

STAFF RECRUITMENTS 2016	
Cancer Australia Project Support Officer	04 Jan
Deputy Chief Executive Officer	15 Feb
Tackling Indigenous Smoking Youth Officer	07 Mar
Tackling Indigenous Smoking Data and Evaluation Officer	21 Mar
Trachoma Elimination Project Officer (readvertised)	21 Mar
Tackling Indigenous Smoking Project Coordinator	29 Mar
Tackling Indigenous Smoking Project Officer	02 May
Tackling Indigenous Smoking Project Officer	02 May
Aboriginal Employment Support Officer (replacement)	10 May
Practice Managers' Support Officer (replacement)	04 Jul

AHCSA Accreditation

AHCSA is an accredited organisation to the Quality Improvement Council (QIC) – 'Health and Community Service Standards 6th Edition'. Throughout this reporting period AHCSA prepared intensively for our reaccreditation audit conducted on 14 and 15 June 2016. The audit process was positively supported by the whole organisation, Staff, Board of Directors, AHCSA Members, stakeholders and partners. Consequently, we were recognised for this collaborative effort, achieving accreditation for a further three years.

Significant leadership over the past three years has contributed to AHCSA receiving recognition from the QIP auditing team, particularly for our strengths in the following three sections:

Building Quality Organisations

- Strong culture and belief in a purpose
- Focus on health promotion
- Investment in IT
- Understanding of risk dimensions at corporate and governance level
- Impressive physical building
- Passionate and professional staff
- Proactive, commitment to improving
- Rigorous financial systems
- Proactive both in the area of future planning and in working with members
- Commitment to training and professional and personal development for staff
- Recruitment processes that ensure the right fit for the benefit of clients

Providing Quality Services and Programs

- Aboriginal leadership
- Strong communication and liaison with members
- Knowledge of membership
- Highly culturally competent staff
- Robust advocacy on behalf of Members
- Ethical standards
- Evaluation at program level

Sustaining Quality External Relationships

- Collaborative work practices
- Positive relationships
- Commitment to partnerships
- Highly respected organisation
- Contributions to the sector and willing to learn from others
- Leading organisation in Aboriginal Health

AHCSA's business systems have been implemented and stabilised, and with significant investments in technology and systems as well as people have all contributed to this success. The use of NetSuite as our integrated business system has become best practice in the work place and staff and Board members are interacting effectively with NetSuite Financial, HR and Risk and Compliance modules. AHCSA will undertake CQI projects throughout the next year to ensure sustainability and further growth.

Grants and Submissions

For the first time, we took on a dedicated Grants and Submissions Officer from 1 July to 31 December (part time) to assist us to obtain further funding opportunities for AHCSA and its Members. There were three major grant applications AHCSA was successful with.

Building Safe Communities for Women and Children

In August 2015, we applied for the Building Safe Communities for Women and Children grant and were notified in mid-December that we had been successful.

The grant funding is provided by the Department of Social Services as part of the Families and Communities Programme. This Programme aims to strengthen family and community functioning, and reduce the cost of family breakdown.

National Initiatives

The National Initiatives aim to achieve positive outcomes for families, women and their children by working across sectors to improve the safety and wellbeing of children, advancing gender equality and reducing violence against women and their children. The National Plan to Reduce Violence against Women and their Children 2010-2022 (the National Plan) is a sub activity of the Families and Communities programme National Initiatives Activity. The purpose of the grant is to contribute to a significant and sustained reduction in violence against women and their children.

Activity Objective

The Building Safe Communities Research Officer will liaise with all ACCHSs in SA as well as government and non-government services to undertake a mapping exercise of documenting the services available to women and children to keep them safe from violence in each Member region. This position was filled in July 2016.

The Tackling Indigenous Smoking Programme

In September 2015, AHCSA applied for the Tackling Indigenous Smoking Programme grant and were advised in November that we'd been successful. Funding will support activities which aim to prevent the uptake of smoking and support smoking cessation among Aboriginal and Torres Strait Islander people. The activity aims to contribute to closing the gap in Indigenous health outcomes by reducing tobacco smoking as the most significant risk factor for chronic disease among Aboriginal and Torres Strait Islander people.

The redesigned activity will consist of a number of components, including grant funding for regional tobacco control activities, and a range of national supports for workforce development, performance monitoring and evaluation, and leadership and coordination.

Regional Tobacco Control Grants

The objective of the regional tobacco control grants is to fund organisations to undertake evidence-based tobacco control activities

designed to meet local needs. Funded organisations will be expected to undertake a multi-level approach to tobacco control, which combine a range of activities to meet the needs of different population groups within a region.

Due to AHCSA's previous experience with the Tackling Smoking and Healthy Lifestyle Programme, we were looking to expand on this and develop resources for our Members to provide services on the ground in communities relating to the Tackling Indigenous Smoking programme objectives. The new programme began in January 2016.

Cancer Australia

In October 2015, AHCSA applied for a tender with Cancer Australia to deliver national workshops and were notified in November that our application had been successful.

The tender with Cancer Australia was seeking to engage an organisation to work with local communities to deliver a minimum of 60 workshops relating to lung cancer and women's business cancers to Aboriginal and Torres Strait Islander people. This would involve working with local health services and Aboriginal and Torres Strait Islander Health Workers to ensure communities are effectively engaged in the workshops and that the workshops are arranged and delivered in a culturally appropriate way.

The workshops will be delivered using the following Cancer Australia resources:

- Our Lungs, Our Mob community education resource
- Women's Business Workshops community education resource

These resources were developed by Cancer Australia in consultation with Aboriginal and Torres Strait Islander people across Australia to ensure cultural appropriateness and relevance. The workshops began from January 2016.

AHCSA Management would like to thank Karen Wyld for providing support in this role by applying for these grants to allow AHCSA to continue to provide services and support to its Members, especially with new opportunities and ventures.



CONSTITUTIONAL OBJECTIVE 2

Provide support to Members to improve 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

CONSTITUTIONAL OBJECTIVE 2

Public Health and Primary Health Care

Public Health

The Primary Health Medical Officer (PHMO) role continues to provide public health advice and support to AHCSA and its Member services, with involvement in a wide range of activities and initiatives. After many years with AHCSA, David Scrimgeour left the PHMO position in June 2015. David Johnson took over the role in February 2016 and the following activities have been a focus since then:

Advice and Support for ACCHSs

The monthly AHCSA Public Health Network (PHN) teleconferences convened by the PHMO were recommenced in May. These meetings enable clear communication between AHCSA and ACCHS staff involved in public health activities.

Specific support provided to member ACCHS has included health service planning support for Moorundi Aboriginal Community Controlled Health Service and clinical governance support for Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation.

Advice and Support for AHCSA Programs

Another key role for the PHMO is working with and providing public health advice to a range of AHCSA programs, particularly in the Public Health and Primary Health Care team and the Data and Research team. Programs supported include those addressing Sexual Health, Blood Borne Viruses, Eye Health including Trachoma, Ear Health, Rheumatic Heart Disease, Patient Information Management Systems (PIMS) support, Practice Manager Support and Data Management.

A particular focus for 2016 has been ensuring the ongoing sustainability of the Sexual Health program. This has included successfully advocating for increased funding through SA Health, the Kirby Institute and South Australian Health and Medical Research Institute (SAHMRI). This program is now in a position to consolidate and expand its scope of work.

Data Management and Continuous Quality Improvement

The PHMO continues to focus on developing sustainable systems for continuous quality improvement (CQI), with a particular focus on collection and analysis of appropriate and accurate data which can be used for CQI. This includes overseeing existing programs, which are as follows:

- The AHCSA Sexually Transmissible Infection (STI) data project which reports on STI testing and positivity rates in 9/10 ACCHS in South Australia for CQI and planning for STI control activities.
- The South Australian Quality Improvement Data Program (SQID Program), which is a system to allow data to be extracted from Communicare on a regular basis and then fed back to participating health services, providing information about how well each health service is performing against a range of indicators.
- Rheumatic Heart Disease (RHD) Program which records activities related to secondary prevention of RHD.

Research Activities

The PHMO has been directly involved in a number of research activities, including:

- Lead investigator for a project funded by UniSA to assess the accuracy of the OCHREStreams nKPI program for Communicare users.
- Chief investigator on NHMRC funded Centre for Research Excellence (CRE) for STI/BBVs in Aboriginal population in which AHCSA is a research partner with SAHMRI (James Ward). This involves guiding the CRE research agenda and assisting the development of research capacity for two AHCSA staff members.
- Coordination of AHCSA partnership with the Kirby Institute in a point of care (POC) STI testing project (Test Treat and Go 2 project). This has involved recruitment of two ACCHSs in SA to have access to

POC STI testing which has been shown to dramatically improve STI treatment rates as well as the time between diagnosis and treatment.

- Supervisor/lead investigator for a project analysing trends in STI testing and positivity rates in ACCHSs in SA from 2008-2016 to better understand the epidemiology of STIs in SA for Aboriginal people, for quality improvement and program planning and evaluation.

Public Health Registrar Supervision

Dr Salenna Elliott is AHCSA's public health registrar for 2016 and is supervised by the PHMO. Her activities include the following:

- Analysis of STI testing and positivity data (major project as detailed above).
- Ongoing maintenance, reporting and enhancement for the AHCSA STI data program.
- Developing a system for collecting data on ear health activities to be used for CQI activities within health services.
- Undertaking a review of the systems for the identification and management of viral hepatitis with one ACCHS in SA.

Syphilis Control

The PHMO has been working closely with ACCHSs in the north and west of SA as well as the SA Health Communicable Disease Control Branch to ensure that there is increased awareness for clinical staff to increase testing for syphilis, given concerns about the possible spread of the current epidemic from northern Australia. This has also involved sitting on two national reference groups to guide prevention and control activities.

CONSTITUTIONAL OBJECTIVE 2

Public Health and Primary Health Care

Blood Borne Virus

Working across the state, 2015/16 has been a busy year for the Blood Borne Virus Program (BBV), supporting our Member Aboriginal Community Controlled Health Services (ACCHSs) by strengthening their systems for managing viral hepatitis. Program activity has included direct service provision to ACCHSs, and coordination role within the BBV sector.

The BBV Program works to increase access to specialist services, ensure patient information systems reflect best practice management and improve workforce knowledge. They also support health promotion activities, and establish BBV prevention strategies through establishing new clean needle program sites.

Viral Hepatitis

Strengthening patient information systems for viral hepatitis included:

- A clinical audit of Communicare, led by the public health medical registrar, to assess the current systems in place for identifying and managing clients with viral hepatitis.
- Implementation of Communicare Viral Hepatitis Manuals (developed by AHCSA and ASHM) to build into Communicare new or adapted clinical items, and disable existing options that do not reflect current clinical guidelines.
- Creation of a Hepatitis quick tab and set up of automated recalls. This implementation was undertaken with the AHCSA PIMS coordinator.
- Workforce education and training on viral hepatitis and the Communicare manuals.
- Development of automated reports within Communicare for ACCHSs to monitor continuous quality improvement for screening, monitoring, and treatment.

Clean Needle Program

Program expansion to prevent the spread of BBVs involved:

- BBV coordinator working with Drug and Alcohol Services SA (DASSA) senior project officer for harm reduction to reduce the level of viral hepatitis and HIV in the Aboriginal community through expanding access to the statewide clean needle program (CNP).
- Review of current CNP access for Aboriginal people across South Australia.
- Identifying gaps in program delivery, barriers and solutions.
- Development of a statewide engagement strategy for CNP expansion.
- Implementing engagement strategy through delivering CNP workshops.
- Monitoring and evaluation of the engagement strategy, CNP workshops and operation of new sites.

Along with all our member services, the AHCSA BBV Program would like to thank the following organisations who have worked with the Program in 2015/16: SA Health Communicable Disease Branch, Drug and Alcohol Services SA, Australasian Society for HIV Medicine (ASHM), Relationships Australia SA, Viral Hepatitis Support Nurses, Hepatitis SA, SHine SA, Aboriginal Drug and Alcohol Council, SA Health and Medical Research Institute, South Australian Sex Industry Network (SA SIN) and South Australia Mobilisation + Empowerment for Sexual Health (SAMESH).

