



Aboriginal Health Council
of South Australia Ltd.

ANNUAL REPORT

2019-2020



our health, our choice, our way



OUR MEMBERS

Aboriginal Health Council of South Australia Ltd

Key

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

ABOUT AHCSA

Aboriginal Health Council of South Australia Limited (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 39-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 its 10th anniversary as an independent Aboriginal Community Controlled Health Organisation.
- 2014 AHCSA Inc. purchases land and building at 220 Franklin Street, Adelaide, South Australia.
- 2015 AHCSA Inc. submits an application for exemption to incorporate under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 with the Minister for Indigenous Affairs, the Honourable Nigel Scullion.
- 2016 Exemption is granted in February and paperwork is completed for AHCSA to incorporate under the Australian Securities and Investments Commission (ASIC). AHCSA's Board of Directors updated its Constitution to meet ASIC requirements. In August, a Special General Meeting was held with AHCSA Members to endorse the revised Constitution for AHCSA Limited. Paperwork was submitted to ASIC to register as a company.
- 2017 In January, the Aboriginal Health Council of South Australia Incorporated became the Aboriginal Health Council of South Australia Limited. As such, it became a registered company under the Corporations Act 2001 and is a company limited by guarantee. This is an exciting new phase for the Aboriginal Health Organisation and we work towards becoming a sustainable organisation for Aboriginal people across South Australia into the future.

AHCSA MEMBERS

Aboriginal Health Council of South Australia Ltd.

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 in the Davenport, Copley and Nepabunna communities, as well as providing services to the communities of Quorn, Hawker, Marree, Lyndhurst, Beltana and Roxby Downs.

NGANAMPA HEALTH COUNCIL

Nganampa Health Council (NHC) is an Aboriginal Community Controlled Health Organisation operating on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in the far north west of South Australia and is home to almost 3000 residents. The Anangu culture is still strong and Pitjantjatjara/Yankunytjatjara is the first language. NHC programs include aged care, sexual health, environmental health (UPK), dental, women's health, children's health, immunisation, eye health and mental health.

NHC has a national reputation for best practice clinical services, collaborative program research and development, and the collection of data for ongoing evaluation. Their successes include the reduction of STIs by over 50% since 1996 and consistent child immunisation of at least 90%. Antenatal visits in the first trimester have increased by 50% since 1992. Publication of the internationally recognised UPK report in 1987. Development of the UPK program, which established nine healthy living practices that led to the provision of health hardware which has reduced rheumatic heart disease and scabies, aiding the prevention of kidney failure later in life. Improvements in the number of "well women's" checks and the dental health of children are comparable with the rest of South Australia. They have also developed the 'Mai Wiru Store policy' and store councils to maintain the policy. These achievements have been widely recognised.

NHC is a well-utilised service, with over 70,000 patient contacts per year. Their clinics are AGPAL-accredited with modern equipment and sophisticated IT systems, including Communicare, telemedicine facilities and an intranet site. The main clinics are located at Iwantja (Indulkana), Mimili, Fregon, Pukatja (Ernabella), Amata and Pipalyatjara, with a smaller clinic at Nyapari. The Tjilpi Pampaku Ngura Aged Care facility is located at Pukatja, with administration offices at Umuwa and Alice Springs.

PORT LINCOLN ABORIGINAL HEALTH SERVICE INC

The Aboriginal community was integral to the establishment of the Port Lincoln Aboriginal Health Service (PLAHS). It developed as a result of Reports and Submissions put to the Commonwealth and State Governments from the mid 1980s onwards. In May 1992, Paul Ashe was appointed Health Service Coordinator to oversee its early establishment phase.

By June, the Aboriginal and Torres Strait Islander Commission (ATSIC) issued a grant for building renovations, furniture, fittings and medical equipment, as well as recurrent funds for recruitment of staff. The SA Health Commission also made an area available within the Health and Welfare Complex on Oxford Terrace. PLAHS was officially opened in September 1993 by Lowitja O'Donoghue, Chairperson of ATSIC. In 2013, PLAHS celebrated its 20th Anniversary with an Open Day and Community BBQ.

NUNKUWARRIN YUNTI OF SOUTH AUSTRALIA INC

Nunkuwarrin Yunti of South Australia was initiated in the 1960s by Mrs Gladys Elphick, who founded the Council of Aboriginal Women of SA, one of the first Aboriginal organisations in the State. Incorporated in 1971, Nunkuwarrin Yunti evolved from the Aboriginal Cultural Centre, the Aboriginal Community Centre of SA and the Aboriginal Community Recreation and Health Services Centre of SA.

Their first program was established with the aid of donations, some government funding and the services of a dedicated doctor. They also accommodated the Aboriginal Legal Rights Movement, Aboriginal Child Care Agency, Aboriginal Sobriety Group Inc, National Aboriginal Congress, Aboriginal Hostels Ltd, Trachoma and Eye Health Programme, WOMA, Aboriginal Housing Board, Aboriginal Home Care and Kumangka Aboriginal Youth Service. They also assisted with the establishment of the Elders Village. They became known as Nunkuwarrin Yunti of South Australia Inc in 1994. It is community controlled and governed by an all-Aboriginal and Torres Strait Islander Board. This ensures the delivery of culturally appropriate services to Aboriginal and Torres Strait Islander people by Aboriginal and Torres Strait Islander people. It has grown from a welfare agency with three employees to a multi-faceted organisation with over 130 staff who deliver a diverse range of health care and community support services and is a registered training organisation.

NUNYARA ABORIGINAL HEALTH SERVICE INC

Access, equity and the overall appalling state of health in the Aboriginal Community was raised with the Commonwealth in 1996 and was the conduit to the establishment of the Nunyara Wellbeing Centre in Whyalla in 2003.

This was a partnership between Health, Housing, the Aboriginal Community and the Commonwealth, however, the 'in-reach' model, whereby mainstream services visited to deliver services from Nunyara, did not meet Community expectations or achieve improved health outcomes.

After being awarded Commonwealth Healthy for Life funding in 2008, Nunyara was able to independently deliver comprehensive primary health care to the Community. By 2012 Nunyara had transitioned to full Aboriginal Community Control and became Nunyara Aboriginal Health Service Inc.

In 2020 Nunyara delivers comprehensive primary health services to over 1400 Aboriginal people in Whyalla.

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 significance of the two principles remaining in the Constitution.

PANGULA MANNAMURNA ABORIGINAL CORPORATION

Pangula Mannamurna was established from the South East Aboriginal Partnership, which comprised members from the SE Nungas Club and community members whose focus was to form a 'one stop shop' for Aboriginal people in the south-east. This vision of the founding families who set up Pangula Mannamurna was based on Aboriginal and Torres Strait Islander people having access to health and wellbeing services either on site, or through effective referrals. This also included the provision of a safe place for community to visit and stay connected to others. This vision is still alive today and will continue on well into the future.

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 ten 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.

OAK VALLEY (MARALINGA) ABORIGINAL CORPORATION

Oak Valley (Maralinga) Inc 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. The Community is now serviced with a store, garage, health clinic, aged care centre, youth program, rangers program and a new school and airstrip. A CDP program and arts workshop is also now available. Oak Valley (Maralinga) Inc became Oak Valley (Maralinga) Aboriginal Corporation in 2015.

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

YADU HEALTH 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 and surrounding 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. In December 2019, the organisation was officially renamed as Yadu Health Aboriginal Corporation.

MOORUNDI ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICE INC

This health service was established in 2017 to deliver a comprehensive range of primary health care services to their communities. At the core of these services, Moorundi ACCHS Inc delivers a holistic model of health care which includes clinical services and wellbeing programs.

In Ngarrindjeri, the word 'Moorundi' means river and refers directly to the River Murray. For the people of the Ngarrindjeri Nation, the river is where all life begins and the connection between health and water is intricately linked to the culture of the Ngarrindjeri community.

ABORIGINAL SOBRIETY GROUP INDIGENOUS CORPORATION

Aboriginal Sobriety Group Indigenous Corporation (ASG) is an Aboriginal Community Controlled Corporation that values the practice and determinations of Aboriginal culture, customs and tradition. ASG encourages positive and better life experiences, empowering our clients and their community to maintain sobriety.

ASG was formed approximately 40 years ago and over this period the Corporation's principle focus is on the rehabilitation of the misuse of drugs and alcohol and the impact of drugs and alcohol on Aboriginal and Torres Strait Islander health and Community. The Corporation provides a provision of services to Aboriginal and Torres Strait Islander peoples, critically promoting sobriety as the first step to functional and productive lifestyles.

It is the aim of ASG to assist people to improve their quality of life through the provision of programs and culturally safe services to support positive social, physical and emotional well-being for individuals, families and their communities.

ASG was incorporated in 1976 and over its long history of operations has received funding from a variety of sources.

Activities include the Mobile Assistance Patrol (MAP), servicing the greater Adelaide region and Riverland, and the Western Adelaide Aboriginal Specific Homelessness Service. Both services respond directly to Aboriginal and Torres Strait Islander peoples in the provision of safety, crisis accommodation, early intervention/prevention, intensive tenancy support, children's support, case management, employment and education, health, mental health, and other targeted homeless service responses.

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CHAIRPERSON'S REPORT

Welcome to our 2019-2020 Annual Report. The 2019-2020 year has been full of challenges but has also highlighted our strong determination and resolve to work together with our Members and funding partners to protect and continually improve the health of our Aboriginal Communities.

Although a large part of the year has seen our organisation focus on responding to the COVID-19 pandemic, AHCSA has continued to successfully achieve the majority of our program outcomes and has also embarked on some other exciting projects, some of which include:

- **QIP Rainbow Tick Accreditation** – AHCSA is progressing with QIP Rainbow Tick Accreditation to ensure that we are providing an inclusive, safe and quality-focused environment for our communities. This will help to ensure that Aboriginal Lesbian, Gay, Bisexual, Trans, Intersex, Asexual, Queer and plus other identities not included (LGBTIAQ+) are not missing out on appropriate health care.
- **History Project** – Back in the early 1980s the Aboriginal Health Organisation became the foundation for the future Aboriginal Health Council of SA. It championed the move from mainstream to Community Control. Through collating historical documents and filming interviews with some of the remaining pioneers of the AHO, AHCSA will produce a digitally-available learning resource with unique insights into the humble beginnings of Community Controlled Aboriginal Health in South Australia.
- **Palliative Care** – AHCSA was successful in winning funding to develop a culturally appropriate Aboriginal and Torres Strait Islander Palliative Care Skill Set to assist Aboriginal Health Workers and allied health professionals to care for Aboriginal and Torres Strait Islander people in palliative settings in a respectful way.

Along with some other AHCSA staff, I had the opportunity to attend our annual peak body conference with the National Aboriginal Community Controlled Health Organisation (NACCHO), held in Darwin in November 2019. The theme for the conference was *Because of them we must: improving health outcomes for our people aged 0-29 years*. The conference showcased a number of inspirational speakers from the Aboriginal Community Controlled Health Sector, as well as a range of key speakers from other sectors on key topics that affect Aboriginal communities. It was a wonderful experience, particularly the warm welcome we received from the local Aboriginal Community and the traditional cultural performances they shared with us.

I would like to acknowledge our previous CEO, Nahtanha Davey, who held the position between October 2019 and March 2020. We welcomed Shane Mohor back to the position of CEO in May 2020 and the Board and I look forward to working together with Shane and the AHCSA Leadership Team as we continue on our journey of supporting our Members and the Aboriginal Communities in South Australia.

The AHCSA Secretariat has had an extremely busy year supporting our Members and representing AHCSA at a State and National level. On behalf of the Board of Directors I would like to express our gratitude and appreciation for your continued hard work and dedication to AHCSA, as well as your patience with the organisational leadership changes that have occurred through the year.

Thank you to our funders, including Eyre and Far North LHN, GPEx, Rural Doctors Workforce Agency, Drug and Alcohol Services SA (DASSA), Commonwealth Department of Health, Department of the Prime Minister and Cabinet, Government of South Australia, SA Health, SAHMRI,



UNSW Sydney, Lowitja Institute, University of SA, University of Adelaide, NHMRC, NACCHO and the Department of Education and Training (Queensland). We value your continued partnership and support.

Finally, to our Board of Directors, I extend an enormous thank you for your participation, input and guidance in what has been a highly unusual and unprecedented year.

I hope you enjoy reading our 2019-2020 Annual Report.

Polly Sumner-Dodd
Chairperson



Working together with our Members and funding partners to protect and continually improve the health of our Aboriginal Communities across the State

CHIEF EXECUTIVE OFFICER'S REPORT

It is fair to say that this has been a year like no other. In the first instance I would like to acknowledge the Aboriginal Health Council of SA Ltd (AHCSA) Chairperson, Ms Polly Sumner-Dodd, for her outstanding leadership and commitment to AHCSA during what has been a challenging year for our organisation and the Aboriginal Community Controlled Health Sector.

I would also like to thank AHCSA's Board for their ongoing guidance, direction and support and Mr Paul Gordon from Wallmans Lawyers for his invaluable support to our organisation. Further to this, I thank Professor Alex Brown for his leadership to AHCSA during the mid-April to mid-May period, prior to my return to the CEO position in May 2020.

I must express my enormous appreciation to AHCSA's staff during the 2019-2020 period, for not only adapting to the leadership changes that occurred within the organisation but for their hard work and commitment in responding to the COVID-19 pandemic and the support they provided to each other and our Member Services as we worked together to assist with keeping our Aboriginal communities safe. In the early stages of the pandemic, AHCSA formed Clinical and Community Messaging Teams, both of whom worked tirelessly through many mediums to support Members with COVID-19 preparedness and to provide educational messaging to our communities.

This work was undertaken in addition to regular program work that continued to be delivered to the greatest extent possible within the COVID-19 environment. In parallel to this, our staff were outstanding in adapting to alternative working arrangements, including working from home, during the height of the COVID-19 restrictions in South Australia. This was a big upheaval for many of us, however the cooperation and flexibility shown by our leadership team and staff was exceptional.



Our Member Services have been exemplary in their commitment and efforts to be as prepared as possible for COVID-19 cases in their communities. This has highlighted the absolute resolve of our Members to keep their communities safe.