The AHCSA BBV Program is looking forward to working with all our member services and key partners in the upcoming financial year, and building on the outcomes we have already achieved.

**Working to increase access
to specialist services to
ensure patient information
systems reflect best practice
management and improve
workforce knowledge**

Ear Health

The Ear Health Programme continues to support and assist our ACCHSs and Aboriginal community health teams by providing support, advocacy and training to ensure we have skilled and confident staff that can provide comprehensive primary ear health services at the local level.

Programme Delivery

Delivery of the Ear Health Programme has been re-orientated, opting for a new approach which incorporates four phases that encourage mutual commitment and responsibility by the AHCSA Ear Health Programme and respective organisation to ensure tangible and sustainable ear health outcomes for Aboriginal people.

Organisational Reports

The Ear Health Programme is currently undertaking phase one of the new approach. With this, the ACCHSs and Aboriginal community health teams within South Australia have been approached by the Ear Health Project Officer to undertake individual organisational Ear Health Reports.

These reports bring together information gathered through questionnaires and discussions on current ear health skills, knowledge and qualifications within ACCHSs and community health teams, identifying clear gaps and providing recommendations to resolve these. These recommendations are discussed with ACCHSs and community health team staff to establish an agreed action plan for workforce development, equipment acquisition, service coordination and ongoing support.

Currently, three organisational ear health reports have been completed and presented back to the respective ACCHS or community health teams. There are nine reports at various stages of completion and one awaiting confirmation to progress. All of the reports are expected to be completed in the 2016/7 financial year.

These reports will enable the AHCSA Ear Health Programme to provide both a statewide and local perspective of the current workforce status of ear health. This information will be important to individual organisations and support the recommendations of phase two.

Workforce Development will be the focus of phase two, addressing the current skills and knowledge gaps of staff through agreed training schedules and equipment acquisitions, ensuring ACCHSs and Aboriginal community health teams have the adequate and appropriate equipment to learn on and deliver comprehensive ear health assessments.

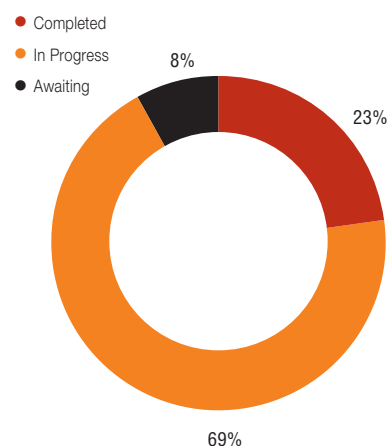
Currently, there are two ACCHSs that have progressed to this stage and the new approach has been well received.

The AHCSA Ear Health Programme aims to progress all of the ACCHSs and Aboriginal community health teams to phase three, Service Coordination, and phase four, Ongoing Support over the next two years.

AHCSA Ear Health Programme Delivery



Organisational Ear Health Reports



CONSTITUTIONAL OBJECTIVE 2

Public Health and Primary Health Care

Eye Health

The Eye Health Programme coordinates and facilitates eye clinics with visiting optometrists and ophthalmologists to ACCHSs within AHCSA's membership, in rural and remote communities around South Australia.

Core Programme visits are currently carried out twice a year to 12 clinics in Ceduna, Yalata, Oak Valley, Tjuntjuntjara (Western Australia), Coober Pedy, and seven communities within the APY Lands.

Clients attending clinics may receive:

- Vision test and eye examination
- Retinal photography
- Reading glasses and/or sunglasses
- Arrangement of prescription glasses
- On site treatment where possible, e.g. lasering for diabetic retinopathy
- Referral for surgery or further treatment(s)
- One-on-one education around diabetes and eye disease

Other functions of the Programme:

- Training clinic staff in primary eye care and vision testing
- Eye health support and advocacy to all member services
- Monitoring of patient referral pathways
- Networking with key stakeholders

The most common eye conditions found during clinic visits were diabetic retinopathy, refractive error (blurred vision requiring glasses), cataracts and trachoma.

Diabetic retinopathy is the most challenging to combat, due to early stages being asymptomatic or undetectable without eye examination. However, at this early stage, it is easy to treat. Advanced cases become more difficult or impossible to treat. Clients are unlikely to present for eye checks unless they are experiencing vision problems.

Some treatments are difficult or ineffective unless they are done frequently and the prevalence of diabetes is forever on the increase.

Recent Developments

- An extra two funded programme visits per year for up to six communities, in addition to existing twice yearly visits.
- National project to provide diagnostic equipment (retinal cameras and slit lamps) and training to ACCHSs,

managed through the Fred Hollows Foundation in consultation with nominated jurisdictional stakeholder representatives. The AHCSA Eye Health Project Officer has been invited to act as a consultant for the rollout to ACCHSs across South Australia.

- New claimable Medicare item for retinal imaging of diabetic clients. This, together with the equipment rollout is aiming for year-round retinal screening of Aboriginal clients, particularly diabetes patients, to increase early detection and treatment.
- Possible procurement of an OCT scanner as part of travelling equipment. This scanner is capable of capturing contoured 3D images (like an ultrasound) of retinal surfaces, to indicate abnormal macular swelling, which is less detectable through 2D images, as well as enhanced diagnosis of glaucoma.

PROGRAMME VISIT OUTCOMES 2015-16

Community	Total clients attended	Diabetic/ high priority clients	Referrals for surgery or further treatments	On site treatments e.g. lasering	Reading glasses issued on same day	Prescription glasses arranged
Fregon	60	56	10	4	25	12
Mimili	64	60	10	4	26	14
Iwantja	70	64	12	8	24	17
Pipalyatjara	62	56	8	4	46	24
Nyapari	30	28	4	0	13	6
Pukatja	70	65	11	8	57	22
Amata	78	66	10	4	41	23
Coober Pedy	90	81	12	8	45	29
Yalata	56	52	10	6	29	8
Oak Valley	36	32	6	2	18	4
Tjuntjuntjara	60	56	10	6	28	9
Ceduna	90	78	10	0	17	18
TOTAL	756	694	113	54	378	186

Sexual Health

The Sexual Health Program team continues to promote and support our Member services to participate in annual community sexually transmitted infection (STI) screening. The Program promotes STI prevention, screening and treatment of chlamydia, gonorrhoea, trichomonas and continues to raise awareness about HIV and syphilis prevention, screening and treatment.

Annual Training Workshop

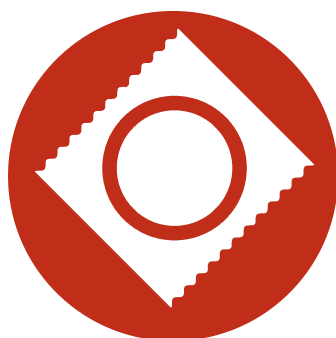
In collaboration with AHCSA's Blood Borne Virus Program, the Australasian Society of HIV Medicine (ASHM) and SAHMRI delivered Taboo or Not Taboo, the annual training workshop to over 30 workers and students from across South Australia as well as Tjuntjuntjara in WA. This two-day workshop for Aboriginal Health Workers and clinical staff from ACCHSs around SA was held in April this year.

The workshop aimed to strengthen capacity of participants to provide testing and treatment for a range of BBVs and STIs (including hepatitis B, hepatitis C, HIV, chlamydia, gonorrhoea, trichomonas and syphilis). It was very encouraging to have workers in the field actively participate in important discussions around issues that can be sensitive and not easy to talk about.

Community Education and Development

Community development and health promotion and events, including community education at women's pamper days in Port Lincoln, Koonibba and Port Augusta have been held.

In Coober Pedy, the Program held smaller community education sessions, including peer education at Coober Pedy High School, organised by Aboriginal Health Workers from Umoona Tjutagku Health Service Aboriginal Corporation and the Drug and Alcohol Service and Healthy for Life women's group.



4,000 CONDOMS

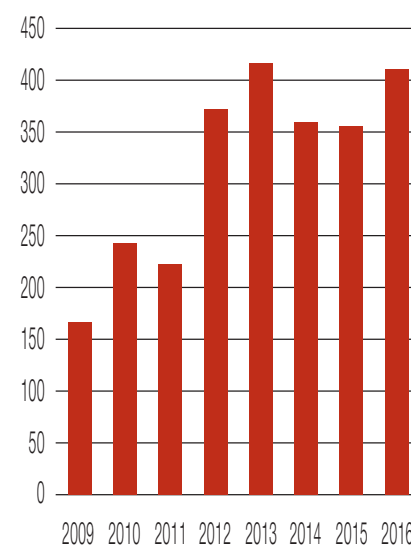
Distributed over 4,000 condoms to ensure that they are freely available to support the safer sex health promotion messages for protection against sexually transmissible infections

At Pangula Mannamurna Aboriginal Corporation in Mount Gambier, the AHCSA team carried out education with staff and supported incentives for young people participating in STI screening.

They also conducted staff education at Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation, Tullawon Health Service in Yalata, Nunyara Aboriginal Health Service in Whyalla and at the Pika Wiya Health Service Aboriginal Corporation in Port Augusta, along with supporting incentives for young people participating in STI screening.

Throughout the 2016 screening period, the Program distributed over 4,000 condoms to ensure that they are freely available to support the safer sex health promotion messages for protection against sexually transmissible infections

Total Number of People Tested at Annual STI Screenings



CONSTITUTIONAL OBJECTIVE 2

Public Health and Primary Health Care

Maternal Health Tackling Smoking

Since 2010, AHCSA has been funded to design and implement a Program aimed at reducing the prevalence of smoking among pregnant Aboriginal women and their families in South Australia. The Maternal Health Tackling Smoking (MHTS) Program has celebrated many successes over the past six years, the most notable being a reduction of smoking rates during pregnancy for Aboriginal women from 57% down to 43.7%.

The increased number of Aboriginal women making successful quit attempts during pregnancy can be attributed to the popular Stickin' it up the Smokes social media marketing campaign, which continues to encourage women to make quit attempts by delivering smoke free messages through engagement with local ambassadors and role models.

Over the years, Project Officer, Mary-Anne Williams has shared the knowledge and expertise gained from the success of the MHTS Program with other Tackling Indigenous Smoking teams across Australia and recently presented these outcomes at the International Oceania Tobacco conference in Perth.

The statewide MHTS Program provides focused support to pregnant Aboriginal women and their families within the Aboriginal Community Controlled Health Services (ACCHSs), however the Program also supports all other regions in South Australia. The Program is funded through the Drug and Alcohol Services South Australia (DASSA) and is part of an overarching Tackling Smoking project, under the National Partnership Agreement on Closing the Gap in Indigenous Health outcomes.

This year, AHCSA's MHTS Program and its successful social marketing campaign, have delivered effective education on the health risks associated with smoking during pregnancy to 186 pregnant or young Aboriginal women through individual or group quit support services. This education included the importance of early presentation to healthcare providers and promotion of smoke-free homes and cars.

Over the past year, soon-to-be mums have been made to feel very special at a series of Pamper Days. Yoga, mindfulness, hair and beauty treatments as well as healthy lunches have been provided in addition to education on the importance of smoke-free pregnancies. The women have loved the feel-good mood at the events. The success of these pamper days has provided a platform for other AHCSA programs to get involved and deliver their specific health messages including, Sexual Health, Cancer Australia Program – Women's Business Cancer Awareness, Rheumatic Heart Disease and the importance of regular health checks.

Pregnant Aboriginal women continue to report that they feel more supported to make quit attempts after attending the pamper day education sessions and appreciate the personal follow up calls and support they receive to make a quit attempt or stay quit.

The MHTS Program continues to work closely with Aboriginal Maternal Infant care workers and maternal health teams employed at ACCHOs across SA including Nunkuwarrin Yunti, Pangula Mannamurna Aboriginal Corporation, Nunyara Aboriginal Health Service,

Port Lincoln Aboriginal Health Service, Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation, Pika Wiya Aboriginal Health Service Aboriginal Corporation and Port Pirie Aboriginal Health Services.

Training has been delivered to 46 Primary Health Care Cert III and IV students at AHCSA during block training, as well as to Aboriginal health workers in member services on correct use of the smokerlyser to monitor carbon monoxide levels. This is used as a resource tool to engage with clients on the negative health impacts associated with smoking during pregnancy to both mother and baby.

The MHTS Program has welcomed the opportunity for two of AHCSA's Primary Health Care AHW students to undertake work placements. These successful placements gave the students the opportunity to learn about project work and maternal health issues with a focus on the effects of smoking on mother and baby during pregnancy.

Ensuring that Aboriginal children are born healthy is paramount to improving Aboriginal health and is pivotal to closing the gap between Aboriginal and non-Aboriginal health. The MHTS Program is unique to SA and is currently funded until June 2017. The success of this Program has been funded through SA Health and AHCSA looks forward to an ongoing commitment from DASSA and SA Health to continue funding for this important Program.



186

Pregnant or young Aboriginal women, have been educated through social media on the health risks of smoking

CONSTITUTIONAL OBJECTIVE 2

Public Health and Primary Health Care

Trachoma Elimination

The AHCSA Trachoma Elimination Program (TEP) continues to work towards eliminating trachoma by 2020 through working with and supporting the ACCHSs in Yalata, Oak Valley and Coober Pedy, plus CHSA in Oodnadatta.

The TEP follows the World Health Organisation's (WHO) SAFE Strategy to eliminate trachoma and prevent blindness caused by trichiasis. The S stands for surgery for trichiasis, A is for antibiotics to treat active cases of trachoma, F is for facial cleanliness to reduce transmission of Trachoma and E is for the improvement of environmental conditions to also reduce transmission of Trachoma. The S and A elements are being well managed but more effort is required with the F and E elements to reach the goal of eliminating Trachoma by 2020.

A variety of health promotion activities are being used to improve facial cleanliness including Oak Valley community making a video with Indigenous Hip Hop Projects and the Indigenous Eye Health Unit (IEHU) at Melbourne University. AHCSA's TEP has also been involved in sponsoring local sports teams to promote the Clean Faces Strong Eyes message. Collaborating with IEHU and the four communities mentioned, the TEP will provide and install mirrors in their schools, clinics and pre-school childcare centres near the hand washing facilities so that the children can actually see whether their faces are clean or dirty. The TEP aims to create lasting change in behaviours and community norms so that children with dirty faces is no longer seen as satisfactory and that clean faces are now the acceptable standard.

Improving environmental health conditions is proving more difficult to implement. The TEP has limited ability to effect change in reducing overcrowding, improving housing conditions, providing functional bathrooms and laundries and minimising fly density. For the communities that still have active trachoma the TEP will continue to advocate on their behalf with the various government and non-government bodies that provide housing and environmental health services.

The TEP continues to provide training to appropriate health service staff in the detection and treatment of trachoma and trichiasis.

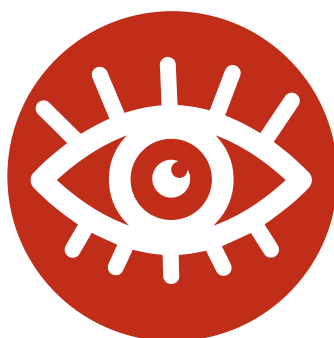
With funding provided by the Queen Elizabeth Diamond Jubilee Trust, the Australian Trachoma Alliance (ATA) has been formed with members from NACCHO, The Fred Hollows Foundation, Queen Elizabeth Diamond Jubilee Trust Australia, Vision 2020 Australia and the Indigenous Eye Health Unit at the University of Melbourne. Tullawon has signed an agreement with the ATA and has created an Action Plan that includes employing a local

Project Officer and Environmental Health Worker, re-developing their community laundry and working with the Australian Army to build a community shower and toilet block.

The TEP continues to work in partnership with the ACCHS's of South Australia as well as building upon established partnerships with Port Adelaide Football Club, Country Health SA Local Health Network, Indigenous Eye Health Unit at Melbourne University, Housing SA, WA and NT Trachoma Elimination Programs, Fred Hollows Foundation, Australian Trachoma Alliance and Department for Education and Child Development.

Community Trachoma Checks

Community	Date	Clean Faces	Active Trachoma
Oak Valley	Nov 2015	75%	0%
	Jun 2016	78%	11%
Yalata	Nov 2015	81%	0%
	May 2016	76%	1.6%
Oodnadatta	Nov 2015	98%	31%
	Jun 2016	95%	36%
Coober Pedy	Nov 2015	100%	0%



**AHCSA working
towards eliminating
Trachoma by 2020**

Standing together to **raise awareness** and support tackling smoking initiatives within our **community**

The Tackling Smoking and Healthy Lifestyle Initiative

This initiative (TS&HLI) has been funded through the Department of Health and was extended from the July to September quarter then until 31 December 2015, when it ceased, before the new Tackling Indigenous Smoking Programme began. The July to September period saw the continuation of the team, with a leader and three project officers.

Community Visits

Visits to Point Pearce; Far West – Ceduna, Scotdesco and Yalata; and Murray Bridge, continued to occur to promote the TS&HLI messages to quit smoking, eat healthy and exercise. The Puyu Blaster Superhero was launched in 2015 to spread campaign messages further and include schools, sporting clubs, and community events.

Final Report

From October to December, one project officer remained on the Programme to finalise the work whilst the outcome of the tender process for the new Tackling Indigenous Smoking Programme was finalised. One of the final pieces of work was to produce a magazine showcasing all of the work and achievements of the Tackling Indigenous Smoking Programmes/Programs funded by the Drug and Alcohol Services of South Australia and the Commonwealth Department of Health. This magazine is available on the AHCSA website.

AHCSA Board of Directors and management thank all of the people who have been involved in both Programs/Programmes over the past five years. We look forward to the new Tackling Indigenous Smoking Programme and the new team of five staff who have joined AHCSA to support its Members over the next two years.

Tackling Indigenous Smoking

AHCSA was funded for the Tackling Indigenous Smoking (TIS) Programme by the Commonwealth Department of Health in February 2016. The Programme takes seriously the statistics that recognise that smoking rates in Aboriginal communities, whilst improving, are still nearly double that of the non-Aboriginal population.

Long term outcomes of the Programme:

- A reduced gap in the prevalence of smoking among Aboriginal and Torres Strait Islander people, compared to that among non-Indigenous, through:
 - Reducing the uptake of smoking
 - Increasing smoking cessation
- Reduced exposure to environmental tobacco smoke.

Recruitment

Recruitment for the team commenced in March and was completed in May. It consisted of the following positions: Coordinator, Youth Project Officer, two Project Officers and a Data and Evaluation Officer.

The Programme has funded two regional positions for 2016/2017 and 2017/2018 (subject to funding) at Umoona Tjutagku Health Service Aboriginal Corporation in Coober Pedy and Nunyara Aboriginal Health Service in Whyalla, which have been negotiated through service agreements with each organisation. In addition, two and a half additional one year regional positions were funded, after an expression of interest process, to Port Lincoln AHS, Tullawong Health Service and Pika Wiya Health Service Aboriginal Corporation. Service agreements were entered into for these positions between AHCSA and its Members.



Skills and Training

Orientation and training was an early focus, which included Quitskills, 4WD and internal IT training. The Programme revisited its team branding and developed the Puyu Blaster website and promotional resources as a result. A decision was taken to expand the Puyu Blaster theme to be more community orientated. The brand focus is now Puyu Blasters – Don't Make Smokes our Story. This reflects an inclusive approach, with the whole community becoming Puyu Blasters, working together to reduce tobacco use.

TIS team attended a national workshop facilitated by the National Best Practice Unit, a resource arm of the national TIS Programme providing training to funded TIS teams.

Networking

The AHCSA-based team has met with several Members and community organisations in regional areas including the far west coast, Port Lincoln, Whyalla and the Riverland as well as Murray Bridge. It has participated in numerous community events including the Tauparri Wellbeing Day in Port Pirie and Aboriginal Power Cup and NAIDOC Family Fun Day in Adelaide.

A statewide workshop to be held in October 2016 will involve all TIS funded teams and stakeholders. Talks will be held with Nunkuwarrin Yunti and Pangula Mannamurna Aboriginal Corporation about the workshop.

The Puyu Blasters continue to working with the community with a regional, team-based approach to meet the needs of community and funders and remove smoking from being a part of the story of our community.

CONSTITUTIONAL OBJECTIVE 2

Public Health and Primary Health Care

Aboriginal Dental

AHCSA receives funding from the Department of Health for the Aboriginal Dental Programme, which it provides to the South Australian Dental Service through a memorandum of administrative arrangement which 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. AHCSA provides the funding with an emphasis on the provision of oral health Programmes as part of a whole-of-health, primary health care approach for Aboriginal and Torres Strait Islander people.

The Aboriginal Dental Programme 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 Aboriginal Oral Health Program provided through the SA Dental Service has provided a service which has both increased the services to Aboriginal people in South Australia and alleviated the demand and resources on the Aboriginal Dental Program.



Providing **dental care** to the community with procedures such as **extractions**, restorative work and dentures

Key Features of the Aboriginal Dental Scheme

- The Aboriginal Dental Scheme (ADS) only operates where clients cannot access the Aboriginal Liaison Program (ALP) through a local SA Dental Service Clinic e.g. rural and remote areas.
- This has resulted in reduced demand for Aboriginal Dental Scheme funded care over recent years while the total number of Aboriginal clients treated continues to rise.
- There is no wait time for care under the Aboriginal Dental Scheme.

Aboriginal clients who receive care under either the ADS or ALP receive the following benefits:

- Immediate access to emergency care.
- Priority (i.e. no waiting list or waiting time) access to general dental care.
- Priority access to dentures.
- Pathway facilitated through the local ACCHS or AHW in some cases.
- No client fees.



**The Aboriginal Dental program
provides services to 16 regions
across South Australia**

CONSTITUTIONAL OBJECTIVE 2

Data

GP Workforce

The GP Workforce team works towards the enhanced uptake of Aboriginal health checks in Aboriginal Community Controlled Health Services (ACCHSs). The Program increases the GP workforce in ACCHSs in SA in order to increase the number of Aboriginal Health Checks (AHCs) and resource the appropriate follow-up. This has been a very high performing and successful Program.

A total of 778 days of extra General Practice (GP) services was provided across six rural ACCHS during the 2015/16 period. There were 9 individual GP Registrars employed across four rural ACCHS – two and a half FTE at Pika Wiya Health Service Aboriginal Corporation, two FT at Pangula Mannamurna Aboriginal Corporation, two FT at PLAHS and two FT Roving Registrars across four sites (Umoona Tjutagku Health Service Aboriginal Corporation, Oak Valley, Pika Wiya Health Service Aboriginal Corporation and Nunkuwarrin Yunti Inc.).

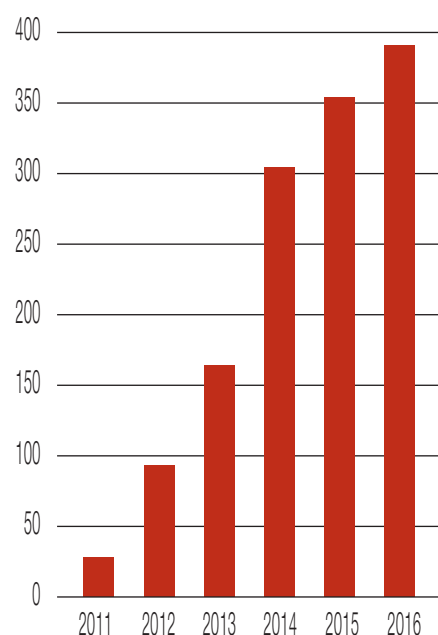
Prior to the commencement of this Program, there were no GP Registrars in rural ACCHS.

In the participating health services, there has been a sustained incremental increase in the number of AHCs, GP Management plans and systems established to ensure continued best practice.

Improved clinical practice follows on from increased health checks and management plans. 65% of patients with diabetes have had appropriate HBA1c checks in the past year.