Responding to the pandemic has strengthened key partnerships in the Aboriginal health space and we look forward to building on these as we continue to navigate through the complexities and challenges brought about by COVID-19. In particular, we would like to acknowledge the Aboriginal Affairs and Reconciliation – Department of the Premier and Cabinet (DPC-AAR) and the Aboriginal Health Directorate within the SA Department of Health and Wellbeing.

Throughout the 2019-2020 period, AHCSA has continued to participate in a wide range of meetings, forums and conferences to provide input and advocacy on behalf of our Members and Aboriginal communities. In collaboration with the local Oodnadatta Aboriginal community, AHCSA strongly advocated for action in response to water issues experienced by a number of remote Aboriginal communities in South Australia.

The lack of water and poor water quality in some communities has been unacceptable for a long period of time. In mid-2019, AHCSA welcomed the announcement by Water Minister, Mr David Spears, that the water supply to remote Aboriginal communities in South Australia, including Oodnadatta, would be upgraded to provide safe, clear water. AHCSA will continue to monitor the progress of the water supply improvements to ensure that Aboriginal people in these communities can continue to live, grow and thrive.

AHCSA continues to have strong working relationships with our funders, partners and stakeholders as we work together to improve the health outcomes of Aboriginal people in South Australia. Thank you to all of our funders and partners for your ongoing support.

In closing, I would like to thank you for your interest in our Annual Report and hope you enjoy reviewing the updates regarding our key projects and activities for the 2019-2020 financial year.

Shane Mohor
Chief Executive Officer



**Responding to the COVID-19 pandemic
has strengthened key partnerships in the
Aboriginal health space across the State**



AHCSA AND THE COVID-19 PANDEMIC

In February 2020, when it was becoming clear that the threat of a COVID-19 pandemic was emerging in Australia, AHCSA employees formed a COVID-19 Clinical Working Group and a Community Messaging Working Group. The Clinical Working Group was tasked with providing over-arching clinical leadership to AHCSA and its Member Services and the Community Messaging Working Group was responsible for ensuring that culturally appropriate community messaging was occurring.

To ensure AHCSA remained effective in leading the pandemic response for the ACCHS sector in SA, AHCSA implemented a number of communication strategies, both internally and externally. The overall aim was to provide timely, clinically sound, culturally appropriate methods of communication to our Members and their communities.

The Clinical Working Group, in consultation with the AHCSA Executive, developed the AHCSA Preparedness and Response Plan. Some of the COVID-19-related activities undertaken by AHCSA between February and June were as follows:

COVID-19 Community Response Framework

A COVID-19 Community Response Framework (the Framework) was developed as a practical resource to support the management of COVID-19 within Aboriginal communities. The Framework was updated on a fortnightly basis and made available to Member Services via the AHCSA website.

Pandemic Planning Guide

A comprehensive Pandemic Planning Guide was developed to support Member Services in managing a pandemic and to help minimise its impact on the health of Aboriginal people. The planning guide was made available to all Member Services. To further support its implementation and translation, Member Services were offered one-on-one support.

First Case Scenario Response Planning Document

In collaboration with the Communicable Disease Control Branch (CDCB), the First Case Scenario Response Planning document was developed. The purpose of the document was to provide a framework for the clinical and public health response to the first case of COVID-19 diagnosed within an Aboriginal Community.

Basic Life Support (BLS) and Advanced Life Support (ALS) Guidelines

Specific clinical guidelines for BLS and ALS were developed as a direct response to the pandemic.

Workforce Analysis

A workforce analysis was undertaken in collaboration with our Member Services. This work was collated and a report was prepared to identify areas that will require a respite and surge response. Subsequent meetings were held between AHCSA and SA Health to discuss how needs would be addressed and the inclusion of ACCHSs workforce needs in the State response.

Vulnerable Workers' Decision-Making Framework

AHCSA developed a 'Vulnerable Workers' decision-making framework'. This framework helped guide decisions around protecting the health of vulnerable workers in Member Services.

COVID-19 Frequently Asked Questions

A series of COVID-19 Frequently Asked Questions fact sheets were developed in response to direct Member Service requests. Copies of these resources were distributed to Member Services and were accessible via the AHCSA website.



Outreach Influenza Immunisation Clinical Guideline

To ensure safe and best practice clinical standards were maintained, AHCSA developed a set of Outreach Influenza Immunisation Clinical Guidelines to support with continuity of care during the pandemic.

Medicare Cheat Sheets

With the new COVID-19 telehealth item numbers released, new cheat sheets were developed for AHW/AHPs and practice nurses to utilise.

Member Services Needs Assessment

A comprehensive needs assessment was undertaken in collaboration with AHCSA Member Services to identify their specific needs and support activities. This assessment was then utilised as a foundation to drive AHCSA's response, work and activities.

Establishing Respiratory Clinics

Where required, Member Services were supported by the Clinical Working Group to establish respiratory clinics as part of a response to the pandemic crisis.

Point of Care Testing

In partnership with the Kirby Institute, AHCSA coordinated the roll-out of GeneXpert SARS-COV-2 point-of-care testing which took 45 minutes to obtain a result. SARS-COV-2 point-of-care testing was implemented in some of SA's remote Aboriginal communities, and those with high transient populations.



Access to and Allocation of Personal Protective Equipment (PPE)

Logistical support for the provision of PPE to all Member Services commenced in March 2020.

Personal Protective Equipment (PPE) Training

To ensure health professionals were equipped to manage the COVID-19 pandemic, AHCSA facilitated a number of PPE 'donning and doffing' training sessions for AHCSA Member Services and other relevant Aboriginal services across SA. Both face-to-face and online training options were available to Members.

Roll-out of New Incentive Payments

Members of the Clinical Working Group provided advice and supported Member Service staff to increase their understanding

To ensure AHCSA remained effective in leading the pandemic response for the ACCHS sector in SA, AHCSA implemented a number of communication strategies both internally and externally

of these new measures. One-on-one support was provided to individual staff responsible for these new Medicare claim processes.

Reports and Funding

To ease the burden on Member Services, AHCSA appointed a direct contact person within the Clinical Working Group who assisted with the translation of changes to reporting and funding through the Department of Health during the pandemic. Due to the amount of changes and complexity of funding, a series of fact sheets

were developed to assist the CEOs of Member Services.

Access to Immunisations

The Clinical Working Group worked with individual Member Services to undertake an assessment to identify numbers and need requirements and played a pivotal liaison role between supplier and health service. Specific and targeted clinical support was provided to requesting health services to facilitate flu and Pneumovax vaccine outreach clinics.

AHCSA AND THE COVID-19 PANDEMIC

Pandemic Preparedness Audits

Four onsite pandemic preparedness audits were undertaken at Member Services throughout this period. Reports and subsequent recommendations were provided to individual health services. Where requested, onsite support for the implementation of these recommendations was facilitated.

Pandemic Planning

AHCSA Clinical Working Group members liaised directly with Member Services to support them to develop their own pandemic plans and processes in the context of their individual communities. The focus of this work was to assist Health Services, Staff, Boards and Community Members to understand what the requirements were if someone in the community needed to self-isolate as a result of contracting COVID-19 or being in close contact of a confirmed case.

A considerable amount of effort was required to attend meetings, assist in document writing, liaise and collaborate with ACCHS and SA Health to assist in the pandemic planning from a Health Service perspective.

Q and A Sessions

Q and A sessions were offered to all Member Services to allow a designated space for health workforces to come together to ask public health professionals any questions they had in regards to COVID-19. With a 'no silly question' approach, the Clinical Working Group addressed the concerns of workers from a clinical best practice perspective, learning handy hints on how to keep their families safe given they were frontline workers. These sessions proved to be very useful at a time when there were so many unknowns and ever-changing information.

AHCSA COVID-19 Reporting Program

The AHCSA COVID-19 reporting program aimed to monitor and report on COVID-19 testing activities for AHCSA Member Services on a weekly basis. All data was de-identified and compiled into dashboards that provided Member Services with information on the number and rate of tests for the week by age group and sex, and the overall rate of testing trend-lined with previous weeks.

Infection Control Training

As a result of the pandemic it was identified by Member Services that health service staff required an update of their skills and knowledge in relation to infection prevention and control.

Conducting a COVID-19 Respiratory Specimen Collection

To improve consistency and confidence amongst health service staff, a training video was developed and distributed to Member Services on the processes of nasopharyngeal and throat swabs as per best practice. Supplementary face-to-face training sessions were also offered to Member Services.

Telehealth Item Number Expansion

AHCSA worked with NACCHO and other State and Territory affiliates to have the Aboriginal and Torres Strait Islander Health Assessment (715s) and related follow-ups included in the expanded Telehealth items.

Hygiene Product Supply

To address gaps in access to hygiene products, members of the Clinical Working Group ordered, managed and distributed boxes of soap to regional and remote communities.

Workforce Support/Cover

Due to the nature of the virus and its deadly effects on vulnerable people, support was provided to Member Services who requested assistance with the backfill and cover for clinical staff. Commencing in March 2020, two Member Services received backfill from two of AHCSA's Registered Nurses.

Internal Advice to AHCSA

Clinical expertise was made available to AHCSA Staff, Executive and Board in order to create and maintain a COVID-safe workplace. This included, but was not limited to, advice on:

- Working from home
- Staff travel
- Infection control practices in the workplace
- Mental wellbeing of staff
- Gatherings, meetings and conferences

National Disability Insurance Scheme (NDIS) and the Pandemic

Due to the regular changes in practices within the NDIS, AHCSA attended weekly meetings with the National Disability Insurance Agency (NDIA) [the Agency] and other disability sector stakeholders across South Australia.

This group focused on the COVID-19 pandemic and provided the opportunity to receive updates from the Agency about changes in processes as a result of the pandemic. It was also a mechanism for sharing information more broadly across the sector.

Updates were then provided to AHCSA Member Services on a weekly basis based on the discussions that took place at these meetings.



Food Security

As identified by Member Services, food insecurity quickly became a priority for many communities across SA. With reports of communities experiencing significant and unacceptable price increases and access issues, AHCSA swiftly made the decision to appoint a small working group to investigate. Working in consultation with our Member Services, a small survey was developed and undertaken to assess need and experience. The data gathered was analysed and a subsequent report was developed which included additional recommendations for phase two of the project.

AHCSA COVID-19 Website – Community Messaging Tab

To simplify the flow of information from one central location, AHCSA developed a specific COVID-19 tab within their website (<https://ahcsa.org.au/coronavirus-covid-19/coronavirus-covid-19-community-updates>).

The website contained useful, credible resources for Members, stakeholders and community members to access. The COVID-19 section was updated on a regular basis to ensure accurate and relevant information was available.

Community Directory

To assist with accurate and timely information, AHCSA developed a Community Directory. The aim of this directory was to provide a quick reference guide, responsive to the challenges that community members were facing. The Directory covered five components: Emergency Relief, General Support, ACCHS, Testing Locations and Mental Health Supports.

Fact Sheets

A range of COVID-19-related fact sheets were made available through the AHCSA website. They covered a range of important topics aimed at improving knowledge and understanding.

Education Campaign

In partnership with the South Australian Government, AHCSA launched their 'Stop the Spread. Stay Strong' COVID-19 health education resource campaign for SA Aboriginal communities. Working with Ochre Dawn and We Create Print Deliver, our focus was to embed Aboriginal leadership at all levels of the campaign.

The campaign consisted of nineteen posters, postcards, an email signature banner and stickers covering a range of topics identified by Aboriginal Health Services and communities across the State, including messaging about COVID-19; Community wellbeing, safe hygiene practices, isolation and information on our target communities. Posters were made available in English and Pitjantjatjara languages. Editable poster templates were available to communities to meet local needs.

Videos

With the support of our Member Services and AHCSA Program Staff, AHCSA launched a series of short videos to support communities to understand a range of COVID-19-related information. Embracing our over-arching theme of 'Stop the Spread. Stay Strong', these videos featured AHCSA Staff and our deadly heroes from ACCHSs across SA.

BHP Vital Resources Fund

AHCSA was successful in winning a funding application through the BHP Vital Resources Fund. The \$50 million Vital Resources Fund was established in April 2020 to support regional health services and providers, community organisations, Aboriginal communities and local businesses to deal with the impacts of COVID-19. With a total amount of \$600,000, these funds supported our Member Services to continue to deliver high quality and comprehensive primary health care services, distribute supplies and inform communities on how to minimise the spread of COVID-19 and keep their communities safe.

COVID-19 continues to be a priority for AHCSA and we will continue to work with our Member Services to keep our communities safe.



We want to be clear about the way we move forward because we love and have a deep respect for our Communities and our work

AHCSA STRATEGIC DIRECTIONS

OUR VISION

Our vision is that all Aboriginal people will thrive, be healthy and culturally strong.

OUR MISSION

The Aboriginal Health Council of South Australia Ltd will work in ways that maximise the capacity of the Aboriginal Community in determining their health and wellbeing by ensuring:

- Community participation
- Community ownership
- Community empowerment

OUR VALUES

We will do this in ways that ensure the Aboriginal Health Council of South Australia Ltd values:

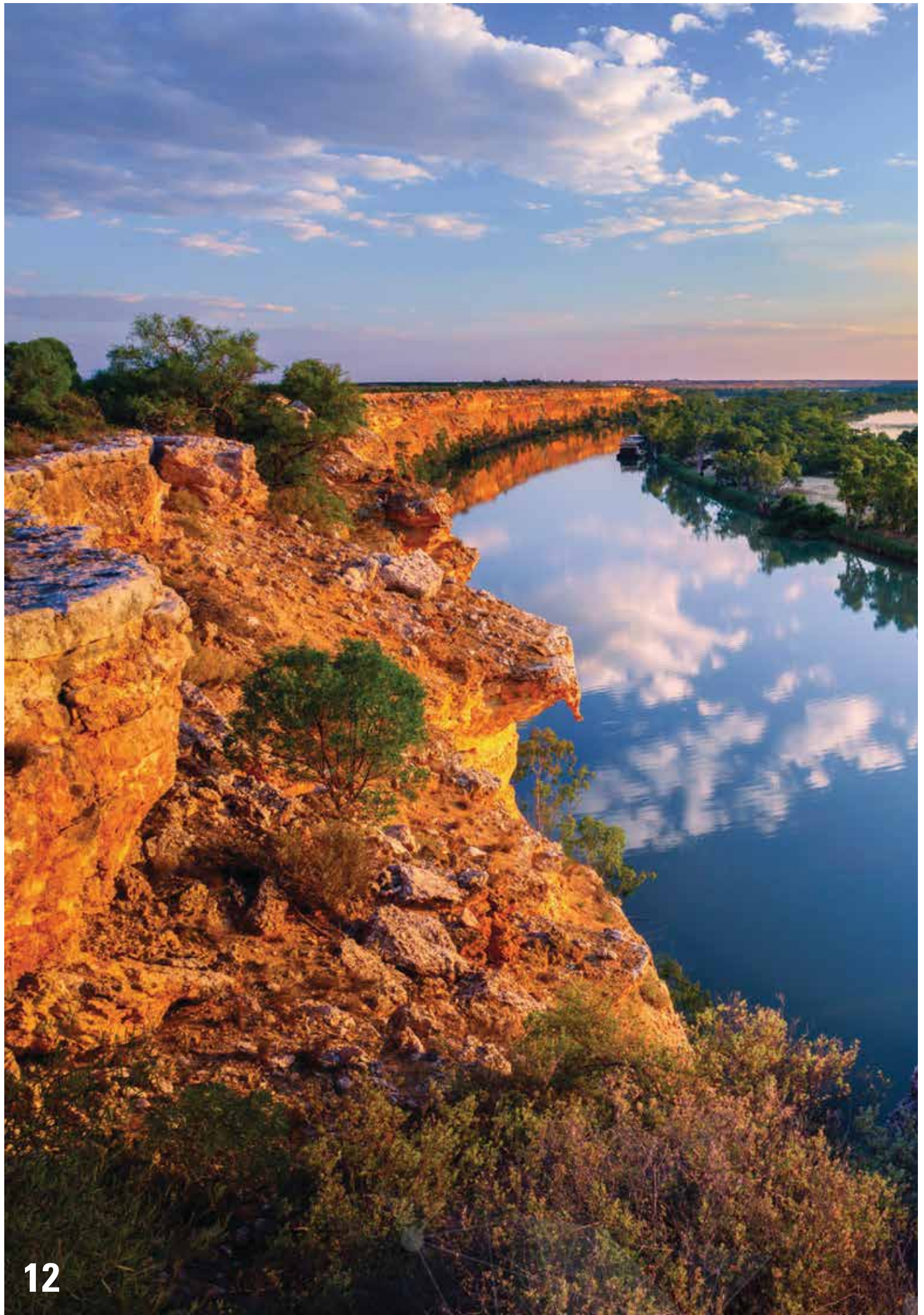
- Cultural diversity
- Community history and knowledge
- Community strength

AHCSA'S CONSTITUTIONAL OBJECTIVES

We will achieve our vision through the objectives set forth in the AHCSA Constitution as the foundation document of the Company.

These objectives support the activities of the AHCSA Board and Secretariat:

1. Operate as the 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. Provide and deliver chronic disease care services and programs; and
5. Contribute to the development of a well qualified, and trained Aboriginal health sector workforce.



ORGANISATIONAL STRUCTURE 2019-2020

AHCSA BOARD OF DIRECTORS

SHANE MOHOR

Chief Executive Officer (C)

NAHTANHA DAVEY

Chief Executive Officer (C)
October 2019 – March 2020

AMANDA MITCHELL

Deputy Chief Executive Officer (C)

EXECUTIVE

Mandy Green

Executive Assistant (C)

Laura Azar

Human Resources
Business Partner (C)

Debra Stead

Senior Finance Officer (C)

Angela Brougham

Strategic and
Business Executive (C)

Marjo Stroud

Accreditation and
Compliance Officer (AHCSA OP)

ADMINISTRATION

Belinda Lock

Administration and Finance
Support Officer (AHCSA OP)

Angel Woolsey

Reception and Travel
Officer (AHCSA OP)

Louise Hickford

Reception and Travel
Officer (AHCSA OP)

Kaylene O'Toole

Reception Officer Trainee
(AHCSA OP)

Ian Thurnwald

Library and Archiving Officer
(AHCSA OP)

PUBLIC HEALTH AND PRIMARY HEALTH CARE

David Johnson

Public Health Medical Officer (NACCHO)

Raz Abdul-Rahim

Public Health Medical
Support Officer (NACCHO)

Sarah Betts

Program Coordinator
Sexual Health/BBV (DHW)

Catherine Carroll

Clinical Support Officer
Sexual Health/BBV (DHW)

Joshua Riessen

Program Officer
Sexual Health/BBV (DHW)

Michael Larkin

Team Leader – Program Coordinator
Sexual Health/BBV (DHW)

Leanne Quirino

Project Coordinator
Ear Health (DoH)

Robyn Cooper

Project Officer
Trachoma Elimination
Program (CHSALHN)

Chris Reksinis

Project Officer
Eye Health (NACCHO)

TACKLING INDIGENOUS SMOKING PROGRAMME

Ngara Keeler

Team Leader Coordinator (DoH)

Trent Wingard

Youth Project Officer (DoH)

Jessica Stevens

Evaluation and Communication
Project Officer (DoH)

Trevor Wingard

Project Officer (DoH)

Grant Day

Project Officer (DoH)

Tim Lawrence

Project Officer (DoH)

Jenaya Hall

Project Officer (DoH)

Lena-Pearl Bridgland

Project Officer (DoH)

Sarah Agius

Maternal Health Tackling Smoking
Project Officer (DASSA)

RESEARCH

Aboriginal Health Research and Ethics Committee (AHREC)

Gokhan Ayturk

Senior Research and
Ethics Coordinator (C)

Beth Hummerston

Research Officer
Alcohol Management Project (Uni of Sydney)

QUALITY SYSTEMS

Polly Paerata

CQI and Health Policy
Coordinator (NACCHO)

Isaac Hill

Health Informatics Coordinator
(NACCHO)

Sarah Fraser

Team Leader – Clinical Systems
Implementation Coordinator (NACCHO)

Nick Williams

GP Supervisor (GPEx)

Lana Dyda

Patient Information Management
Systems Officer (NACCHO)

Beth Hummerston

Patient Information Management
Systems Officer (NACCHO)

Carly Keene

Digital Health Coordinator (ADHA)

EDUCATION, TRAINING AND WORKFORCE

Annie-Rose Thurnwald

Team Leader (DPM&C)

Christine Fraser

Senior Clinical Educator (DPM&C)

Annabella Marshall

Clinical Educator

James Bisset

Educator (DPM&C)

Dominic Guerrera

Educator Assistant (DPM&C)

Hannah Keain

Compliance and Material
Support Officer (DPM&C)

Tallulah Bilney

Acting Compliance and Material Support
Officer (DPM&C)

Alfred Lowe

Student Travel and Administration Officer
(DPM&C) Administration Officer (DPM&C)

KEY

C	Core Agreement – Peak Body for ACCHOs Partnership Agreement
DHW	Department for Health and Wellbeing
DoH	Department of Health
DPM&C	Department of Prime Minister and Cabinet
NACCHO	National Aboriginal Community Controlled Health Organisation
CHSALHN	Country Health SA Local Health Network
DASSA	Drug and Alcohol Services of South Australia
AHCSA OP	AHCSA Operational
ADHA	Australian Digital Health Agency
GPEx	General Practice Training
Uni of Sydney	University of Sydney Agreement for Research



CONSTITUTIONAL OBJECTIVE 1

Operate as the peak body for Aboriginal
Health in South Australia

CONSTITUTIONAL OBJECTIVE 1

QUALITY, ACCREDITATION AND COMPLIANCE

QIP RAINBOW TICK ACCREDITATION

In late 2019 the AHCSA Board gave their approval for AHCSA to pursue QIP Rainbow Tick Accreditation.

Rainbow Tick is a national accreditation program for organisations that are committed to safe and inclusive practice and service delivery for Lesbian, Gay, Bisexual, Trans, Intersex, Asexual, Queer and plus other identities not included (LGBTIAQ+) people. In addition to supporting organisations to understand and implement LGBTIAQ+ inclusive service delivery, the Rainbow Tick Accreditation Program provides national recognition for those that meet the Rainbow Tick Standards.

Research in Australia* (and globally) demonstrated that LGBTIAQ+ people have poorer health outcomes than the general population because of the discrimination that they experience. In terms of mental health in particular, LGBTIAQ+ people experience markedly higher levels of depression, anxiety, emotional distress and for some, self-harming and attempts of suicide.**

A working group was formed at AHCSA (pictured) to progress Rainbow Tick Accreditation and, after attending training in Melbourne in January this year, they decided to make the process more relevant to AHCSA and developed in-house staff training and are pursuing accreditation requirements with a specific focus on Aboriginal LGBTIAQ+ people.

To stay attuned with Aboriginal LGBTIAQ+ voices, an external group of Aboriginal LGBTIAQ+ individuals were asked to sit on a Rainbow Tick Community Advisory Group. They provide feedback on AHCSA Rainbow Tick developments and also provide guest speakers for the in-house staff training.



AHCSA looks forward to ensuring that a warm welcome and inclusive service is provided for Aboriginal LGBTIAQ+ people

*(<https://www.humanrights.gov.au/education/face-facts/face-factslesbian-gay-bisexual-trans-and-intersex-people>)

**(<https://lgbtihealth.org.au/statistics/>)

CONSTITUTIONAL OBJECTIVE 1

EXECUTIVE

HUMAN RESOURCES

It has been a challenging year for AHCSA Staff and the organisation as a whole. Staff were impacted by the interim change of management at the beginning of 2019 which was then followed by the COVID-19 outbreak in early 2020 which required the transition of all staff to working from home and the redirection of most program activities to align with AHCSA's COVID-19 response.

With staff transitioning to working from home, HR priorities were to ensure:

- AHCSA had the appropriate systems and equipment to allow a safe and efficient transition to working from home. Extra laptops were purchased and existing ones were reconfigured to be suitable and appropriate for home use.
- AHCSA had the required policies and processes in place to ensure a safe transition and protect staff and confidential information when work was performed from home (eg Working From Home Policy, Work Health and Safety checklist etc).
- Staff were regularly updated on AHCSA's COVID-19 position and decisions and were kept informed of changes.
- Training documents on the use of existing systems were created to facilitate the virtual induction of new starters in the absence of an online induction platform.
- Staff IT queries and general concerns were attended to within a reasonable timeframe.
- Staff were mentally and emotionally supported. This included connecting with staff on a regular basis; sending encouragement emails and tips about how to work from home and take care of mental health; hearing their concerns;

Training documents on the use of existing systems were created to facilitate the virtual induction of new starters in the absence of an online induction platform

providing advice as required and engaging them in a 'People Trivia' activity.

- With the easing of COVID-19 restrictions in SA, AHCSA adopted a gradual return to work. Return to work was staggered in order to control the number of staff on premises as per Government recommendations.
- With appropriate safety measures in place, the majority of AHCSA Staff returned to work from the AHCSA premises on 9 June 2020.
- Program travel to communities remains at the discretion of Member Services. AHCSA developed a Risk Management Plan for staff travelling to Member Services to ensure appropriate safety measures are being taken by AHCSA staff prior to any travel to communities.

2019 Staff Recruitments and Internal Movements

RECRUITMENT

Community Educator (ADAMRI)
Tackling Smoking Maternal Health Project Officer
Alcohol and Other Drugs Project Officer
RTO Administration Assistant
Tackling Indigenous Smoking Project Officer (Parental leave vacancy)
RTO Admin, Contracts and Enrolments Officer
Chief Executive Officer (Outsourced recruitment)

INTERNAL MOVEMENTS

There have been several secondments within the organisation, offering our staff new challenges and great opportunities for learning and advancement:

Sexual Health/BBV Team Leader

Quality Systems Team Leader

Tackling Smoking Maternal Health Project Officer

Aboriginal Health Workforce Coordinator

Recruitment Focus and Metrics

The main focus of our recruitment process has been the promotion of AHCSA as the Employer of Choice by using our advertisements to highlight our cultural diversity, flexible environment, training and development support and other staff benefits which AHCSA offers. This has translated into a higher number of applications received in response to our advertisements, compared to the number of applications received for similar positions advertised on Seek according to the Seek Employer Ad Performance metric.

Our recruitment process also consists of actively targeting the right talent for a particular position from our pool of former applicants, expressions of interest and using the Seek Talent Search tool.

Our advertisements aim to reach the widest and most suitable candidates from both operational and cultural perspectives. Our recruitment and induction processes

highlight the importance of AHCSA as an Aboriginal Community Controlled Organisation and ensures that AHCSA's core values, particularly cultural diversity, are understood, shared and respected.

Of the seven recruitment campaigns conducted in the past financial year, six resulted in the employment of Aboriginal candidates.

Staff Metrics

As at 30 June 2020, AHCSA's workforce comprised 48 employees: 32 full-time, 14 part-time and two casual. Part-time status has increased since the last reporting period due to more staff requesting flexible working arrangements. This was a direct result of the impact COVID-19 had on flexibility in workplaces generally. With working from home proving to be possible, some Staff have been keen to utilise AHCSA's new Flexible Working Arrangement/Working From Home Policy for various reasons, including improving work-life balance.

Staff Turnover – Decrease

As of 30 June 2020, staff turnover was 10.53% with five staff departing in the last twelve months over a total average of 47.5 staff across the year. The turnover ratio has significantly decreased compared to the previous reporting period (16.67%) due to the total average of staff increasing and an improved staff retention rate.

Current Projects

In 2019, AHCSA started building iinduct, an online induction system aimed at improving the staff onboarding experience and assisting with retention and engagement. Due to ongoing internal changes and a shift in priorities due to the COVID-19 outbreak, the initial review

of the first draft of the online content took longer than expected but has now been completed. Once revised, the platform will be shared with relevant staff for feedback before it is finalised and goes live.

Staff Training

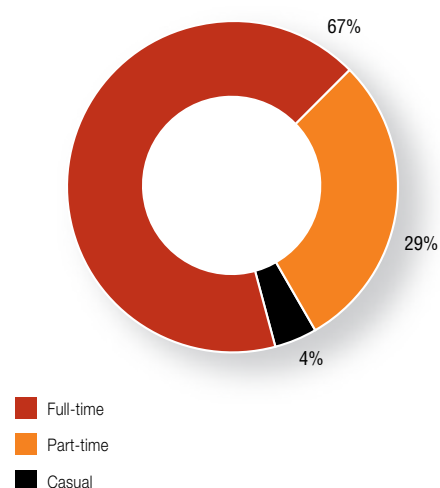
Prior to the COVID-19 outbreak, AHCSA had organised ad-hoc program-related training based on specific position and team requirements, such as the Internal Auditing training, 4WD training and the Effective Communications training.