Due to the Program's sustained and ongoing success over the past five years, State Government funding is certain until June 2017.

Number of Aboriginal Health Checks and GP Management Plans



Improved clinical practice follows on from increased health checks and management plans. 65% of patients with diabetes have had appropriate HBA1c checks in the past year.

65%

Patient Information Management System

This Program's primary objective is the enhancement of information management in the Aboriginal Community Controlled Health Sector in South Australia. They aim to enable Member services to optimise their use of the Patient Information Management Systems (PIMS).

Meeting their Objectives

Working towards meeting these objectives, staff have:

- Engaged and worked collaboratively with Member services to establish PIMS training requirements.
- Delivered PIMS training to staff of AHCSA, Member services and mainstream agencies.
- Identified how Communicare can best support clinical processes and procedures by improving patient data quality.
- Investigated how Communicare can best be used to support organisational reporting requirements.

Program staff have engaged with Member services to provide PIMS support on site at Nunkuwarrin Yunti of South Australia Inc. in Adelaide, Tullawon Health Service at Yalata, Pangula Mannamurna Aboriginal Corporation at Mount Gambier, Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation at Ceduna and Moorundi Aboriginal Health Service at Murray Bridge.

Additional off site support was provided to these services and also to Port Lincoln Aboriginal Health Service Nunyara Aboriginal Health Service Inc. at Whyalla, Oak Valley Health Clinic at Oak Valley, Umoona Tjutagku Aboriginal Health Service at Coober Pedy, Pika Wiya Health Service Aboriginal Corporation and Spinifex Health Service at Tjuntjuntjara in WA.

Appropriate support was delivered to requirements identified by health services, including:

- Liaison with software vendor to advocate for ACCH sector requirements
- New user training
- Patient assessments
- Chronic disease identification and management
- Process development, increasing access to Medicare Benefits Schedule
- Organisation reporting requirements
- Clinical CQI support
- User manual development

The following teams at AHCSA were also supported by this Program:

- Education, Training and Workforce team
- Public Health Medical Officer
- GP Workforce Supervisor
- Public Health Registrar
- Trachoma and Eye Health Team
- Blood Borne Virus Coordinator
- Ear Health Project Officer
- Statewide Data and IT Coordinator
- HERO Team (Sexual Health)
- Rheumatic Heart Disease Project Officer
- Tackling Indigenous Smoking

In an increasingly information-driven sector this Program has been integral to reliable data being delivered in a timely manner to inform service priorities, to improve the health and well-being of communities and the wider population, and to the management of health care organisations.

A data management system that facilitates the processing of patient information





CONSTITUTIONAL OBJECTIVE 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

CONSTITUTIONAL OBJECTIVE 3

Research

Aboriginal Health Research Ethics Committee

The purpose of the Aboriginal Health Research Ethics Committee (AHREC) is to promote, support and monitor quality research that will benefit Aboriginal people in South Australia. In addition, AHREC provides advice to communities on the ethics, benefits and appropriateness of research initiatives.

This year, AHREC celebrates the 30th anniversary of its establishment in 1986. The milestone will be commemorated with an Anniversary booklet outlining the past, present and the future of the Committee.

Compliance

Each year, the Executive Officer of AHREC submits an annual report to the National Health and Medical Research Council (NHMRC) to demonstrate compliance with the NHMRC's ethical guidelines.

Submitted in March 2016, the 2015 annual report presented stability in both the membership of the Committee and the number of research proposals reviewed. AHREC continues to demonstrate compliance with the National Statement and Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research as one of the only three Aboriginal-specific full HRECs in Australia.

Whilst previous years' annual AHREC updates reported on the number of applications per calendar year, this year's update for AHREC aligns with financial year based reporting.

Research Applications

Snapshot of applications received

These were approved between July 2015 and June 2016, as follows:

- In addition to proposals awaiting decision or researchers' response to concerns raised, a total of 55 new research proposals were submitted to AHREC (compared to 45 in FY14-15).

- AHREC continued to provide researchers with an opportunity to respond to concerns regarding appropriateness of the research methodology and data collection; partnership with Aboriginal people and organisations involved in the study and benefit to the Community. Areas requiring thorough researcher justification include the potential benefits of research outcomes for Aboriginal people and the need to go through appropriate community consultation evidenced by support letters from services involved.

New Research Topics

The 55 new proposals submitted to AHREC related to a wide range of health topics that significantly impact on Aboriginal health and wellbeing. With varied research methods, goals and target groups these included but were not limited to:

- Children with disabilities
- Point-of-care testing
- Hospital disparities
- Stroke
- Fetal Alcohol Spectrum Disorders
- Support services for infants
- Care planning at the end of life
- Pathogenesis of type 2 diabetes
- Heart disease risk assessment
- Culture and spirituality of older Aboriginal people
- Perinatal risks
- Respiratory syncytial virus
- Best practice models in Aboriginal health services
- Access to sexual and reproductive health services
- Inequality in child development
- Recidivism

- Tackling smoking initiatives and campaigns
- HyperCholesTerolaemia
- Early childhood caries
- Oral health
- National Key Performance indicators
- Safe sleep space
- Depression
- Group B streptococcal infections
- Critical appraisal tools
- Sexually transmissible infections
- Dialysis Bus
- Immunosuppressant drug pharmacokinetics in kidney transplant recipients
- Spinal Cord Injury
- Residential rehabilitation programs
- Interventions for methamphetamine use
- Factors associated with suicide

Of these 55 new research proposals, 46 were granted ethical approval, four were not approved. Three were not reviewed. Decision is pending researchers' response regarding two proposals.

AHREC continues to protect the Aboriginal community and advocate for the NHMRC Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research. In particular, the values that researchers are required to demonstrate in their research practice and methodologies such as spirit and integrity, reciprocity, respect, equality, responsibility, survival and protection continue to be closely scrutinised as part of the ethical review process.

AHREC's guidance to researchers and partnerships with research institutions continues to highlight the holistic and interconnected nature of Aboriginal health in collaboration with AHCSA member services.

CONSTITUTIONAL OBJECTIVE 3

Research

Rising Spirits Community Resilience Project

Along with AHCSA, the Rising Spirits Community Resilience Project launched the Rising Spirits Grief and Loss Website and Booklet in December last year.

The new website is a practical outcome of the Rising Spirits Community Resilience project and was launched alongside the Grief and Loss, Help for Aboriginal people going through grief booklet. These resources offer communities and service providers practical support and education to help Aboriginal people going through grief.

These resources hold special significance to the project team and AHCSA. They honour the memory of our previous AHCSA CEO, the late Mary Buckskin who, in 2011, highlighted the importance of improving supports for Aboriginal people who are in a state of bereavement. It was her inspiration and wise counsel that motivated this project.

To access the Rising Spirits website, search <http://aboriginalgriefandloss.ahcsa.org.au/> or search 'Grief and Loss Support' in the quick links on the AHCSA home page at www.ahcsa.org.au. You can download a free PDF of the booklet from the website.

Alternatively, the hard copy of the Grief and Loss booklet can be ordered by contacting AHCSA on (08) 82737200 or emailing ahcsa@ahcsa.org.au.

AHCSA acknowledges the contribution of Merridy Malin, Research Coordinator, to the Rising Spirits Project and her continued support of AHCSA. Long after her retirement in April 2015, she continues to make a significant contribution to our community.



Providing **tools to support** and educate the community through **bereavement**

We also recognise and thank the South Australian Aboriginal community for their support and participation in the Rising Spirits project.

Special mention must be made of our project funders beyondbue, project partners; the University of South Australia, the SAHMRI, Tauto Sansbury, Ida Love, the research team and the Aboriginal Advisory Group for their guidance. Their expertise and cultural authority throughout the project was greatly valued.

The Rising Spirits Community Resilience Project Final Report is available on the AHCSA website.

South Australian Quality Improvement Data

The South Australian Quality Improvement Data (SQID) Program has moved into its third year.

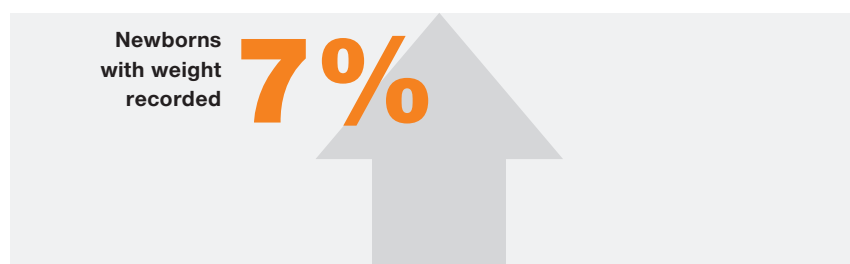
As data custodians, the Program continues to collect national Key Performance Indicator (nKPI) data of participating Member Health Services and deliver quarterly reports back to services to inform their progress over a wide range of clinical areas.

These reports highlight Member Health Service progress partnered with their totals from the previous reporting period and overall AHCSA average.

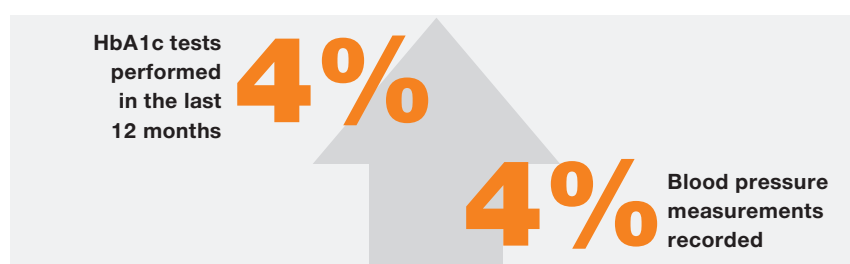
Over the previous 12 months, these reports have captured a vast array of improvements across the national Key Performance Indicator (nKPI) data set.

The graphics below illustrate National Key Performance Indicator (nKPI) for health data averages from June 30th 2015 - June 30th 2016

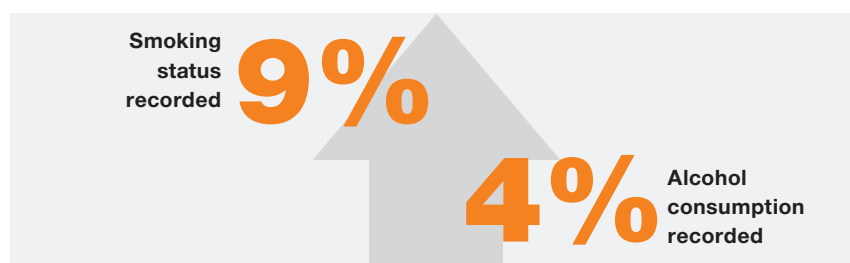
Children's Health



Diabetes Assessment



Health Risk Factors



CONSTITUTIONAL OBJECTIVE 3

Member Support

Continuous Quality Improvement Unit

The AHCSA Continuous Quality Improvement Unit (CQI) team aims to build the capacity and capability of ACCHSs to undertake quality improvement initiatives, both clinical and non-clinical, within their primary health care service to ultimately improve patient health outcomes.

The team aims to:

- Provide a strength-based approach to CQI
- Use and generate evidence to inform best practice
- Improve the quality of care provided to patients in a local context and;
- Build capacity within Health Services

The team consists of Polly Paerata, the statewide CQI Coordinator; Isaac Hill, the statewide Data and IT Coordinator and more recently, Sarah Fraser, the Practice Manager Support Officer.

The team have played an active role at national level for CQI, which includes providing advice on the development of the National CQI Framework and implementation document. We have also been a part of the CQI Tools and Resources Project, lead by the Lowitja Institute.

Furthermore, the team have been extensively engaged with our Members in the support of projects and processes pertaining to organisational and clinical governance, accreditation, CQI Quality Action Planning, health data collection, cleansing and use, reporting of nKPI and OSR health information, as well as telehealth and ehealth solutions.

Now that the team is complete, we will begin to coordinate with Member ACCHSs with a team-orientated approach to encourage positive engagement and delivery of the best and most comprehensive support possible.