On an organisational level, a matrix of core workplace behaviour training has been prepared for AHCSA. Some training was identified as a priority for Staff and will be offered as soon as practicable, such as Cultural Respect and Safety, Rainbow Tick and the Prevention of Unlawful Discrimination, Bullying and Harassment training for Staff and Managers. Other basic compliance training will also be scheduled in the next year to meet our staff needs and compliance requirements.

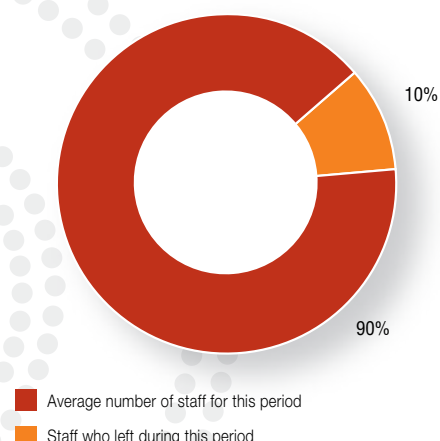
The objective is to have a systematic approach in delivering training to our staff on core workplace behaviours, which starts at induction and continues throughout their employment at AHCSA.

Human Resources continues to provide internal training on systems, new HR policies and procedures as required and to work with Managers on specific team or individual training where the need arises.

Total AHCSA Employees – 48 Staff



Staff Turnover – 10.53%
July 2019 – June 2020





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 objective of the Public Health Program is to provide public health advice and support to AHCSA and its Members. The role of the Public Health Medical Officer (PHMO) continues to provide public health advice and support to AHCSA and its Members, with involvement in a wide range of activities and initiatives.

Dr David Johnson continued in the role of PHMO throughout the twelve-month period. In February 2020 he reduced his hours at AHCSA to take up a part-time position within the Communicable Disease Control Branch of the SA Department of Health and Wellbeing. From February, the position was shared between Dr David Johnson and Dr David Scrimgeour.

The onset of the COVID-19 pandemic in early 2020 led to the PHMOs taking a leading role in coordinating the public health response to the pandemic in AHCSA and in South Australian ACCHSs. The demands of this public health crisis meant that to a significant extent, usual PHMO activities received less attention than had previously been the case. However, in general, the public health support activities were able to be maintained.

Sector Advocacy

The PHMO played a key role in establishing the SA Aboriginal Environmental Health Working Group, which brings together key State Government departments, NGOs and Aboriginal Community Controlled Health Services (ACCHSs) to identify, develop and advocate for responses to the poor environmental living conditions experienced by many Aboriginal people in South Australia. Addressing these issues is critical to achieving the sustainable elimination of trachoma, along with reducing the impact of a range of other infectious diseases.

AHCSA has been working closely with the Commonwealth Department of Health to support the implementation of a new Hearing Assessment Program (HAP) delivered by Hearing Australia in SA

The group is progressing the development of a statewide Aboriginal Environmental Health Framework as well as advocating for resourcing of an Aboriginal environmental health workforce, with a focus on enabling home-based health hygiene practices and facilitating the repair and maintenance of health hardware in homes.

The PHMO was part of the writing group for the National End Rheumatic Heart Disease (RHD) Roadmap, which was endorsed at the Council of Australian Governments (COAG) Health Council meeting in March 2019. Importantly, the Roadmap highlights the need to address the cultural, social and environmental determinants of Aboriginal and Torres Strait Islander health, which will bring benefits beyond RHD. It also recognises the crucial role of ACCHSs and the delivery of comprehensive, responsive primary health care.

Led by the PHMO, AHCSA continued to advocate for Aboriginal Health Practitioners (AHPs) to be able to independently vaccinate under the SA Vaccine Administration Code (SA Controlled Substances legislation), with additional training and appropriate supervision. Over the past twelve months, the PHMO continued to work closely with the SA Health Immunisation Section to make this change to the Code and AHCSA developed and delivered a pilot training program to AHPs to enable them to meet the

competency standards to vaccinate under the Code. This pilot will be evaluated with the aim of providing the course over the next five years.

Public Health Coordination

The PHMO continued to convene a monthly Public Health Network teleconference between AHCSA and all ACCHSs in SA until February. They were then superseded by regular teleconferences for senior staff from SA ACCHSs to provide updates and discussion around preparing for the COVID-19 pandemic. These meetings, chaired by the AHCSA PHMO, were originally weekly and then fortnightly, and have enabled communication between AHCSA and ACCHS staff to strengthen primary health care systems and ensure preparedness to protect Aboriginal communities from an outbreak of COVID-19.

Over the past year, the PHMO continued to work on enhancing the SA response to the large multi-jurisdictional infectious syphilis outbreak which has included South Australia since 2017. In collaboration with SA ACCHSs, NACCHO and the Department of Health's Enhanced Syphilis Response Unit, AHCSA coordinated the development of a successful statewide proposal to fund a sexual health workforce response in ACCHSs. This has included the expansion of the AHCSA Sexual Health Program capacity-building and coordination role.

AHCSA has been working closely with the Commonwealth Department of Health to support the implementation of a new Hearing Assessment Program (HAP) delivered by Hearing Australia in SA. This program aims to improve the early detection and treatment of hearing loss for Aboriginal and Torres Strait Islander children aged 0 to 5 years through better access to comprehensive hearing assessments and follow-up treatment. The AHCSA PHMO and Ear Health Project Officer worked closely with two ACCHSs to ensure that SA is involved in the first phase of the program's implementation.

In 2019 AHCSA was successful in obtaining funding for an Alcohol and Other Drug (AOD) Project Officer. The aim of the program is to increase support, resourcing and capacity-building for ACCHS to strengthen the identification and management of clients with AOD use disorders. The position provides an advocacy, coordination and networking role for the ACCHS AOD sector as well as maintaining close links with the mainstream AOD service providers. This position works closely with the new Community Educator AOD position based in the AHCSA Education, Training and Workforce Team and the Sexual Health/BBV Team.

Support for AHCSA Programs

The PHMO continued to provide team leadership and support to the AHCSA Sexual Health, Blood Borne Virus, Alcohol and Drug, Eye Health, Trachoma Control, Ear Health and the Rheumatic Heart Disease programs. The PHMO also worked closely with the Quality Systems Team, providing public health advice and support as required.

Medicine Registrar Supervision

The PHMO supervises a Public Health Medicine Registrar who is a doctor undertaking specialty training in public health. In 2019, Registrar Dr Sonali Meena worked on a project detailing the barriers and enablers for people undertaking health hygiene practices, as well as what can be learnt from previous programs to address these barriers.

This information will be used to support evidence-based interventions aimed at reducing the prevalence of conditions such as trachoma, rheumatic heart disease, middle ear disease, skin infections, gastrointestinal and respiratory infections – all of which impact on the growth and development of children, in addition to having longer-term impacts.

In 2020, Dr Katrina Lyne continued to work on this environmental health program, as well as contributing to the collection, collation and presentation of data reflecting Sexually Transmissible Infection control activities on ACCHSs. Dr Lyne also contributed significantly to planning for COVID-19 outbreaks in Aboriginal communities.



CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE

SEXUAL HEALTH AND BLOOD BORNE VIRUS

The AHCSA Sexual Health and Blood Borne Virus Program works with Aboriginal health services and the broader health sector across South Australia, supporting the prevention and treatment of STIs and BBVs (hepatitis B and C). The Program supports ACCHSs and other services working with young Aboriginal people in the promotion of, and improved access to, opportunistic and voluntary sexually transmitted infection (STI) screening for people aged between 16 and 35 years.

COVID-19 has had a significant impact on program capacity since March 2020. The team responded by supporting a range of pandemic planning activities including the roll-out of COVID-19 point of care testing (POCT), immunisation clinics and community messaging. Due to COVID-19 the six-week intensive STI screening period and associated community engagement grants were decided, in consultation with the ACCHSs, to be postponed until October 2020.

Despite the challenges of COVID-19 the Program made a number of significant achievements in 2019-2020. These included:

- Supporting the implementation of STI and BBV screening policies and procedures and introducing clinical guidelines to support ACCHSs to increase rates of testing. This included a focus on the integration of injecting drug use harm reduction and clean needle program referral in both AOD and BBV clinic policies and procedures.
- Creation and facilitation of a newly formed Aboriginal Sexual Health Network (ASHN), bringing together sexual health workforces from across



the state. The ASHN connected through a monthly teleconference, providing an opportunity to discuss challenges and share learnings from our services and communities.

- Running a two-day workshop, 'Responding in the Outback' in partnership with SHINE SA, bringing together the newly appointed ACCHS sexual health workforce to upskill and undertake joint planning in response to the current outbreak of infectious syphilis. Presentations were delivered by a number of leading experts in Aboriginal sexual health and blood borne viruses, covering topics such as epidemiology, interpreting test results, POCT, stigma and discrimination, patient information management, AOD harm reduction and clean needle programs.
- Supporting the Medical Workforce Development Project 2019-2020 with the provision of syphilis education to medical professionals across four communities (Port Augusta, Renmark, Coober Pedy, Ceduna) with Adelaide Sexual Health Clinic, SA Health CDCB and SHINE SA.
- Development of the 'Syphilis is Still Out There' campaign in partnership with SHINE SA. The campaign raised awareness that while the focus of health services became centred on COVID-19, it was vitally important that we continued to test, treat, cure and notify partners in response to the outbreak of infectious syphilis.
- Supporting the roll-out of syphilis POCT through training, resource development and clinical guidance in partnership with Flinders University and NACCHO. Syphilis POCT has been established at five ACCHSs (Nunyarra, Port Lincoln, Yadu Health, Umoona Tjutagku and Pika Wiya).
- Supporting ACCHSs with the management of viral hepatitis through the provision of a range of recommendations for strengthening clinical information systems. AHCSA worked with ACCHS to ensure all clients with a diagnosis of hepatitis B or C had appropriate recalls in place and that treatment pathways were readily accessible.

- Supporting the development of the South Australian Aboriginal STI and BBV Action Plan 2020-2024. The new Action Plan will be a first for South Australia, as a joint initiative between AHCSA and SA Health's Communicable Disease Control Branch and the Aboriginal Health Branch.
- Supporting the establishment of two new CNPs in SA ACCHSs, and planning for delivery of online CNP and injecting drug use harm reduction training with Hepatitis SA.

The Sexual Health and Blood Borne Virus Program would like to acknowledge all of our external partners who have supported the objectives of the program over 2019-2020. These include SA ACCHSs, NACCHO, SA Health Communicable Disease Control Branch, Aboriginal Health Branch, Viral Hepatitis Nursing Workforce, Drug and Alcohol Services SA, Kirby Institute, SHINE SA, Hepatitis SA, Aboriginal Drug and Alcohol Council, SAHMRI, Adelaide Sexual Health Clinic, Yarrow Place, SIN, Flinders University and Adelaide University.

Staff Achievement Recognition

Sarah Betts

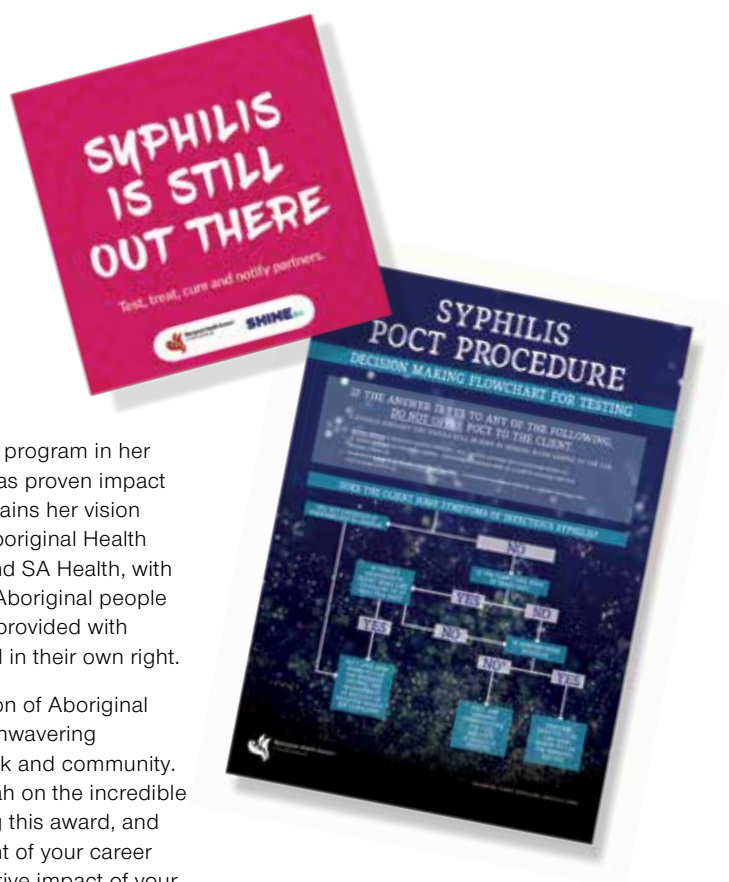
AHCSA is proud to share the achievement of Sarah Betts who was named South Australian NAIDOC Person of the Year 2019.

Sarah is employed in the position of Sexual Health/BBV Program Coordinator at AHCSA, having worked in the program for over seven years. Over this time Sarah has built strong and long-standing relationships with AHCSA Member Services and SA communities, providing advocacy for Aboriginal sexual health at both a State and National level.

With a career spanning over 20 years in Aboriginal Health, Sarah has maintained a passion and dedication for working with, and for, her people. Sarah has developed

and led a sexual health program in her role at AHCSA which has proven impact across SA. Sarah maintains her vision of empowerment for Aboriginal Health Workers in ACCHOs and SA Health, with her hopes focused on Aboriginal people having health services provided with respect and dignity and in their own right.

Sarah is a true champion of Aboriginal sexual health with an unwavering commitment to her work and community. Congratulations to Sarah on the incredible achievement in winning this award, and the greater achievement of your career outcomes and the positive impact of your work so far.



CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE

DEADLY SOUNDS

The 2019-2020 financial year was a complex year with the development of a global pandemic which impacted the way we engaged Aboriginal Community Controlled Health Organisations in South Australia.