Our team is available via the email contact below, and are always happy to discuss any queries or questions that you may have regarding the AHCSA CQI Unit:
CQI@ahcsa.org.au

Aims to build the capacity and capability of ACCHSs to undertake quality improvement initiatives, both clinical and non-clinical, within their primary health care service

Moorundi Aboriginal Community Controlled Health Service Inc.

Between July and December 2015, AHCSA continued to support the establishment of the new Moorundi Aboriginal Community Controlled Health Service (MACCHS) to progress with a number of key achievements towards opening their doors in February 2016.

AHCSA assisted by auspicing the funding from the Department of Health to fund the Chief Executive Officer position as well as the Aboriginal Outreach Worker position.

AHCSA has been supporting the region to work towards establishing a new ACCHS since 2009 and it is exciting to see the Interim Board and community reach their goals of having a dedicated Health Service for their region come to fruition. They are now working towards opening clinics in Raukkan, Victor Harbor and Kangaroo Island.

This has included support from the AHCSA Chief Executive Officer, Chief Finance Officer, the Human Resources Officer, the Public Health Medical Officer, the PIMS Officer and the Health Check and Communicare Officer.

From January 2016, MACCHS received their funding directly from the Department of Health. The three Aboriginal Health Worker positions, which supported Murray Bridge, Meningie and Raukkan, were transferred to MACCHS from February 2016. These positions were previously funded by the Department of Health, and endorsed and employed by Country Health SA Local Health Network.

AHCSA continued to provide support from its programmes/programs to MACCHS up until 30 June 2016 and will continue to do so into the future.



Achieving the goal of a dedicated Health Service for their region



CONSTITUTIONAL OBJECTIVE 4

Contribute to the development of a well qualified and trained Aboriginal health sector workforce

CONSTITUTIONAL OBJECTIVE 4

Education and Training

Registered Training Organisation

Student Numbers

Over the past twelve months AHCSA's Registered Training Organisation (RTO) has maintained its fast pace to keep up with the ever-changing Vocational Education and Training (VET) sector.

Over this period the RTO continued in its delivery of the three Aboriginal and/or Torres Strait Islander Primary Health Care qualifications as well as the Aboriginal Maternal and Infant Care and Burns Prevention, Management and Rehabilitation specialisations.

In May this year, the RTO held a Student Graduation for the classes of 2016 and saw the completion of 41 graduates. The event was held at the Adelaide Pavilion on South Terrace and was a resounding success.

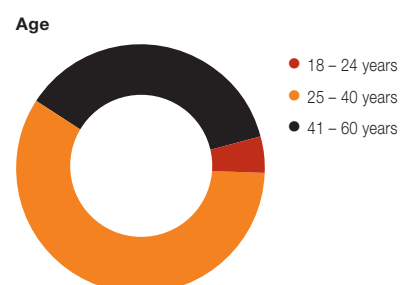
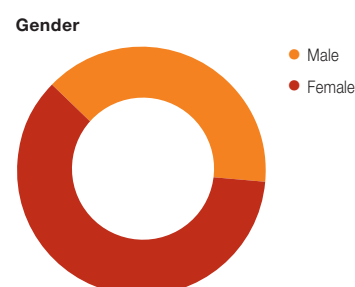
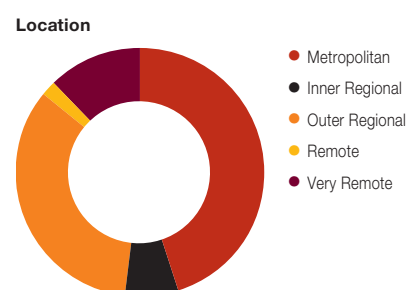
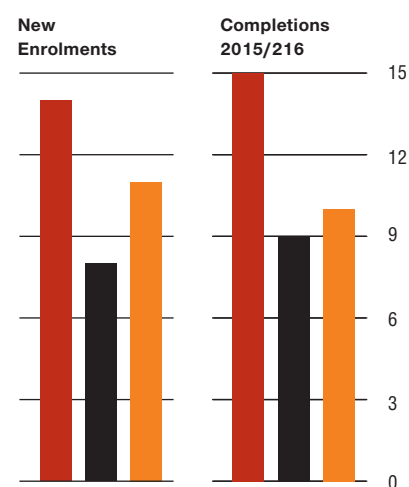
In February, the RTO enrolled 36 new students across the three Primary Health Care qualifications, two classes commencing their Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care and one class of both the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care and Practice Programs. The Certificate III students are due to complete their training at the end of 2016, with the Certificate IV students training through until June 2017 and the Certificate IV Practice students set to complete their courses at the end of 2017.

Courses	New Enrolments	Completions 2015/16
Certificate III Aboriginal and/or Torres Strait Islander Primary Health Care	15	14
Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care	9	8
Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)	10	11
TOTAL	34	33

Awards

The South Australian Training Awards recognise exceptional achievement within our State's vocational education and training sector. The awards acknowledge and reward individuals and organisations that excel in training and the delivery of training. Successful organisations are recognised and rewarded for innovative and professional approaches to training.

In May 2016, AHCSA's RTO was named as a Finalist for the 2016 South Australian Training Awards Small Training Provider of the Year. Awards are presented on Friday 9 September. If AHCSA is successful in winning this award, we will be eligible to compete at the national level.



STUDENT FEEDBACK

‘Educating, advocating and informing students, communities and people is what the AHCSA is great at and this is a vital need that must continue for all Aboriginal and Torres Strait Islander people’



CONSTITUTIONAL OBJECTIVE 4

Education and Training

Compliance

AHCSA's Registered Training Organisation (RTO) continues to maintain strict compliance with the National Standards, as regulated by the Australian Skills Quality Authority (ASQA). In 2015, ASQA invited high-performing RTOs with a history of compliance with the national standards to apply for a delegation of regulatory responsibility. AHCSA was invited to become a Delegate and has since been identified as an Approved Delegate of the Australian Skills Quality Authority.

With the implementation of the Australian Health Practitioner Regulation Agency (AHPRA), registration for Aboriginal Health Practitioners, AHCSA has taken steps to apply for accreditation as an Approved Program of Study RTO for the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice qualification. AHCSA's application was submitted in April 2016 and assessment by the Aboriginal and Torres Strait Islander Practice Board of Australia is scheduled for the end of 2016.

AHCSA is committed to the continuous quality improvement of its RTO and the continued delivery of quality services to the community. AHCSA's RTO collects and analyses student feedback in order to improve services or to carry on positive practices identified through evaluation. Students complete a Workshop Evaluation following each Study Workshop and this feedback is reviewed and actioned through the continuous quality improvement process.

STUDENT FEEDBACK

**'Culturally appropriate,
thoroughly explained,
easy to understand'**

Cultural Advisory Team

Cultural input and guidance is critical within the AHCSA Registered Training Organisation (RTO) to ensure training services delivered (both in and outside of the classroom) are culturally sensitive and decisions made are done so with an awareness and consideration of cultural impacts.

To ensure cultural consideration is given in the development and delivery of education services, AHCSA's RTO has formed a Cultural Advisory Team (CAT). This is made up of Aboriginal staff who provide cultural guidance and support to the operational and education staff within the RTO. Through the implementation of the CAT, AHCSA aims to ensure that training services delivered through its RTO are driven by ongoing consultation and led by the diverse cultural knowledge and experience of its staff, resulting in a culturally compliant learning environment, training staff and resources.

General Practitioner Education and Training

For the July to December period, the General Practitioner Education and Training Project Officer position received funding from two partners: Adelaide to Outback GP Training Program and Sturt Fleurieu Education and Training.

Tenders

In July 2015, the Department of Health conducted a competitive tender process for the delivery of the Australian General Practice Training (AGPT) program, which resulted in one Regional Training Organisation (RTO) being awarded the contract in South Australia.

GPEX was successful in winning the tender and is now the South Australian Regional Training Organisation which delivers general practice training to doctors selected to specialise in General Practice (GP) in Australia. The latter half of 2015 was devoted to visiting Aboriginal health training posts in Adelaide, Port Lincoln and Port Augusta to ensure a smooth transition from the existing regional training providers to GPEX.

Roving Registrar

Based at Nunkuwarrin Yunti Inc, the Roving Registrar position has continued to be popular with GP registrars. In the second semester of 2015, this position provided 18/26 weeks to rural and remote Aboriginal communities in Port Augusta, Coober Pedy, Oak Valley and Yalata.

The cultural mentor program continues to provide cultural advice to GP registrars, with cultural mentors established at Nunkuwarrin Yunti Inc. and Pangula Mannamurna Aboriginal Corporation.

For the 2015/2016 financial year, Aboriginal health continues to be integrated into all aspects of GP training.



GPEX delivers general practice training to doctors selected to specialise in General Practice

CONSTITUTIONAL OBJECTIVE 4

Education and Training

360 Trained Skilled and Job Ready Aboriginal Employment Assistance Programme

The 360 Trained Skilled and Job Ready Aboriginal Employment Assistance Programme commenced in July 2015 and was developed to assist Aboriginal people enter and maintain a meaningful position in the workforce; either by developing employment skills through volunteering or completing qualifications to enhance their employment prospects, or by gaining immediate employment.

The Programme fills a niche market and does not operate like a Job Active Provider. The Programme is supportive and encouraging in helping to motivate unemployed Aboriginal people gain and maintain employment and also helps employers in a supportive and respectful manner.

The Programme is guided and designed to contribute to AHCSA Constitutional Objective four: 'Contribute to the development of a well-qualified and trained Aboriginal health sector workforce'. The Programme itself is not limited to the health sector and has liberty to explore work and development opportunities in any sector.

In short, the Programme aims to assist unemployed Aboriginal people gain and maintain employment whilst providing support to both participants and employers.

Forms of Support

- Counselling participants through study, work and life issues
- Mediating between participants, employers and Job Active Providers
- Sourcing training programmes
- Being a friend
- Connecting participants to mentors
- Working with participants about 'life administration' matters
- Actively referring participants to other service providers and includes making initial contact to introduce the participant, assisting with paperwork and explaining job requirements
- Providing ongoing encouragement
- Reality testing

The success of the Programme hinges on many principles both written and unwritten. A key principle is 'non-judgemental service delivery'. Providing participants meet the eligibility requirements (unemployed and Aboriginal), and demonstrate their motivation in practical ways, they are to be provided with the Programme service.

The Programme has had 30 participants, with many gaining different types of employment and/or accessing further education courses during the Programme duration. By the end of August 2016, of these thirty participants, fifteen of them have gained employment (12 of them full time). Five of these participants will complete six months of full time employment by early October, 2016. As per AHCSA's strength and involvement, eight of the fifteen gaining full time roles in the health sector.

Some of our participants have also moved from one form of employment to another; going from a part time role to a full time one or from the completion of a short term contract into another contract in a new role.

The Programme has helped our clients with support and compilation of over 150 cover letters and applications for casual, part time, full time and voluntary roles completed.

Contributing to the development of a well-qualified and **trained** Aboriginal health sector workforce

Cancer Australia Project

The Cancer Australia Project (CAP) has been running steadily since January 2016 after consultation and agreement of the service agreement with Cancer Australia in late November 2015. The project is currently contracted until 30 May 2017 with extension period of three months if applicable.

Key Objectives

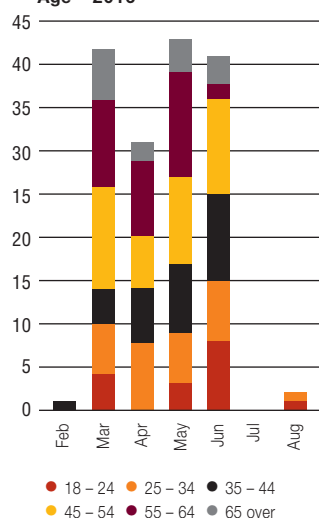
- Deliver a minimum of 30 community workshops to Aboriginal and Torres Strait Islander communities across Australia, by 31 August 2016, utilising Cancer Australia's Our Lungs Our Mob community education resource.
- Deliver a minimum of 30 community workshops to Aboriginal and Torres Strait Islander communities across Australia, by 30 December 2016, utilising Cancer Australia's Women's Business community education resource.
- Each workshop must include an average of 10-15 participants and be spread across geographical locations including metropolitan, regional and remote areas.
- A local Aboriginal or Torres Strait Islander Health Worker must have a lead role in delivery of the workshop and must be well supported in this role by AHCSA.