The Deadly Sounds Program continued to support ACCHSs with its main focus on developing clinic systems and ear health models of care. This continued to happen through video conferencing and the utilisation of auditing tools. The aim was to strengthen activity directed at the early identification and management of young people with middle ear disease.

Early Detection

Early detection was necessary to minimise repeated ear infections. Ear infections often occur due to undiagnosed and untreated ear infections. Left untreated, infection can cause hearing problems at a later stage.

While the program continued to include young people aged 0 to 21 years, there was a particular focus on children up to six years of age, recognising the need for identification and management of ear disease and associated hearing loss in this age group.

Research

Between the ages of two and 20, an Aboriginal child or young person is likely to experience hearing loss from middle ear infections for at least 32 months, compared with three months for non-Aboriginal children or young people.

Research shows that the clinical presentation of otitis media infections differs between Aboriginal and non-Aboriginal children. Otitis media is characterised in Aboriginal children by the first onset occurring at a younger age, higher frequency of infection, increased severity and greater persistence than in non-Aboriginal children.

Data Collection and Continuous Quality Improvement

In 2019-2020 the Quality Systems Team supported the Deadly Sounds Coordinator to undertake a system audit with services across South Australia. Due to COVID-19 this will continue, crossing over financial years with outcome data currently not available.

Services undertook a variety of tasks via online media. The second half of the financial year saw no face-to-face contact with community. Support of current best practice continued with regular communication via teleconferences, Zoom meetings with program coordinators and ongoing phone and email support. The Ear Health Coordinator continued to reinforce the Deadly Sounds Manual as a benchmark for best practice and the ongoing development of clinical skills.

An ongoing objective was to continue to build Communicare documentation of clinical information and referral pathways to ensure quality outcomes.

AHCSA's Quality Systems Team supported Deadly Sounds with the implementation of a dashboard for child Ear Health data. Services were able to look at up-to-date information in regards to their progress in meeting ear health check requirements.

Workshops

AHCSA partnered with the Rural Doctors Workforce Agency (RDWA) and Benchmark Training Group to facilitate training workshops in ear health and hearing. Two accredited training sessions were held in October 2019 for Otitis Media Management and Tympanometry.



In addition to these training sessions, the following highlights are noted:

3 Jul	Tympanometry – Port Lincoln
6 Aug	Tympanometry – Muna Paiendi AHS
13 Aug	RTO Certificate III AMIC worker education
19 Aug	Tympanometry – RAH (Aboriginal Health Unit)
20 Aug	Ear Health Screening Family Day with Starlight Foundation – Ceduna
9-10 Oct	Two-day Ear Health Workshop hosted at AHCSA

Stakeholder Relationships

The Ear Health Project Officer continued to build and strengthen relationships with key stakeholders in order to provide comprehensive ear health and hearing models of care in ACCHSs.

The Ear Health Coordinator undertook a three hour forum on the new ear health training package developed and delivered by TAFE Digital NSW which will supersede Benchmark in October 2020.

The Ear Health Coordinator worked closely with Moorundi and Nunkuwarrin Yunti to undertake school screenings in 0–6 year olds. Over the course of the events, 38 children participated in an ear health check.

Ongoing business development with RDWA continued to strengthen the capacity of ACCHSs to support and utilise visiting specialists and allied ear health services.

The team worked with Benchmark Training Group and their advisory team and sought the involvement of the Department of Health in the workshops to assist with priority-setting for the new Hearing Assessment Program and research.

Continually working towards achieving optimal, sustainable eye health outcomes for Aboriginal people in South Australia

EYE HEALTH

While generally born with better vision on average than their non-Aboriginal counterparts, Aboriginal adults have approximately three times the prevalence of blindness or vision loss, 94% of which can be prevented or treated.

The Eye Health Program, through the Eye Health Project Officer (EHPO), continually works towards achieving optimal, sustainable eye health outcomes for Aboriginal people in South Australia.

The EHPO provides high level, ongoing support to AHCSA's Member Services to manage primary and secondary eye health and vision care, and build strong pathways to tertiary level care.

The EHPO role has evolved and works towards building close relationships with Member Services in broadening workforce and clinical systems capacity, while still

continuing to support eye health practitioner visiting services, advocacy and networking with stakeholders and the broader Indigenous eye health sector.

Workforce Capacity Building

Strengthening of primary health workforce skills and knowledge helps our Member Services to:

- Better embed eye and vision care into overall primary health practice
- Broaden the scope of primary eye health care, including in-house screening for diabetic retinopathy (retinal photography)
- More actively and effectively engage in visiting eye health practitioner service visits
- Better understand the complexities of comprehensive eye health care and vision correction

The EHPO provided tailored staff training, refreshers and mentoring in primary eye health care, visual acuity testing, retinal screening and some basic optical dispensing.

Clinical and Systems Capacity Building

The program worked with Member Services to complement workforce training development with clinical/systems capacity building around eye health, particularly opportunistic vision testing and retinal screening and included:

- Optimising use of the patient records system and making enhancements where needed
- Effective use of specialised eye health equipment, tools and instructional resources



CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE



- Implementing resource booklet *Deadly Sights: A Communicare and MBS Guide*
- Streamlining clinical procedures to embed primary eye health and vision care into clinical practice
- Data collection and continuous quality improvement, including SQID Cycle 3, as outlined below:

AHCSA's South Australian Quality Improvement Data (SQID) Cycles Program

The EHPO worked with AHCSA's Quality Systems Team to apply the SQID Program in order to improve the rates of retinal screening in Member Services.

SQID Cycles are state-based, interactive clinical quality improvement cycles that focus on one area of health. It involved the collection of de-identified baseline health data, followed by webinar presentations to health services that explore the processes and barriers associated with the cycle topic. De-identified health data is collected again after three months and six months and compared with baseline data to assess health service improvement.

For our remote Member Services with no local optometrist access, their in-house retinal screening became more important than ever as an attempt at 'makeshift tele-optometry' to combat the absence of onsite eye health consultations

SQID Cycle 3 focused on improving diabetic retinopathy screening rates in Aboriginal clients over fifteen years of age with non-gestational type 2 diabetes. Seven AHCSA Members participated in this Cycle. Baseline data was extracted at the end of October 2019, however the planned extraction of data in March and June 2020 was interrupted by the global wrath of the COVID-19 pandemic; thus the SQID Cycle 3 was postponed until after June 2020.

Impact of COVID-19 on Eye Health for Our Mobs

The unprecedented global pandemic brought immediate suspension of all visiting allied health and non-essential medical specialist services to rural or remote Aboriginal communities from March 2020.

This meant no face-to-face clinic interaction from visiting optometrists and ophthalmologists, nor the EHPO. While telehealth kicked off in other health disciplines, this was almost impossible for optometry and ophthalmology due to the nature of eye examinations and the physical reliance on diagnostic equipment.

For our remote Member Services with no local optometrist access, their in-house retinal screening became more important than ever as an attempt at 'makeshift tele-optometry' to combat the absence of onsite eye health consultations. Primary health care workers would securely send retinal photographs and accompanying vision measurements to optometrists for assessment and advice over the phone.

Our Member Service clinics in the APY Lands then took it a step further, with one of their visiting optometrists procuring them an auto-refractor and worked closely on the phone with the local Eye Health Coordinator to perform supervised refractions for glasses prescriptions.

Other Developments

- Through the Eye Health Program, AHCSA continued as a proud member of the Consortium for the national Provision of Eye Health Equipment & Training (PEHET) Project, which had been extended for another year in order to roll-out slit lamps to selected Aboriginal health services across the nation.
- AHCSA EHPO was centric and instrumental in the planning and implementation of visiting optometrist services to AHCSA's city-based Member Service, and a similar initiative for two Aboriginal health clinic sites of the Central Adelaide Local Health Network (CALHN).
- Through the collaborative efforts of the visiting ophthalmologist, the Ceduna Hospital, the Rural Doctors Workforce Agency, AHCSA Member Services and the EHPO, planning is well underway to have eye surgeries performed at Ceduna Hospital. This will help address excessive waiting lists for residents of Ceduna, Yalata and Oak Valley, particularly for cataract operations.



TRACHOMA ELIMINATION

AHCSA's Trachoma Elimination Program (TEP) continued to work to prevent, treat and eliminate trachoma as a public health problem by 2020. Trachoma is the leading infectious cause of blindness in the world and is entirely preventable.

In 2009 the Australian Government, alongside the World Health Organisation (WHO) and its partners, committed to the implementation of the SAFE Strategy as part of the Alliance for Global Elimination of Trachoma by the year 2020. The SAFE Strategy combines the three elements of primary, secondary and tertiary prevention but in reverse order:

- Surgery to prevent blindness in those who have trichiasis (in-turned eyelashes)
- Antibiotic treatment for the trachoma infection
- Facial cleanliness and improved hygiene to reduce transmission of trachoma
- Environmental improvements to decrease transmission

With less than a year to go the TEP continued to focus on improving home and personal hygiene, including promoting the importance of functional bathrooms and laundries to help achieve the elimination of trachoma from all communities.

The TEP provided screening for trachoma and trichiasis; treatment of positive trachoma cases and household members; the education of health professionals, teachers and community members about trachoma; hygiene health promotion; advocacy for environmental health improvements and active participation on the SA Trachoma Elimination Strategy Committee and the SA Aboriginal Environmental Health Working Group.

The excellent news is that in South Australian children aged five to nine years, the overall

prevalence of active trachoma has decreased from 17% in 2010 to 0% in 2019, and the clean face rate has improved from 51% in 2010 to 93% in 2019. These great results are due to the effective partnerships and incredible efforts of the at-risk communities; these include ACCHSSs, local schools, Eyre and Far North LHN, Indigenous Eye Health Unit (IEHU), Melbourne University, SA Trachoma Elimination Strategy Committee, AHCSA's TEP and other stakeholders.

The TEP's plans for 2020 had to be postponed and adjusted due to the COVID-19 pandemic. One benefit of the pandemic was that there has been a vast increase in hygiene health promotion and general awareness of good hygiene practices.

The IEHU, Melbourne University has developed resources to encourage everyone, particularly children, to stay healthy and eliminate trachoma and other infectious diseases through following *Milpa's Six Steps to Stop Germs*. Milpa's six steps are:

- Blow nose until empty
- Wash hands with soap and water
- Wash face to clean snot and yucky eyes
- Brush teeth with toothpaste morning and night
- Have a shower with soap every day
- Don't share towels
- Plus an extra COVID-19 step – to remember to always cough and sneeze into your elbow

The TEP was successful in obtaining 9,600 bars of soap, kindly donated by Soap Aid, which were distributed to Member Services and other Aboriginal communities and organisations in SA.

For the communities at risk of trachoma the TEP also provided Milpa's 'Six Steps to Stop Germs' stickers to be distributed with the soap to community members to promote positive hygiene practices.

To eliminate trachoma, children need to keep their faces clean, and to do that we need to make sure that they have access to functional washing facilities and bathrooms (health hardware) and access to affordable soap, towels and cleaning supplies (health software). One way of achieving this goal was through AHCSA's involvement in the cross-sectoral SA Aboriginal Environmental Health Work Group (SAAEHWG). Although work was delayed by COVID-19 the SAAEHWG developed a draft SA Aboriginal and Torres Strait Islander Environmental Health Plan which is scheduled to commence in 2021.

The vision of the plan is to guide the delivery of programs and services that promote equitable environmental living conditions to improve health and wellbeing outcomes for all Aboriginal people living in SA. If the vision is realised, not only will we achieve the elimination of trachoma but also reduce the impacts of a range of other infectious diseases.



CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE

ABORIGINAL DENTAL

AHCSA receives funding from the Department of Health for the Aboriginal Dental Programme through the National Aboriginal Community Controlled Health Organisation (NACCHO). AHCSA administers this funding to the South Australian Dental Service through a memorandum of administrative arrangement, which assists in the provision of oral health programs for Aboriginal and Torres Strait Islander children and eligible adults.

An adult is eligible for government-funded dental services if he or she is a holder, or adult dependent of a holder, of a current Commonwealth Government-issued Pensioner Concession Card or Health Care Card. AHCSA provides the funding with an emphasis on the provision of oral health programs as part of a whole-of-health, primary health care approach for Aboriginal and Torres Strait Islander people.

The Aboriginal Dental Scheme (ADS) forms part of the SA Dental Service Aboriginal Oral Health Program (AOHP) which provides general and emergency care to Aboriginal people and may include restorative and preventative care, extractions, dentures and other services. The AOHP provided through the SA Dental Service has both increased the services to Aboriginal people in South Australia and alleviated the demand and resources on the ADS.

Key Features

- The ADS only operates where clients cannot access the Aboriginal Liaison Program (ALP) through a local SA Dental Service Clinic, ie in rural and remote areas.
- The total number of Aboriginal clients treated by the SA Dental Service each year continues to rise which has resulted in reduced demand for the ADS as more Aboriginal clients access mainstream dental services through the ALP.
- There is no wait time for care under the ADS.

Benefits of Care Under ADS or ALP

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

Areas Covered

- Far West country including Ceduna, Streaky Bay and Cowell
- Northern country including Yorketown and Peterborough
- Northern remote areas including Coober Pedy and Roxby Downs
- South and South East country including Kingscote and Kingston.



CONSTITUTIONAL OBJECTIVE 2

TACKLING INDIGENOUS SMOKING

The Tackling Indigenous Smoking (TIS) Programme is funded by the Australian Government under the Indigenous Australians' Health Programme. Among 37 grant recipients across Australia, the programme aims to deliver a population health promotion approach to tobacco control, combining a range of evidence-based activities to meet the needs of diverse population groups. Regions supported by AHCSA's programme includes Ceduna, Coober Pedy, Murray Bridge, Port Lincoln, Riverland, Whyalla, Port Augusta, Yorke Peninsula, Gawler and the Mid North.

Partnerships, collaborations and strong relationships with AHCSA Member Services, community leaders, organisations and services are vital to achieving the over-arching objectives of the TIS Programme. We would like to give recognition and acknowledgement to all of the committed and dedicated people in regional services for their ongoing support and involvement in programme activities.

The team also collaborated with the Maternal Health Tackling Smoking, Education and Workforce, Sexual Health, Trachoma Elimination programs and the Quality Systems Team to ensure that our programs collectively provided a holistic approach to tackling smoking while addressing the many health priorities that our communities face.