Women's Business

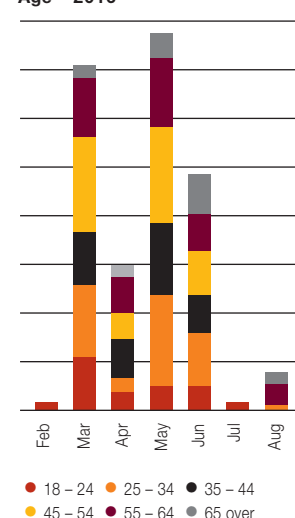
This resource has been developed for Aboriginal and Torres Strait Islander Health Workers and health professionals working with Aboriginal and Torres Strait Islander communities to conduct Women's Business workshops within their communities to community members. The workshop promotes the importance of awareness and early detection of breast and gynaecological cancers.

Aboriginal and Torres Strait Islander Health Workers are in an ideal position to promote strategies which decrease the incidence and

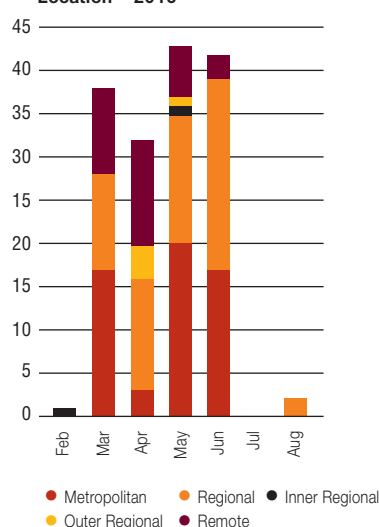
Women's Business
Age – 2016



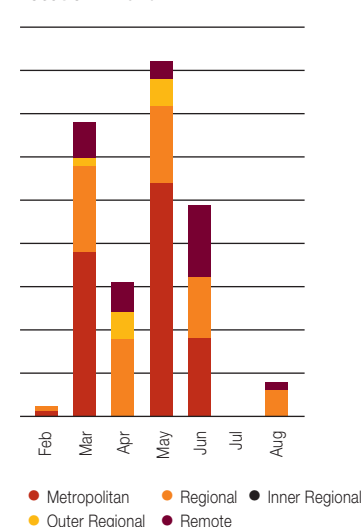
Our Lung Our Mob
Age – 2016



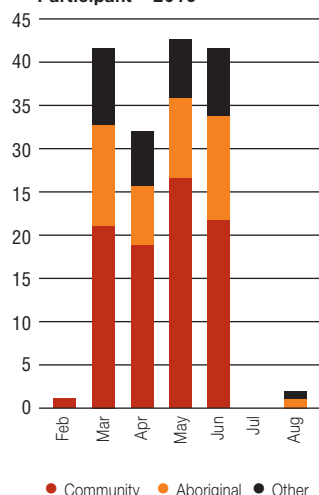
Women's Business
Location – 2016



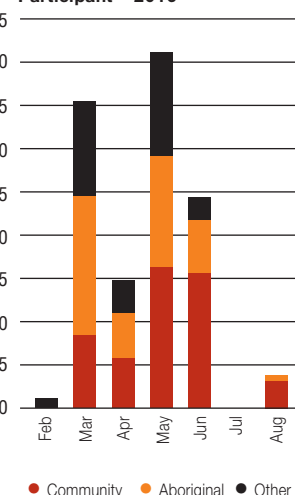
Our Lung Our Mob
Location – 2016



Women's Business
Participant – 2016



Our Lung Our Mob
Participant – 2016



CONSTITUTIONAL OBJECTIVE 4

Education and Training

improve the survival for cancer. Women's Business Workshops specifically aim to increase understanding among Aboriginal and Torres Strait Islander women of screening for breast cancer and cervical cancer and awareness of changes in their body which could be due to breast cancer or gynaecological cancers. The workshops involve a story telling, face-to-face approach to delivering important awareness and early detection messages about breast and gynaecological cancers to Aboriginal and Torres Strait Islander women.

Lung Cancer

The Our Lungs Our Mob resource been designed to support Health Workers and Health Practitioners to conduct an 'Our lungs Our Mob' workshops for community members to increase awareness of the symptoms of lung cancer and the benefits of diagnosis at an earlier stage. It is not a quit smoking workshop; however it is important for community to know that choosing to quit smoking can reduce their risk of getting many cancers, including lung cancer. The earlier lung cancer is found, the better survival is likely to be. The workshops include informal yarning as a way to share knowledge and information about cancer.

We have been very successful with our delivery thus far with many AHCSA staff coming on board to work collaboratively on the delivery, scheduling, facilitation and service support. The majority of feedback received from services has been very positive as well as them being quite responsive to the resources and the AHCSA facilitators.

Overall, AHCSA has delivered train the trainer scope practice to Aboriginal Health Practitioners and Aboriginal Health Workers nationally, which has increased their knowledge and resource set on Lung and Women's cancers. We have built stronger

The earlier lung cancer is found, **the better survival is likely to be. The workshops include informal yarning as a way to share knowledge and information about cancer**

relationships with interstate Aboriginal Health Services through contact with service CEO's, Clinic Managers and other health service staff.

Advisory Group

The project has an Advisory Group set up which meets three monthly with membership consisting of delegates from each state and territory as well as representation from AHCSA and Cancer Australia.

The purpose of the Advisory Group is:

- To provide strong, consistent and pro-active advice to guide and support the AHCSA Project team in relation to the community's perspective of the workshops, Our Lungs, Our Mob and Women's Business by AHCSA over 12 months.
- To provide input and guidance for the AHCSA Project team to identify and employ successful culturally appropriate behaviour and competencies.
- To provide advice and guidance to the AHCSA Project team on ethically and culturally appropriate strategies for sharing information with communities participating and for taking cancer health messages back to their communities, health services and Aboriginal and Torres Strait Islander community organisations

to promote the early prevention and awareness of lung cancer and cancer related to women's business.

- To provide guidance on identifying appropriate training, mentoring and opportunities for capacity building and exchange for all Aboriginal and Torres Strait Islander Health Workers in the project.
- The CAP meetings will also be a forum for problem-finding and problem-solving and be the venue for the discussion of capacity building of the Aboriginal and Torres Strait Islander Health Workers.
- To contribute and provide guidance to the AHCSA CAP evaluation process throughout the various stages.

Community Visits

The locations we have visited between January and June have been: Wagga Wagga, Canberra, Adelaide, Warrnambool, Blacktown, Melbourne, Hobart, Broken Hill, Barmera, Port Augusta, Coober Pedy, Alice Springs, Tennant Creek, Katherine, Darwin, Sydney, Tharawal, Kalgoorlie, Bunbury, Perth, Port Pirie, Stradbroke Island, Deception Bay, Morayfield, Townsville, Cairns and Koonibba.

In each of these locations we have held the workshops in conjunction with the local Aboriginal Health Service.

The Workforce Development

The Workforce Development Officer (WDO) provides support, advocacy and networking opportunities to Aboriginal Health Workers and Aboriginal Health Practitioners.

This position has been successful in facilitating two meetings of the Aboriginal Primary Health Care Worker Forum, (APHCWF) in the 2016 calendar year with the continuance of Aboriginal Health Practitioner registration issues as a priority area to resolve.

Survey

The WDO position is currently undertaking an AHW/AHP workforce survey to gather demographical data along with levels of educational status and needs for further training and development. Other planned activity for the Workforce team is to revisit the 2010 workforce needs analysis survey.

Employment Exemption

At the end of June, the Workforce Development Officer was working with the Department for Health and Ageing Workforce Planning, Attraction and Retention People and Culture Department on the application renewal of the Aboriginal Torres Strait Islander Employment Exemption.



Undertaking a survey to gather **demographical data** along with levels of educational status and needs to assist with further **training and development**

The Rural AHW Programme

The Rural Aboriginal Health Worker Programme (RAHWP) continues in its role to support the delivery of Primary health in regional areas that do not have full access to ACCHS services. It is vital to ensure primary health care delivery for the Aboriginal communities is maintained in these areas.

AHCSA continues to monitor and manage the funds and administration associated with this Programme including negotiation and liaison with mainstream country hospitals and health services.

Historically, this Programme employed 12 AHWs in the Riverland, Mount Gambier, Oodnadatta, Whyalla, Point Pearce, Raukkan, Murray Bridge, and Meningie. These positions are employed and managed through Country Health SA Local Health Network.

Workforce Support

Workforce Support includes:

- Community Service field trips for AHW/AHP staff supports
- Individual educational planning supports
- Whole of service training via external partners
- Advocacy for AHP registration
- Facilitating regular and high quality forums for AHWs through the Aboriginal Primary Health Care Workers Forum (APHCWF)
- Providing high quality individual support and information to all AHWs and AHPs

As they have become established, these positions have been transferred to the ACCHSs in the following regions: Whyalla (two to Nunyara) Mount Gambier (one to Pangula), and three to Moorundi (Raukkan, Murray Bridge and Meningie).



Aboriginal Primary Health Care Worker Forum

The Aboriginal Primary Health Care Workers Forum (APHCWF) is a subcommittee of AHCSA which supports Aboriginal Health Workers/Aboriginal Health Practitioners, Substance Misuse and mental Health workers.

Program Aim

The aim of the Aboriginal Primary Health Care Workers (APHCWs) is to:

- Promote the professional identity and unity of APHCWs
- Provide support and advocacy for APHCWs
- Promote and acknowledge the diversity of Aboriginal culture when delivering health services to the Aboriginal community
- Promote the sharing of resources, best practice and information through networking at all levels
- Represent the interests of APHCWs with equity

Allowing as many APHCWF members as possible to attend, meetings are rotated throughout the regional locations

- Promote a commitment to the aims of the APHCWF
- Provide a cultural, professional, learning and working environment to empower APHCWs and services

This Programme aims to rotate the locations of APHCWF meetings to incorporate rural and regional locations to allow as many APHCWF members as possible to attend, give AHWs in that location the opportunity to attend, and for APHCWF members to visit the health service in different members' areas.

Meetings are held up to four times a year dependent on funding, and venues are rotated around the State to provide the opportunity for Aboriginal Health Workers from each region, to attend and participate.

Financial Report

Statutory Financial Report	46
Statement of Comprehensive Income	48
Statement of Financial Position	49
Statement of Changes in Equity	50
Statement of Cash Flows	51
Notes to and Forming Part of the Financial Statements	52
Statement by the Board of Directors	63
Independent Auditor's Report	64

Statutory Financial Report

Board of Directors' Report

AHCSA Board of Directors submits the financial report of the Aboriginal Health Council of South Australia Incorporated for the period 1 July 2015 to 30 June 2016.

Board of Directors

Full voting membership of the Aboriginal Health Council of South Australia Inc. ('the Association') is made up of ten independently constituted Aboriginal community controlled health services and two Aboriginal community controlled substance misuse services.

From 1 July 2015 to 2 December 2015:

EXECUTIVE MEMBERS

John Singer, Chairperson

Independent Chair

Polly Sumner-Dodd, Deputy Chairperson

Aboriginal Sobriety Group Inc.

Les Kropinyeri, Treasurer

Port Lincoln Aboriginal Health Service

Rameth Thomas, Secretary

Umoona Tjutagku Health Service
Aboriginal Corporation

Vicki Holmes, Executive Member

Nunkuwarrin Yunti of South Australia Inc.

Roderick Day, Executive Member*

(to 27 July 2015) Tullawon Health Service

Peter May, Executive Member*

Pangula Mannamurna Aboriginal Corporation

(to 27 July, resigned from the AHCSA Board 6 October 2015)

Narelle Unmeopa, Executive Member*

Pangula Mannamurna Aboriginal Corporation

(from 26 November 2015)

Helen Smith, Executive Member*

Nunyara Aboriginal Health Service Inc.

Debra Miller

Ceduna/Koonibba Aboriginal Health Service Aboriginal Corporation

Jamie Nyangu

Nganampa Health Council

Roy Wilson

Kalparrin Community Inc.

Vacant

Pika Wiya Health Service Aboriginal Corporation

Vacant

Oak Valley Health Service

Shane Mohor (Public Officer)

**At a Special General Meeting held on 27 July 2015, AHCSA's Constitution was amended and the nine person Executive Board Committee was reduced to a five person Committee.*

From 2 December 2015 to 30 June 2015:

EXECUTIVE MEMBERS

John Singer, Chairperson

Independent Chair

Polly Sumner-Dodd, Deputy Chairperson

Aboriginal Sobriety Group Inc.

Rameth Thomas, Secretary

Umoona Tjutagku Health Service
Aboriginal Corporation

Les Kropinyeri, Treasurer

Port Lincoln Aboriginal Health Service

Vicki Holmes, Executive Member

Nunkuwarrin Yunti of South Australia Inc.

Narelle Unmeopa

Pangula Mannamurna Aboriginal Corporation

Roderick Day

Tullawon Health Service

Roger Williams

Oak Valley Health Service
(from 18 February 2016)

Wilhelmine Lieberwirth

Nunyara Aboriginal Health Service Inc.

Debra Miller

Ceduna/Koonibba Aboriginal Health Service
Aboriginal Corporation

Jamie Nyangu

Nganampa Health Council

Roy Wilson

Kalparrin Community Inc.

Vacant

Pika Wiya Health Service Aboriginal Corporation

Principal Activities

The Aboriginal Health Council of SA Inc. (the 'Association') is the peak body representing Aboriginal community controlled health services and substance misuse Services 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 42.

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:

- Move to the new premises
- Appointment of new staff to the Association's secretariat
- Reviewing operational policies and procedures
- Supporting the Members review of the AHCSA Constitution
- 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 on 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 and management committee of the South Australian Aboriginal Health Partnership
- Prepare for reaccreditation through the Quality Innovation Performance and accreditation through the Australian Health Practitioner Regulation Agency
- Providing administration support and facilitation to the Aboriginal Primary Health Care Workers Forum
- Provide administration and facilitation support to the Aboriginal Health Research Ethics Committee
- Responding to requests for information from students and other members of the public
- Presenting information about the organisation 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 the Cloud ERP system and other NetSuite applications for its financials, business functions and electronic filing system. 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 next two financial years including the current one.

Significant Changes

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

Operating Result

In the 2015/2016 financial year, AHCSA posts a statutory deficit of \$523,604. There were no abnormal items.

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

Statement of Comprehensive Income

For the year ended 30 June 2016

	Note	2016 \$	2015 \$
REVENUE			
Grant revenue	2	7,630,632	9,368,402
Other revenues	2	359,576	295,882
Net Gain on Disposal of Non-Current Assets	4	23,334	1,011
TOTAL REVENUE		8,013,542	9,665,295
EXPENSES			
Employee benefits expenses		3,893,322	5,102,906
Goods and Services expenses	3	4,059,132	4,520,451
Depreciation expenses	8	584,692	279,295
TOTAL EXPENSES		8,537,146	9,902,652
TOTAL COMPREHENSIVE LOSS FOR THE YEAR		(523,604)	(237,357)
OTHER COMPREHENSIVE INCOME			
Fair value gains on revaluation of land and buildings	8	2,226,375	–
OTHER COMPREHENSIVE INCOME FOR THE YEAR		2,226,375	–
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		1,702,771	(237,357)
TOTAL COMPREHENSIVE INCOME ATTRIBUTABLE TO MEMBERS OF THE ENTITY		1,702,771	(237,357)

The accompanying notes form part of these financial statements.

Statement of Financial Position

As at 30 June 2016

	Note	2016 \$	2015 \$
CURRENT ASSETS			
Cash and Cash Equivalents	5	(72,335)	85,640
Trade and Other Receivables	6	888,254	738,627
Other Current Assets	7	87,782	129,663
TOTAL CURRENT ASSETS		903,701	953,930
NON-CURRENT ASSETS			
Plant and Equipment	8	8,710,994	5,152,112
TOTAL NON-CURRENT ASSETS		8,710,994	5,152,112
TOTAL ASSETS		9,614,695	6,106,042
CURRENT LIABILITIES			
Trade and Other Payables	9	1,681,521	1,403,209
Employee Benefits	10	472,060	660,559
Asset Finance	11	46,341	–
Short Term Provisions		–	2,500
TOTAL CURRENT LIABILITIES		2,199,922	2,066,268
NON-CURRENT LIABILITIES			
Employee Benefits	10	119,941	140,660
Asset Finance	11	142,948	–
Long Term Loan	11	4,070,350	2,520,350
TOTAL NON-CURRENT LIABILITIES		4,333,239	2,661,010
TOTAL LIABILITIES		6,533,161	4,727,278
NET ASSETS		3,081,533	1,378,764
EQUITY			
Asset Revaluation Surplus	8	2,226,375	–
Retained Surplus		855,158	1,378,764
TOTAL EQUITY		3,081,533	1,378,764

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

for the year ended 30 June 2016

	Note	RETAINED SURPLUS \$	ASSET REVALUATION SURPLUS \$	BUILDING RESERVE \$	TOTAL \$
BALANCE AT 1 JULY 2014		584,932	–	875,700	1,460,632
Net surplus/(deficit) for the year		(237,357)	–	–	(237,357)
Prior Period Adjustment		155,487	–	–	155,487
Transfer to Building Reserve	12	875,700	–	(875,700)	–
BALANCE AT 30 JUNE 2015		1,378,762	–	–	1,378,762
Net surplus/(deficit) for the year		(523,604)	–	–	(523,604)
Revaluation Increment	8	–	2,226,375	–	2,226,375
BALANCE AT 30 JUNE 2016		855,158	2,226,375	–	3,081,533

The accompanying notes form part of these financial statements.

Statement of Cash Flows

for the year ended 30 June 2016

	Note	2016 \$	2015 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Grant receipts		8,517,742	9,625,617
Other cash receipts in the course of operations		355,147	241,671
Cash payments in the course of operations		(8,657,237)	(9,814,383)
Interest received		4,429	17,621
Net cash provided by/(used in) operating activities		220,080	70,526
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for plant and equipment		(2,140,678)	(4,438,222)
Receipts from disposal of plant and equipment		23,334	1,011
Net cash used in investing activities		(2,117,344)	(4,437,211)
CASH FLOW FROM FINANCING ACTIVITIES			
CBA Assets Finance (nett of repayments)		189,289	–
Long Term Loan		1,550,000	2,520,350
Net cash provided by financing activities		1,739,289	2,520,350
NET INCREASE/(DECREASE) IN CASH HELD		(157,975)	(1,846,335)
Cash at the beginning of the financial year		85,640	1,931,972
CASH AT THE END OF THE FINANCIAL YEAR	16	(72,335)	85,640

The accompanying notes form part of these financial statements.

Notes to and Forming Part of the Financial Statements

For the year ended 30 June 2016

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), the Australian Charities and Not-for-profits Commission Act 2012 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%
Computer Equipment	33%
Other Plant and Equipment	10% – 20%
Software	40%
Artwork	0%
RTO	40%

(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 (i.e. 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.

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.

Notes to and Forming Part of the Financial Statements

For the year ended 30 June 2016

NOTE 2 – REVENUE	2016 \$	2015 \$
Grant Revenue		
State Government Grant Revenue	2,733,558	3,558,170
Commonwealth Grant Revenue	3,397,693	3,379,182
Commonwealth DEEWR Grant	209,611	1,231,125
Other Grants	1,289,770	1,199,925
Total Grant Revenue	7,630,632	9,368,402
Other Revenue		
Interest	4,429	17,621
Other	355,147	278,261
Total Other Revenue	359,576	295,882
TOTAL REVENUE	7,990,208	9,664,284
NOTE 3 – GOODS AND SERVICES EXPENSES	2016 \$	2015 \$
Goods and Services expenditure recorded in the Statement of Comprehensive Income comprises:		
Advertising	65,249	8,458
Bank Fees and Interest	245,283	97,070
Bad and Doubtful Debts	–	–
Computing	163,151	93,165
Consultancy	27,555	44,414
Contract Cleaning	66,460	42,198
Contractors, Agency Staff and Salary Recharges	1,247,703	1,383,332
Donations and Ex Gratia Payments	13,779	48,188
Electricity	107,301	79,351
External Auditors Remuneration	16,421	13,450
Fee for Service	100,000	82,084
Insurance	60,423	38,385
Loss on Write-Off of Capital Assets	203,085	–
Membership – Professional	53,556	22,716
Minor Equipment	(2,784)	4,090
Motor Vehicle Expense	147,160	191,282
Newsletter, Publicity and Promotions	86,294	127,844
Office Administration and Corporate Expenses	148,078	231,963
Periodicals, Journals and Publications	3,812	5,094
Postage and Courier	17,591	15,165
Printing and Stationery	25,981	34,107
Rental Expense on Operating Lease	89,240	243,340
Repairs, Maintenance and Occupancy Costs	57,056	33,844
Research Project	–	–
Security Service	4,302	5,536
Training and Development	207,270	241,733
Travel Expenses	806,788	1,323,674
Telephone	98,378	109,968
TOTAL GOODS AND SERVICES EXPENSES	4,059,132	4,520,451

NOTE 4 – NET GAIN (LOSS) ON DISPOSAL OF NON-CURRENT ASSETS	2016 \$	2015 \$
Proceeds from disposal	23,334	1,011
Less net book value of assets disposed	–	–
NET GAIN (LOSS) ON DISPOSAL OF NON-CURRENT ASSETS	23,334	1,011

NOTE 5 – CASH AND CASH EQUIVALENTS	2016 \$	2015 \$
Cash at bank	(80,685)	(22,225)
Cash on deposit	–	106,365
Cash on hand	8,350	1,500
	(72,335)	85,640

The Association has secured a \$200,000 overdraft facility with the Commonwealth Bank to be used as a working capital. It is secured by First Registered Mortgage by Aboriginal Health Council of South Australia Inc over non-residential real property located at 220 Franklin Street, Adelaide SA.

NOTE 6 – TRADE AND OTHER RECEIVABLES	2016 \$	2015 \$
Grant funding receivable	846,737	702,038
Other receivables	41,517	36,589
	888,254	738,627
Less: Provision for Doubtful Debts	–	–
	888,254	738,627

Past due but not impaired receivables

As at 30 June 2016, receivables of \$704,286 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:

	Within initial trade terms	Past due but not impaired (days overdue)				Total
		<30	31-60	61-90	>90	
Grant funding receivable	148,200	–	–	–	682,037	830,237
Other receivables	35,768	–	–	–	22,249	58,017
	183,968	–	–	–	704,286	888,254

Included in trade and other receivables is the carried forward amount of \$682,037 owed by the Department of Prime Minister and Cabinet. As at 30 June 2016 this is still an outstanding claim and no provision was made to allow for potential shortfall. Any shortfall will be taken into account once the claim is settled.

NOTE 7 – OTHER CURRENT ASSETS	2016 \$	2015 \$
Prepayments	87,779	111,485
Other Debtors	–	18,284
Staff Cash Advance	–	(109)
	87,779	129,660

Notes to and Forming Part of the Financial Statements

For the year ended 30 June 2016

NOTE 8 – PROPERTY, PLANT AND EQUIPMENT	2016 \$	2015 \$
Computer equipment at cost	354,254	315,524
Less: Accumulated depreciation	(293,966)	(262,310)
	60,288	53,214
Computer software at cost	686,834	617,305
Less: Accumulated amortisation	(366,544)	(119,622)
	320,290	497,683
Medical equipment at cost	254,858	254,858
Less: Accumulated depreciation	(208,638)	(200,480)
	46,220	54,378
Leasehold improvements at cost	–	716,823
Less: Accumulated amortisation	–	(446,044)
	–	270,779
Motor Vehicle at cost	61,084	160,968
Less: Accumulated depreciation	(41,357)	(89,387)
	19,727	71,581
Other Plant and equipment at cost	522,859	333,288
Less: Accumulated depreciation	(261,686)	(233,435)
	261,173	99,853
Artwork at cost	25,759	17,759
RTO Training Resources	446,075	371,345
Less: Accumulated amortisation	(148,538)	–
	297,537	371,345
Land and Building at independent valuation	7,680,000	3,715,520
Less: Accumulated depreciation	–	–
	7,680,000	3,715,520
	8,710,994	5,152,112

An independent valuation of the above land and building is undertaken on 30 June 2016.
The independent valuer assessed the value to be \$7,680,000 less accumulated depreciation.