We also invested significantly into supporting AHCSA Member Services and Aboriginal communities across South Australia to keep our communities safe during the COVID-19 pandemic and this meant that the second half of the year was very different. While we had to reorganise and adapt our programme, we are proud of the way AHCSA supported our communities and the Team worked hard to continue to keep our community connected through the TIS Programme activities and

we extended our support to reach communities through improved social media and online activities. See the Puyu Blasters Facebook page - <https://www.facebook.com/PuyuBlastersAHCSA>

We supported the development of a range of resources, including the *Stop the Spread. Stay Strong* campaign which was a partnership between AHCSA and the SA Government. The Team contributed to AHCSA's COVID-19 response by producing a range of culturally appropriate community announcements. Please visit www.ahcsa.org.au to view these resources.

We supported the development of a range of resources, including the 'Stop the Spread. Stay Strong' campaign which was a partnership between AHCSA and the SA Government

CONSTITUTIONAL OBJECTIVE 2

TACKLING INDIGENOUS SMOKING

Raising awareness about the importance of reducing exposure to second-hand smoke at the Gynburra Butterfish Festival, a smoke-free event

During this time, Community Leaders were even more important in our community. They played a fundamental role in supporting us with health messaging and raising awareness by participating in the production of videos about the critical measures needed to stop the spread of COVID-19 into South Australian Aboriginal communities. Through this process we were able to keep a focus on tackling smoking and stay connected to our communities in new ways and with increased support as all sectors and services united to empower our mob to keep safe.

The Team were kept busy with health promotion activities and events to support the prevention of the uptake of smoking, reduce exposure to second-hand smoke and encourage the community to quit smoking. Significant effort and focus was placed on building workforce capacity to help our mob to quit smoking and support services with their smoke-free environment in-service education and policies. We increased our focus on priority groups: youth, pregnant women and remote communities, with particular attention to extending the programme to more communities.

The Youth Project Officer continued to work with schools and youth to encourage young people to stay in school, remain smoke-free and maintain healthy lifestyles. Young people were engaged successfully through age-appropriate, fun and culturally respectful information and support.

Partnerships and Events

In October 2019 we hosted a barbecue in Marree in partnership with the Royal Flying Doctor Service to bring community members together as part of our goal to build even stronger relationships.

Community members took home key messages about the importance of staying smoke-free, quitting smoking and staying away from second-hand smoke. The team learnt a lot about the history of Marree.

Over the January 2020 long weekend the programme supported the Gynburra Butterfish Festival. The annual event is targeted at Aboriginal families and is open to all members of the South Australian community. Activities held during the event included a family fun day, cultural performances, live entertainment, stalls, a foreshore movie night, butterfly competition, women's pamper day and fireworks.

The event was held on the Port Victoria foreshore. The Team partnered with the festival organisers to showcase Aboriginal culture and raise awareness about the importance of reducing exposure to second-hand smoke and promoted the festival as a smoke-free event. It also provided opportunities to kickstart programs and connect community members with quit smoking support. Over 700 people participated at the event.



Social Media

The TIS Team extended the geographical reach of the programme through social marketing campaigns and the development and distribution of resources. <https://www.facebook.com/PuyuBlastersAHCSA>





CONSTITUTIONAL OBJECTIVE 2

TACKLING INDIGENOUS SMOKING

PUYU BLASTERS TIS SMOKE-FREE PRISONS

“There’s more to life than smoking, and I’m a lot healthier” and “Breathing better; feeling better about the future; proud of myself” are two of the voices of participants involved in the Puyu Blasters TIS Smoke-Free Prison program.

The TIS Programme partnered with the Department of Correctional Services, SA Government to support the Smoke-Free Prisons Strategy in South Australia.

The Team worked with 220 Aboriginal inmates and staff to provide support with the transition to smoke-free prisons in Port Augusta, Port Lincoln, Mobilong and Cadell. The objectives of the partnership were to:

- Facilitate access to diversionary therapies
- Raise awareness about the support services available
- Educate and acknowledge the effect of second-hand smoke and the effects it has on both inmates and staff

All correctional sites in South Australia were smoke-free by the end of 2019, a significant health achievement for all involved. We followed up with each site six months later as part of the World No Tobacco Day (31 May) program and to celebrate the success of the strategy and achievement of becoming smoke-free. We organised a World No Tobacco Day (WNTD) t-shirt pledge event and surveyed staff and inmates at two sites.

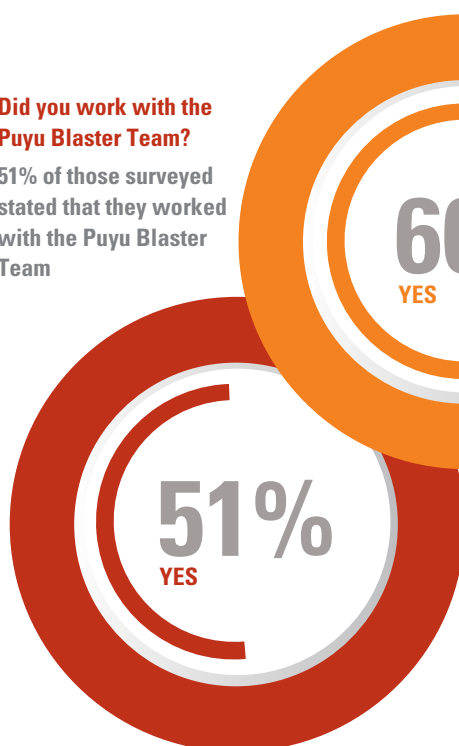
We worked collaboratively to ensure that the event was positive and engaging and could be delivered despite the COVID-19 restrictions. The strong partnerships and relationships between the TIS Team and these sites meant that programme activities were still able to occur despite the challenges presented by the COVID-19 pandemic.

The event allowed participants to reflect on the activities delivered and asked participants whether they would stay quit upon release from prison. The results from the survey were outstanding.

From 88 completed surveys we are proud to share some of the results:

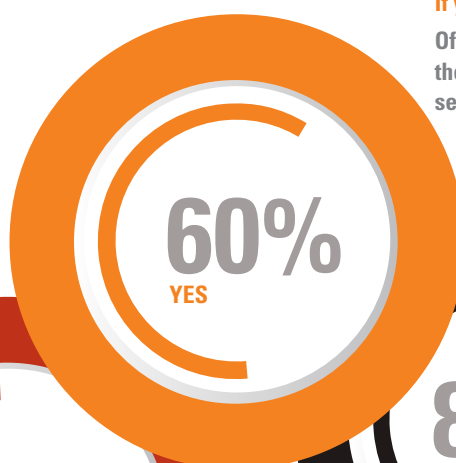
Did you work with the Puyu Blaster Team?

51% of those surveyed stated that they worked with the Puyu Blaster Team



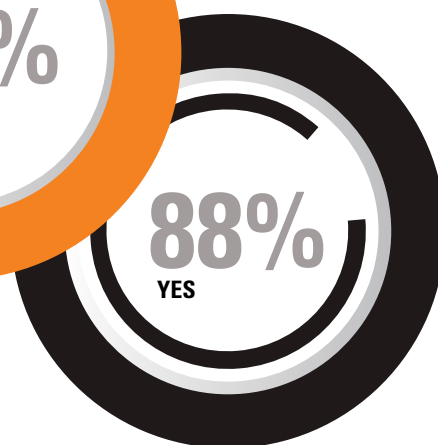
If yes, did it help?

Of those who worked with the Team 60% found the sessions useful



When you leave prison will you stay quit?

88% stated that they would stay quit upon their release



“There’s more to life than smoking, and I’m a lot healthier” and “Breathing better; feeling better about the future; proud of myself”



MATERNAL HEALTH TACKLING SMOKING

The Maternal Health Tackling Smoking (MHTS) Program is funded by the South Australian Government to increase the number of healthy Aboriginal babies born to healthy mothers in smoke-free environments.

The program aims to further reduce smoking rates amongst pregnant Aboriginal women in SA. Although there have been positive results in reducing the rate of Aboriginal women smoking during pregnancy, much work is yet to be done.

This year AHCSA received additional funding to develop an online Smokerlyzer training program for health professionals working with pregnant women as a resource tool to support quitting. This was an opportunity to collaborate with the TIS Programme to produce a comprehensive and culturally appropriate training program for health professionals working with Aboriginal people.

The project has been carried over to 2020-2021 due to delays arising from the COVID-19 pandemic and will be rolled out and promoted as a joint activity through the Maternal Health Tackling Smoking Program, Tackling Indigenous Smoking Team and AHCSA's training program.

Groups and Events

Groups and events continued to be popular quit support opportunities for pregnant women and Mums and Bubs groups to receive education and support to quit smoking. The MHTS Project Officer worked with health services and community organisations across South Australia to organise activities which brought women together in a positive and relaxed atmosphere to allow for education and support. Follow-up support was offered to all women following involvement with groups and events.

Workforce Development

The MHTS Program increased its activity on workforce development with a focus on building on a health professional's capacity to support Aboriginal pregnant women to tackle smoking in pregnancy. These strength-based workshops aimed to increase knowledge on women's business, highlight the positive effects of not smoking, especially during pregnancy for mother, baby and families. The workshops also provided coaching to health professionals and advice on how to engage with women and Community members about the benefits of smoke-free pregnancies through the use of the Smokerlyzer monitor and the Bump to Bub flipchart.

The program wishes to formally acknowledge and thank the Share the Dignity organisation <https://www.sharethedignity.org.au/> who have generously supported AHCSA's Maternal Health Tackling Smoking Program for a number of years with the provision of handbags which contain personal items for women. The handbags are provided as an extra support to women involved in our programs and are greatly appreciated.

Data Snapshot

- 109 Aboriginal pregnant women were provided with individual or group quit support activities
- 13 participants were successfully contacted (post-activity)
- 10 participants made a quit attempt
- Seven participants have reduced their smoking
- Four participants have quit smoking
- 171 staff provided with information through face-to-face engagement
- 12 events attended by the Project Officer to promote smoke-free pregnancy and the MHTS Program



Partnerships and Collaborations

- 51 partnerships and collaborations with Community leaders and priority groups, including organisations and services supporting youth, pregnant women, remote communities and other groups that support population health promotion activities
- 76 health promotion events/activities
- 47 health promotion activities for priority groups:
 - 29 health promotion events/activities for youth
 - 11 health promotion events/activities for pregnant women
 - Seven health promotion activities for remote communities



CONSTITUTIONAL OBJECTIVE 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



CONSTITUTIONAL OBJECTIVE 3

RESEARCH

ABORIGINAL HEALTH RESEARCH ETHICS COMMITTEE

The Aboriginal Health Research Ethics Committee (AHREC) promotes, supports and monitors quality research that will benefit Aboriginal people in South Australia. AHREC also provides advice to communities on the ethics, benefits and appropriateness of research initiatives.

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 April 2020, the 2019 annual report presented stability in both the membership of the Committee and the number of research proposals reviewed, and AHREC maintains its registered human research ethics committee status.

AHREC continued to demonstrate compliance with the National Statement and Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research as one of only three Aboriginal-specific full Human Research Ethics Committees (HRECs) in Australia.

The Committee continued to protect the interests of the Aboriginal Communities in SA and advocate for compliance with the NHMRC Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research. The six core values that researchers are required to demonstrate in their research practice and methods include spirit and integrity, cultural continuity, equity, reciprocity, respect and

responsibility. AHREC continues to closely scrutinise whether or not researchers' conduct is in line with these values, particularly in terms of study design, implementation and knowledge translation.

AHREC's guidance to researchers continued to highlight the holistic and interconnected nature of Aboriginal health and for any research activity undertaken in SA to yield benefit for the Aboriginal Communities.

All research submitted to AHREC must place the needs, priorities and wellbeing of the South Australian Aboriginal Community before the needs of the study. It must present a partnership approach at all phases of the research with a feasible knowledge translation strategy involving relevant Aboriginal organisations. All research submitted to AHREC must meet with good research practice and present a rigorous methodology in terms of quantitative representativeness and qualitative data saturation. The methodology should be designed to adequately answer the study's research questions and achieve meaningful research outcomes for the South Australian Aboriginal Community.

Research Applications Reviewed

In addition to proposals that were awaiting decision or researchers' response to concerns raised, a total of 49 new research proposals were submitted to AHREC in the 2019-2020 financial year, compared to 54 in 2018-2019, 54 in 2017-2018, 47 in 2016-2017, 55 in 2015-2016 and 45 in 2014-2015.

The most commonly queried issues in applications were:

- Consultation and engagement, and evidence of support from Aboriginal stakeholders
- Aboriginal governance and ownership ensuring an Aboriginal lens and control is incorporated in the entire spectrum of research activities from design, data collection, analysis to knowledge translation
- The lack of articulation around cultural and linguistic considerations, especially in relation to free, prior and informed consent
- The lack of clarity in recruitment

The six core values that researchers are required to demonstrate in their research practice and methods include spirit and integrity, cultural continuity, equity, reciprocity, respect and responsibility

43

The 43 new Aboriginal-specific proposals which were reviewed and approved during 2019-2020 related to a wide range of health topics that significantly impact on Aboriginal health and wellbeing

- The study design and methods not directly addressing study goals, or study goals being beyond the capability of the study design and methodology leading to scope creep and concerns over feasibilities
- The lack of a clearly outlined analysis and knowledge translation strategy
- Requisite justifications warranting grounds for a waiver of consent
- Confidentiality, anonymity and the Privacy Act
- Data management and sovereignty
- Distress protocol

Clarity and cultural safety concerns over study tools such as:

- Participant information sheet and consent form
- Promotional materials and incentives
- Other recruitment related tools, eg verbal scripts, email introduction
- Data collection instruments, eg surveys, yarning/interview guide, data linkage variables

Data Snapshot

Of the 49 new research proposals that were reviewed in 2019-2020:

- Forty-three were granted ethical approval
- Three were not approved. The reasons for the Committee's decisions included poor application standards, lack of consultation, lack of rigour and scientific validity, and risks outweighing potential benefits.
- The review of three proposals was yet to be resolved at the time of writing

Research Topics

The 43 new Aboriginal-specific proposals which were reviewed and approved during 2019-2020 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:

- Pneumonia hospitalisations
- Better cardiac care
- Acquired brain injury in the prison system
- Developmental outcome measures for children
- Gambling and Aboriginal Communities
- Caregiver perspectives and FASD
- Disability needs in the prison system
- Hepatitis C testing and treatment
- Kidney transplantation
- Alcohol, Smoking and Substance Involvement Screening Test ('ASSIST')
- Lived experience of methamphetamine use
- Resources to prevent methamphetamine (Ice) related harms
- Hepatitis B management
- Family violence
- Government and non-Government commissioning practices
- Wellbeing of older Koorina and Ngarrindjeri women
- National HPV Vaccination Program
- Rheumatic Fever Strategy
- Joint replacement outcomes
- Dental examinations and histories in the HPV and oropharyngeal cancer
- Measurement and reporting of institutional racism in South Australia's Local Health Networks
- A Community of Practice for Dietitians and Nutritionists
- Capability approach in child protection
- Emergency Department casemix and workforce
- Post-neonatally acquired cerebral palsy
- Prevention of cerebral palsy
- Complex trauma
- Acute leukaemia
- Aboriginal culture and strength
- Quality in residential care
- Intensive Family Preservation Program (SKFT)
- Regional implementation of The Roadmap to Close the Gap for Vision
- Various smoking cessation-related studies
- Measurement of institutional racism

CONSTITUTIONAL OBJECTIVE 3

QUALITY SYSTEMS

The AHCSA Quality Systems Team (QST) provides comprehensive clinical and organisational support to Members by applying a Continuous Quality Improvement (CQI) focus to patient information management systems, data collection and analysis and clinical governance.

In late 2019, and with the departure of Deputy Chief Executive, Amanda Mitchell, who led the team and its functions, the Team experienced a change in leadership. Amanda was valued for the experience she brought to the Team, and we thank her for her leadership, support and dedication to the development and success of the Team in contributing to improving health outcomes for Aboriginal people living in South Australia.

The Team welcomed Dr Sarah Fraser as the new Team Leader in January 2020. As an existing member of the QST, Sarah's transition into this new leadership role was seamless. Under this new structure were the CQI and Health Policy Coordinator, Health Informatics Coordinator, Digital Health Coordinator, GP Supervisor and two Patient Information Management Systems (PIMS) officers. Sarah's substantive role, the Clinical Practice Improvement Coordinator remains vacant. The Team are hopeful that the recruitment for this position will occur in late 2020.

COVID-19 Response

In early to mid-February 2020, and as a direct response to the current COVID-19 pandemic, AHCSA formed two Working Groups at the direction of the CEO - the Clinical and Community Messaging groups. Their primary focus was to support Member Services and Aboriginal communities. Due to the nature of this pandemic, all members of the QST primarily ceased their usual Member support functions and re-directed efforts to focus on the pandemic response. A full report on AHCSA's leadership and

contribution in this space is documented within this report. After August 2020 the two working groups combined to form one group.

Using PowerBI to Inform CQI

The QST continued to work closely with AHCSA Members to enhance Continuous Quality Improvement (CQI) capacity and to maintain accreditation against the required standards. To facilitate and drive this work, the QST invested significant time into the implementation and roll-out of their PowerBI models and tools. This work was extremely exciting for the team who have travelled numerous times to our Member Services to work with individuals and teams on quality improvement initiatives.

The PowerBI tools allowed us to work in partnership with our Members to collect, review and present health service data in a way that facilitates discussion about improvement initiatives and builds staff knowledge and capacity to apply a critical lens over their own data and provision of healthcare. The QST supported staff to increase their data literacy skills by working one-on-one with individuals and teams to drill down and identify root causes to system issues and to create trends for evaluation and planning purposes.

General Practice Supervisor Program

Funded by GPEx, the GP Supervisor for Aboriginal Health provided direct clinical services to six rural and remote clinics and supervised 7.5 GP Registrars across eight locations in the 2019-2020 reporting period. Face-to-face visits continued throughout the COVID-19 pandemic. The position also provided Australian Health Practitioner Regulation Agency (AHPRA) supervision for an International Medical Graduate (IMG) in Ceduna and supervision/mentoring for Australian College of Rural and Remote Medicine (ACRRM) specialist pathways.

As part of AHCSA Member Support, the program continued to improve the uptake of Aboriginal Health Checks (Item 715) and development of GP Management Plans (Item 721). It provided tangible support to the GP workforce at participating rural ACCHSs, together with systems support for clinical governance.

The program significantly increased the uptake of Aboriginal Health Checks in the ACCHSs involved in the program and continued to expand.

Data Snapshot

GP Workforce

Additional 7.5 GP Registrars residing in or visiting eight rural ACCHS, plus GP Supervisor providing over 700 GP service days for reporting period

GP Management Plans

Chronic condition clients with current GP Management Plans (Item 721)
– 626, up 30% from last report

Aboriginal Health Checks

Clients who had a health check (Item 715)
– 1563, up 25% from last report

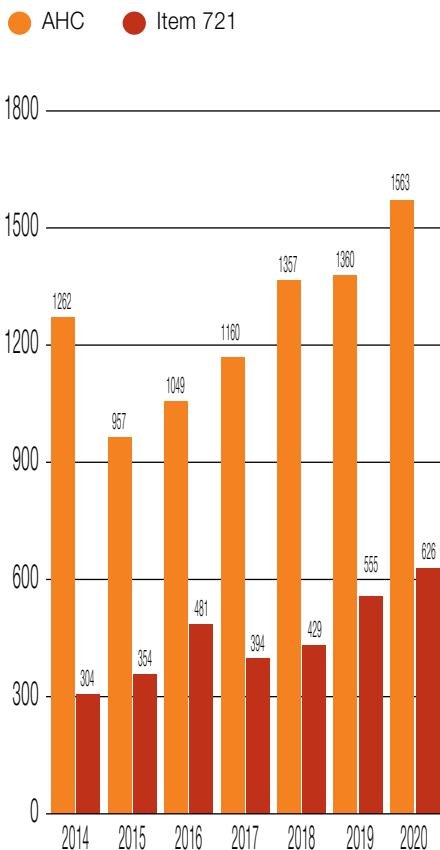
Quality Management of chronic conditions across sites

82% of patients with diabetes had an HBA1c performed in the previous 12 months

GP Registrar Cultural Awareness Training

100% of GP Registrars in SA underwent two-day intensive cultural awareness training as part of the GPEx program. This continued via webinars in the first half of 2020.

Number of Aboriginal Health Checks and GP Management Plans



626 chronic condition clients with current GP Management Plans (Item 721), up 30% from last report

Policy and Advocacy

This financial year, the QST worked with AHCSA's Executive to review and re-invigorate our Policy and Advocacy processes. These processes remain in draft due to staffing changes and sector priority challenges as a result of the pandemic. We anticipate the new process, and a reduced focus on the COVID-19 pandemic response, will enable AHCSA's work in this area to progress.

AHCSA continued to influence national policy by contributing to national policy submissions through NACCHO, ensuring that our Members' voices and experiences were at the forefront of our work. Some of our focus was working in collaboration with our Members on the challenges of the implementation of the NDIS and undertaking significant work in response to Closing the Gap through the Coalition of Peaks.

Data Strategy

In collaboration with its Members, the QST developed various data collection and feedback mechanisms that supported ongoing quality improvement, service

planning and delivery. Although each of these mechanisms provided benefit for Member Services, they were delivered independently of one another and as a result, opportunities for collaboration, improvements and innovation were limited.

The purpose of the AHCSA Data Strategy (2020-2025) is to formally outlay a plan for innovation and expansion of AHCSA and Member Services' data capabilities over a five-year period. This work is led by AHCSA's QST with the Public Health Medical Officer and Research and Ethics input.

With an enhanced understanding of current data structures and processes across AHCSA programs and within Member Services, the strategy aims to identify and measure key goals for improving health care processes into the future. Member Service leadership and guidance is operationalised through the ACCHS Data Steering Committee. This group collaborates in setting KPIs to assess how Data Strategy goals will be achieved; inform capacity measures for future resources required to achieve those goals and maintain ongoing data processes as required.

30%

CONSTITUTIONAL OBJECTIVE 3

QUALITY SYSTEMS

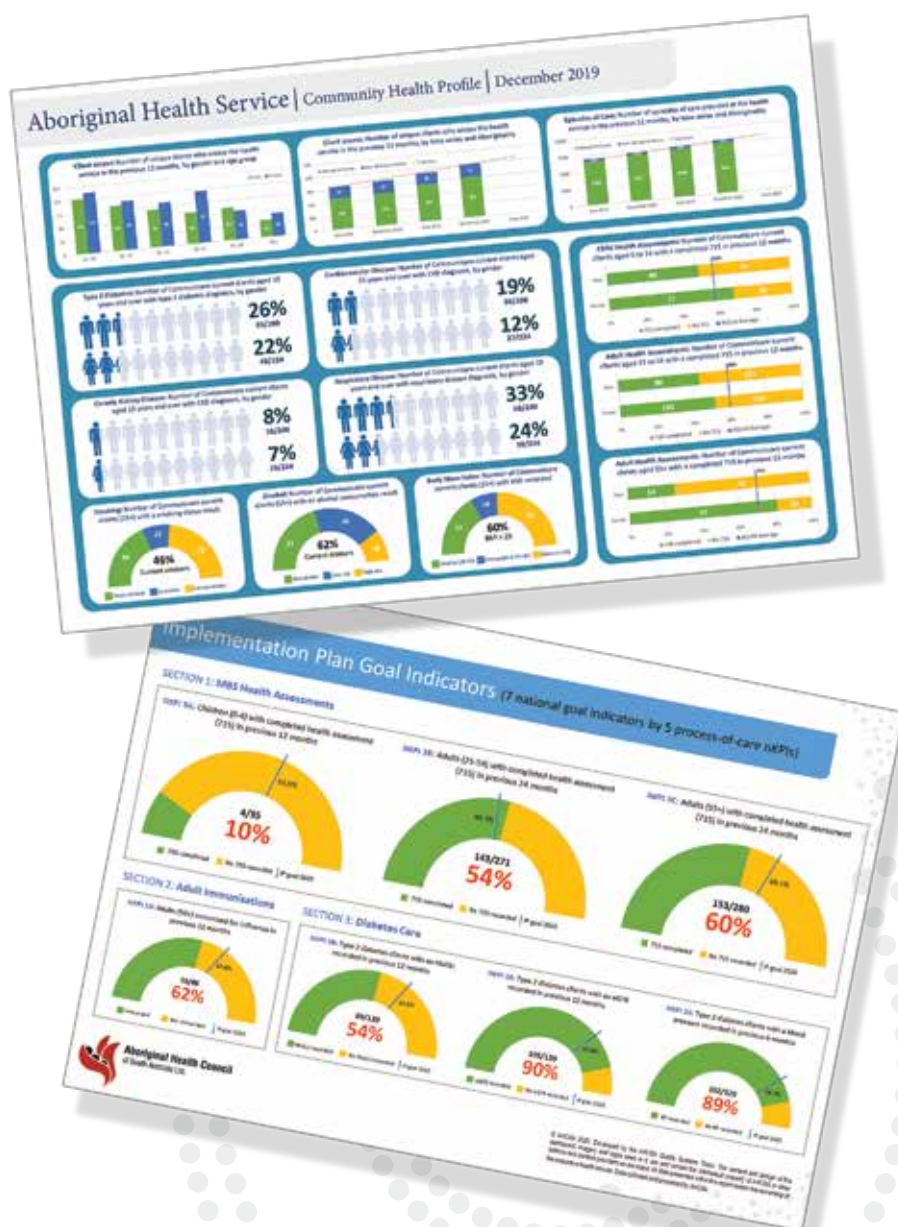
As a practical example, the AHCSA Data Strategy aims to facilitate increased data literacy within Member Services and their respective communities and subsequent quality improvement initiatives. One of the ways that the Data Strategy will optimise this work will be through the creation of data dashboards for individual health services. Examples of these dashboards shown right.

Current Financial Year Achievements (year one of the strategy)

In the 2019-2020 financial year, AHCSA formed an internal Data Working Group that worked to synergise programs where data overlap was taking place or where there was potential for this to occur.

To date, this group has been working on the first iteration of the AHCSA Data Strategy, developed a Terms of Reference for the ACCHS Data Steering Committee and engaged Member Services on the future directions of the strategy, including new data sharing and feedback pathways and a broader insight into community health information.

In the next twelve months we will be working with Member Services to convene the first ACCHS Data Steering Committee meeting. AHCSA will work with this new network to analyse and review new data innovations, including PAT CAT dashboard developments; future SQID Cycle topics and ways to work smarter with health information to drive quality improvement.



DIGITAL HEALTH

This year AHCSA continued to coordinate and provide support on a range of digital health initiatives for Member Services, such as NASH PKI and Site Certificates, My Health Record (MHR), PRODA & HPOS, healthcare identifiers, technical support across systems, telehealth, medical devices, ePIP, policy and procedural support. AHCSA continues to provide digital health leadership and advocacy to ensure Members' voices and experiences are central to digital health nationally.

My Health Record Awareness Campaign

Due to the ongoing challenges experienced by our communities in knowledge and understanding of the My Health Record (MHR) system, the QST advocated for, and lobbied governments to support, an awareness campaign. The Team successfully secured funding through the Australian Digital Health Agency. This funding supported the development of an MHR Reference Group to include representatives from each Member Service to co-design a MHR Awareness Campaign. Earlier in the year, the campaign was put on hold due to COVID-19 but has recommenced. The campaign is expected to be delivered in early 2021.

Future Digital Health Support

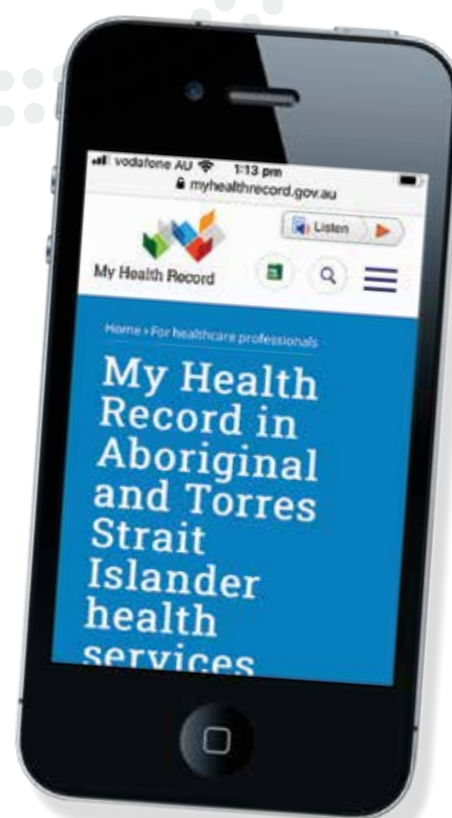
With COVID-19 changing the way we worked and lived, the need to bolster our Sector's ability to integrate our systems and practices in an ever-evolving digital space was required. As a result, a discussion paper was written which presented the latest global evidence for emerging digital health interventions that strengthen health systems. The digital health landscape in

Due to the ongoing challenges experienced by our communities in knowledge and understanding of the My Health Record (MHR) system, the QST advocated for, and lobbied governments to support, an awareness campaign

Australia was highlighted to provide context regarding the current situation for the Aboriginal Community Controlled Health Sector specifically, as it related to South Australia.