Reconciliation

Reconciliation of the carrying amounts for each class of asset are set out below:

	Computer Equipment \$	Computer Software \$	Medical Equipment \$	Motor Vehicle \$	Other Plant & Equipment \$	Artwork \$	Land & Building at Independent Valuation \$	RTO Training Resources \$	Total \$
Balance at 1 July 2014	65,335	299,056	53,649	103,330	98,116	17,759	13,476	–	993,185
Additions	16,907	318,248	8,888	–	20,790	–	3,702,044	371,345	4,438,222
Disposals	–	–	–	–	–	–	–	–	–
Depreciation Expense	(29,028)	(119,622)	(8,159)	(31,750)	(19,049)	–	–	–	(207,608)
Balance at 30 June 2015	53,214	497,682	54,378	71,580	99,857	17,759	3,715,520	371,345	4,881,335
Additions	38,730	69,529	–	–	189,571	8,000	1,760,118	74,730	2,140,678
Valuation Increase	–	–	–	–	–	–	2,226,375	–	–
Disposals	–	–	–	(20,424)	–	–	–	–	(20,424)
Depreciation Expense	(31,656)	(246,922)	(8,158)	(31,429)	(28,251)	–	(22,013)	(148,538)	(516,967)
Carrying amount at 30 June 2016	60,288	320,289	46,220	19,727	261,177	25,759	7,680,000	297,537	8,710,994

The Association has secured a market rate loan for \$2,520,350 with the Commonwealth Bank for the purchase of land and building located at 220 Franklin Street, Adelaide SA. The loan is secured by a first registered mortgage by the Aboriginal Health Council of South Australia Inc. over the property.

NOTE 9 – TRADE AND OTHER PAYABLES	2016 \$	2015 \$
--	--------------------	--------------------

Current

Trade Creditors and Accruals	1,306,111	1,333,437
Unspent Grants	375,410	69,772
	1,681,521	1,403,209

NOTE 10 – EMPLOYEE BENEFITS	2016 \$	2015 \$
------------------------------------	--------------------	--------------------

Current

Salary Sacrifice Fees	206	377
Social Club Clearing	40	40
Accrued Wages	116,104	109,028
Annual Leave	269,471	361,609
Long Service Leave	38,394	122,155
Superannuation and Workers Compensation On-Costs	47,844	67,350
	472,060	660,559

Non-Current

Long Service Leave	107,778	126,148
Superannuation and Workers Compensation On-Costs	12,163	14,512
	119,941	140,660

Number of Employees

Number of employees at year end	39	58
---------------------------------	----	----

Notes to and Forming Part of the Financial Statements

For the year ended 30 June 2016

NOTE 11 – SECURED LOANS	2016 \$	2015 \$
-------------------------	------------	------------

Bank Loans		
Market Rate Loan	2,520,350	2,520,350
Better Business Loan	1,550,000	–
Total	4,070,350	2,520,350

The Market Rate Loan is obtained for the purpose of purchasing a commercial property located at 220 Franklin Street, Adelaide, SA. This is an interest only facility for a period of three (3) years. The facility matures on 1 October 2017. The loan repayment will be renegotiated at maturity.

The Better Business Loan is obtained for the purpose of refurbishing the commercial property at 220 Franklin Street. This is an interest only facility for a period of two (2) years, the facility matures on 3 October 2017. The loan repayment will be renegotiated at maturity.

Assets Finance		
Current		
CBA Assets Finance 1	8,944	–
CBA Assets Finance 2	37,396	–
Total	46,340	–

Non-Current		
CBA Assets Finance 1	12,061	–
CBA Assets Finance 2	130,887	–
Total	142,948	–

The organisation entered into a three year and a five year assets finance arrangement with the Commonwealth Bank of Australia to finance its equipment needs including, ICT, elevator and audio visuals.

NOTE 12 – RESERVES	2016 \$	2015 \$
--------------------	------------	------------

Building Reserve		
The building reserve represents funds set aside for future expansion of the Association.		
Opening Balance 1 July 2015	–	875,700
Transfer to Retained Earnings	–	(875,700)
Closing Balance 30 June 2016	–	–

NOTE 13 – COMMITMENTS	2016	2015
	\$	\$
Operating Lease Commitments		
Office Rent	–	64,143
Motor Vehicle	149,793	57,484
Office Equipment	21,215	60,744
Total Operating Lease Commitments	171,008	182,371

Operating Lease Commitments are payable:		
- Not later than 1 year	124,504	148,385
- Later than 1 year but not later than 5 years	46,504	33,982
Total Operating Lease Commitments	171,008	182,367

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 2016 comprised:

From 1 July 2015 to 2 December 2015:

John Singer, Chairperson	Peter May, Executive Member (to 27 Jul 2015, resigned from AHCSA Board 6 October 2015)
Polly Sumner-Dodd, Deputy Chairperson	Roy Wilson
Les Kropinyeri, Treasurer	Debra Miller
Rameth Thomas, Secretary	Jamie Nyangu
Vicki Holmes, Executive Member	Narelle Unmeopa (from 26 Nov 2015)
Helen Smith, Executive Member (to 27 Jul 2015)	
Roderick Day, Executive Member	

From 2 December 2015 to 30 June 2016:

John Singer, Chairperson	Wilhelmine Lieberwirth
Polly Sumner-Dodd, Deputy Chairperson	Roderick Day
Les Kropinyeri, Treasurer	Roy Wilson
Rameth Thomas, Secretary	Debra Miller
Vicki Holmes, Executive Member	Jamie Nyangu
Roger Williams	Narelle Unmeopa

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 2016. 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.

Notes to and Forming Part of the Financial Statements

For the year ended 30 June 2016

NOTE 14 – RELATED PARTY DISCLOSURES (cont)	2016 \$	2015 \$
Total remuneration received by Board Members	24,704	15,000
Number of Board Members receiving remuneration	1	1
Key Management Personnel Compensation		
Short Term Benefit	848,096	906,898
Post Employment Benefit	74,673	80,178
Total Compensation	922,769	987,076
NOTE 15 – AUDITOR REMUNERATION		
Auditor Remuneration		
Audit Services	16,421	13,450
	16,421	13,450
NOTE 16 – CASH FLOW INFORMATION		
Reconciliation of Cash		
Cash at bank, on deposit and on hand	(72,335)	85,640
	(72,335)	85,640
NOTE 17 – ECONOMIC DEPENDENCY		
The Association is dependent on funding from the State and Federal Government to maintain its operations.		
NOTE 18 – CONTINGENT LIABILITIES		
There were no contingent liabilities as at 30 June 2016.		

NOTE 19 – 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 2016.

(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:

2016	Weighted Average Effective Interest Rate	Non-Interest Bearing	Floating Interest Rate	Fixed Interest Rate Maturing			Total
				Within 1 Year	1 Year to 5 Years	More than 5 Years	
FINANCIAL ASSETS							
Cash	0.75%	8,350	(80,685)	–	–	–	(72,335)
Receivables	–	888,254	–	–	–	–	888,254
Total Financial Assets		896,604	(80,685)	–	–	–	815,919
FINANCIAL LIABILITIES							
Payables	–	1,306,111	–	–	–	–	1,306,111
Total Financial Liabilities		1,306,111	–	–	–	–	1,306,111

2015	Weighted Average Effective Interest Rate	Non-Interest Bearing	Floating Interest Rate	Fixed Interest Rate Maturing			Total
				Within 1 Year	1 Year to 5 Years	More than 5 Years	
FINANCIAL ASSETS							
Cash	1.92%	1,500	(22,225)	106,365	–	–	85,640
Receivables	–	738,627	–	738,627	–	–	738,627
Total Financial Assets		740,127	(22,225)	844,992	–	–	824,267
FINANCIAL LIABILITIES							
Payables	–	1,333,437	–	–	–	–	1,333,437
Total Financial Liabilities		1,333,437	–	–	–	–	1,333,437

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.

Notes to and Forming Part of the Financial Statements

For the year ended 30 June 2016

(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 1.75% of the interest rate of cash deposits. Therefore no sensitivity analysis has been performed.

NOTE 20 – ASSOCIATION DETAILS
The principal place of business for the Association is: Aboriginal Health Council of SA Incorporated, 220 Franklin Street, Adelaide SA 5000

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 Director

Aboriginal Health Council of South Australia Incorporated

In the opinion of the committee the financial report set out on pages 46 to 62:

1. Presents a true and fair view of the financial position of Aboriginal Health Council of South Australia Incorporated and its performance for the year ended on that date in accordance with applicable Australian Accounting Standards;
2. At the date of this statement there are reasonable grounds to believe that Aboriginal Health Council of South Australia Incorporated will be able to pay its debts as and when they fall due.

This statement is made in accordance with the Australian Charities and Not-for-Profits Commission Act 2012 and the Association Incorporation Act 1985 and by resolution of the committee.



Polly Sumner-Dodd
Deputy Chairperson



Vicki Holmes
Executive Member

Signed at Adelaide, SA this day of 28th October 2016.

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 South Australia (the association), which comprises the financial position as at 30 June 2016, 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), the Australian Charities and Not-for-profits Commission Act 2012 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.

Basis for Qualified Opinion

Included in Trade and other receivables at 30 June 2016 is an amount of \$682,037 owed by the Department of the Prime Minister and Cabinet. There is significant uncertainty on the level of recoverability of this amount and no provision has been made to allow for a potential collection shortfall of the total amount owed. We were unable to determine whether any adjustment to or provision for non-recoverability of this amount was necessary.

Auditor's Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial report of Aboriginal Health Council of South Australia Incorporated is in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and the Associations Incorporation Act 1985 including:

- (a) giving a true and fair view of the association's financial position as at 30 June 2016 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013 and the Associations Incorporation Act 1985.



Trevor Basso, Partner

Basso Newman and Co
Chartered Accountants Adelaide

Dated this 2nd day of November 2016

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

Nunkuwarrin Yunti Incorporated

182 Wakefield Street
Adelaide, SA 5000
Tel 08 8406 1600
Fax 08 8232 0949

Postal
PO Box 7202, Hutt Street
Adelaide, SA 5000
www.nunku.org.au

Port Lincoln Aboriginal Health Service Incorporated

19A Oxford Terrace
Port Lincoln, SA 5606
Tel 08 8683 0162
Fax 08 8683 0126

Postal
PO Box 1583
Port Lincoln, SA 5606
www.plahs.org.au

Tullawon Health Service

Administration Office (Yalata)
Tel 08 8625 6255
Fax 08 8625 6268

Postal
PMB 45, Ceduna, SA 5690
www.tullawon.org.au

Umoona Tjutagku Health Service Aboriginal Corporation

Lot 8, Umoona Road
Coober Pedy, SA 5723
Tel 08 8672 5255
Fax 08 8672 3349

Postal
PO Box 166
Coober Pedy, SA, 5723
www.uths.com.au

Pangula Mannamurna Aboriginal Corporation

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 8625 2946
08 8670 4207 (Clinic)
Fax 08 8625 3076

Nunyarra Aboriginal Health Service

17-27 Tully Street
Whyalla Stuart, SA 5608
Tel 08 8649 4366
Fax 08 8649 4185

Postal
PO Box 2253,
Whyalla Norrie, SA 5608
www.nunyarra.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.

Karoonda 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 Council
of South Australia Inc.

220 Franklin Street, Adelaide
South Australia 5000

T 08 8273 7200

F 08 8273 7299

E ahcsa@ahcsa.org.au

our health, our choice, our way

www.ahcsa.org.au