Based on the evidence and information presented in the paper, recommendations and future directions were identified and provided guidance regarding the provision of digital health support from AHCSA for ACCHSs in SA. A copy of the discussion paper can be found on AHCSA's website: <https://ahcsa.org.au/resources/digital-health-discussion-paper/>

For the next twelve months AHCSA will implement the recommendations from the discussion paper and digital health support will be broadened based on National and State digital health developments; for example, supporting future and secure use of the MHR, telehealth, medicine safety projects such as electronic prescribing and real-time prescription monitoring, secure message delivery and the implementation of national interoperability specifications and standards.





CONSTITUTIONAL OBJECTIVE 4

Provide and deliver chronic disease care
services and programs

CONSTITUTIONAL OBJECTIVE 4

CHRONIC DISEASE

As outlined in the *AHCSA Strategic Direction 2019-2024*, Constitutional Objective Four allows for the provision and delivery of chronic disease care services and programs to the Aboriginal Communities across South Australia.

The health system has multiple barriers and constraints. Due to this, the resourcing and capacity-building of local Communities is not always immediately possible.

Empowerment Process

Ultimately, AHCSA's goal is to do what we can to see our people live longer and happier lives. An important part of this is the establishment of trusted, high-quality and sustainable ACCHSs across all of our Communities, and AHCSA sees it as their role to work towards making this a reality. AHCSA endeavours to do this by supporting all Aboriginal Communities, when invited in, as the need arises. Through a process of empowerment, AHCSA strives to meet the longer-term goal of building local, Aboriginal-led health services.

Key Directions

Over the next four years AHCSA has set the following goals for this Constitutional Objective:

- Contribute to closing the life expectancy gap for Aboriginal people in South Australia through comprehensive primary health care delivery
- Enable Aboriginal people and Communities to access comprehensive health care services where an immediate or specialised need is locally identified, including managing demand for services
- Develop a Pathway to Aboriginal Community Control strategy to establish further Aboriginal Community Controlled Health Services in South Australia

Enabling Aboriginal people and Communities to access comprehensive health care services where an immediate or specialised need is locally identified, including managing demand for services

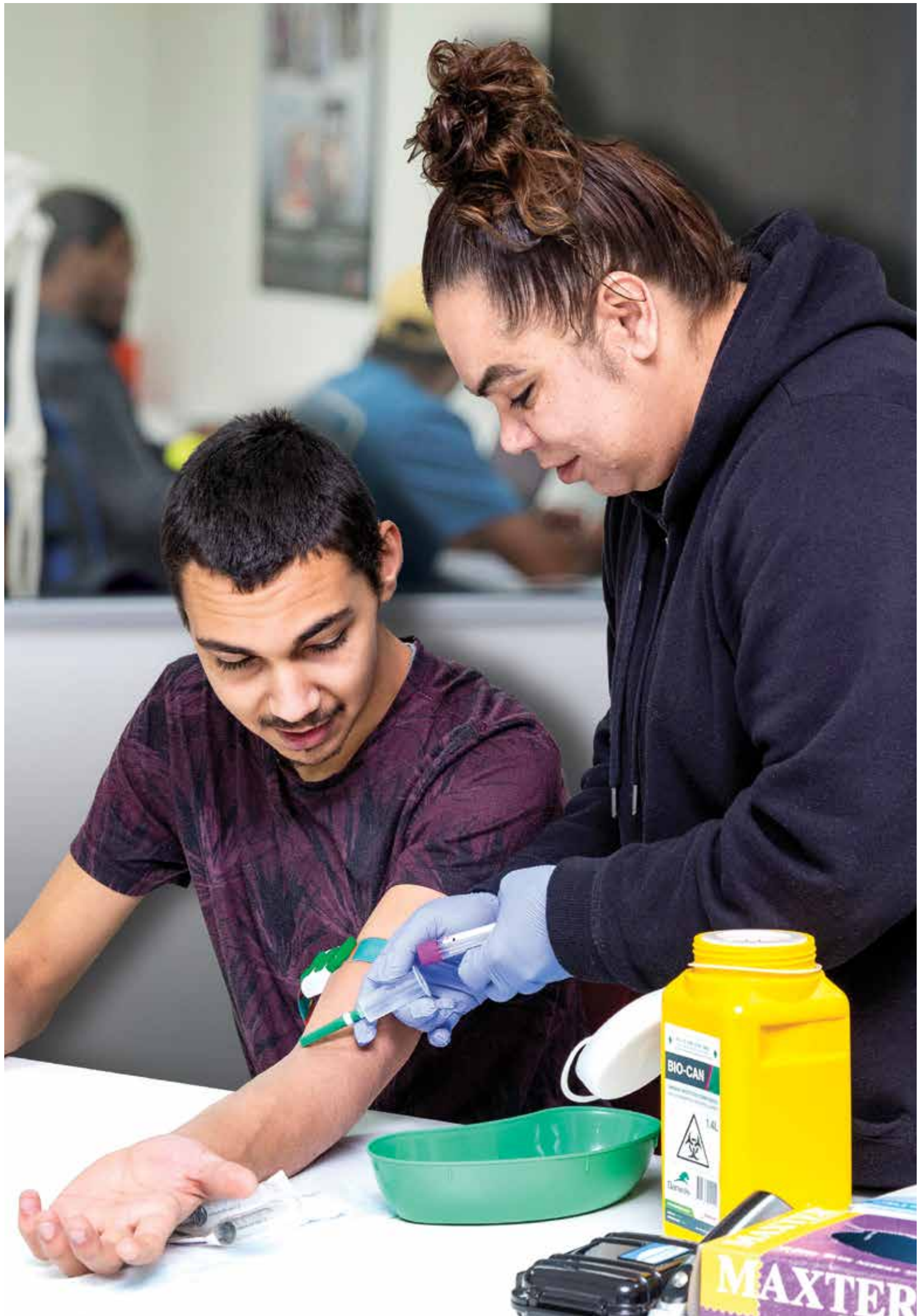
- Support workforce gaps where it is locally required by deploying support staff to manage leave or as recruitment processes are being implemented
- Advocate for specialised equipment for ACCHSs with appropriate support and training





CONSTITUTIONAL OBJECTIVE 5

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



CONSTITUTIONAL OBJECTIVE 5

EDUCATION, TRAINING AND WORKFORCE

REGISTERED TRAINING ORGANISATION

The intention of the Registered Training Organisation (RTO) is to provide accredited and non-accredited training and development opportunities to the Aboriginal health sector, with a key priority being the training of Aboriginal Health Workers and Aboriginal Health Practitioners. The vision of the RTO is to provide training and professional development in a community space that is welcoming and reflects and celebrates Aboriginal culture.

AHCSA and Industry Support

In addition to the members of the Education, Training and Workforce Team, the RTO also receives significant support from other program staff across the organisation. During the 2019-2020 period, education delivery was provided to RTO students by AHCSA's Eye Health and Trachoma Elimination, Ear Health and Sexual Health programs. Educators also sought support from industry specialists to provide current information to students in a range of health areas.

Industry Partners

Special thanks go to the following industry partners for their ongoing support of AHCSA's Primary Health Care training:

- The Heart Foundation
- Hepatitis SA
- Diabetes SA
- Kidney Health Australia
- Yarrow Place Rape and Sexual Assault Service
- SAMESH
- Adelaide Sexual Health Centre (275)
- SHINE SA
- Pregnancy Industry Network SA
- Sex Industry Network SA

Training Programs

Over the past twelve months the RTO continued to deliver nationally accredited training in the following qualifications and skill-sets:

- HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (Certificate III)
- HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Certificate IV Practice)
- HLTSS00031 Aboriginal and/or Torres Strait Islander Maternal and Infant Care Skill Set – Clinical (AMIC)

During the 2019-2020 period the RTO saw the commencement of two new classes and the continuation of six classes, bringing the total number of active enrolments to 77 across all three qualifications.

The planned intake for early 2019 was postponed due to travel restrictions brought on by COVID-19, with new classes commencing in the following financial year.

Cultural Advisory Team

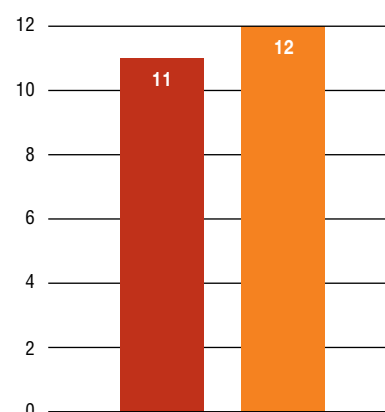
The RTO continued to maintain the Cultural Advisory Team (CAT) as a tool to embed cultural ways into the delivery of education and training. The CAT membership is made up of Aboriginal and Torres Strait Islander staff from the RTO and AHCSA.

Over the past year CAT provided guidance to the RTO in:

- Navigating cultural sensitivities that arose in training subjects
- Personal support provided to students
- Improved study environments and practices

CAT will continue to advocate for Aboriginal ways of educating and being within the RTO and be driven by the Aboriginal voices within AHCSA.

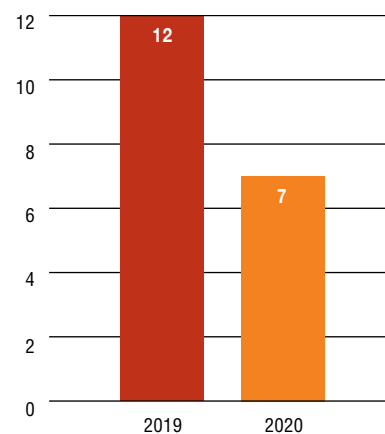
New Enrolments 2019



Key Courses

- Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (Certificate III)
- Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Certificate IV Practice)

Full Course Completions 2019/2020



STUDENT FEEDBACK

'I just want to thank AHCSA for the best opportunity to extend my experience in the Health Department. This is going to be an exciting journey for me where I can take my skills and knowledge back to my community and improve the Health of my people.'

Student Feedback

AHCSA continued its commitment to the quality improvement of its RTO and the continued delivery of quality services to the community. AHCSA's RTO regularly collected student feedback and utilised this to action positive change in training service development and delivery.

Based on Student Workshop Evaluation data for the period July 2019 to June 2020, AHCSA's RTO received a 93.20% satisfaction rating, remaining steady since last financial year's satisfaction rate of 93.65%.

- "Educators are very helpful, very nice and great to be around, I would highly recommend studying here"
- "(The Educators) always deliver the training in language that is easy to understand and if anyone doesn't understand they are amazing at rewording and making you think of it in your own way or setting"

STUDENT SATISFACTION

- 96% I would recommend training to others and attend training with AHCSA again.
- 92% The learning resources provided were at a level I could understand.
- 92% The learning resources provided were helpful and relevant to the topics.
- 93% The training venue and/or equipment (eg computer, photocopier etc) was easily accessible and in working order.
- 94% Instructions for class activities and assessments were explained clearly.
- 94% The Educator gave constructive feedback throughout activities and delivery.
- 93% The training was clear and I as able to understand it.

- "Absolutely love the hands on training. (It) makes it so much easier to visualise and learn how it would be in a real setting."
- "Good organisation, great educators"

Staff Achievement Recognition

Christine Fraser

AHCSA would like to take the opportunity to congratulate Christine who is a finalist for the Excellence in Education Award, recognised for her role as Clinical Educator at AHCSA, where she has worked in the Registered Training Organisation for the past seven years.

Whilst she works in clinical service provision, she is dedicated to the values that traditional medicine practices bring to mainstream health, such as the use of Bush Medicine and Ngangkari Healers. Christine exemplifies holistic approaches to Aboriginal ways of 'knowing and being' and with a broad understanding of the social determinants of health she builds individual Health Worker resilience with self-care and self-love principles, connectedness to country, land and family.

We wish Christine luck for the awards ceremony in May 2021, but she is already a winner to us!



CONSTITUTIONAL OBJECTIVE 5

EDUCATION, TRAINING AND WORKFORCE

RURAL ABORIGINAL HEALTH WORKER

The Rural Aboriginal Health Worker Programme continued in its role of supporting the delivery of primary health in regional areas. It is vital to ensure that primary health care delivery for Aboriginal communities is maintained in these areas.

AHCSA monitored and managed the funds and administration associated with this program, including negotiation and liaison with mainstream country hospitals and health services.

Funding Support

Programme funding was received from the Commonwealth Department of Health via the National Aboriginal Community Controlled Health Organisation (NACCHO), and AHCSA, in turn, provided funding to the relevant Health Service to employ Aboriginal Health Workers in the following regions:

AHWs EMPLOYED

Nunyara Aboriginal Health Service	2
Pangula Mannamurna Aboriginal Corporation	1
Oodnadatta (up until December 2019)	1



The Rural Aboriginal Health Worker Programme continued in its role of supporting the delivery of primary health in regional areas

AHCSA MEMBER DIRECTORY 2019-2020

Aboriginal Community Controlled Health Services

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www.yadu.org.au

PIKA WIYA HEALTH SERVICE ABORIGINAL CORPORATION

40-46 Dartmouth Street
Port Augusta SA 5700
Tel 08 8642 9904
Fax 08 8642 6621

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PO Box 2021
Port Augusta SA 5700
www.pikawiyahealth.org.au

OAK VALLEY (MARALINGA) ABORIGINAL CORPORATION

Maralinga Tjarutja
Administration Office
43 McKenzie Street
Ceduna SA 5690
Tel 08 8625 2946
08 8670 4207 (Clinic)
Fax 08 8625 3076

NUNYARA ABORIGINAL HEALTH SERVICE

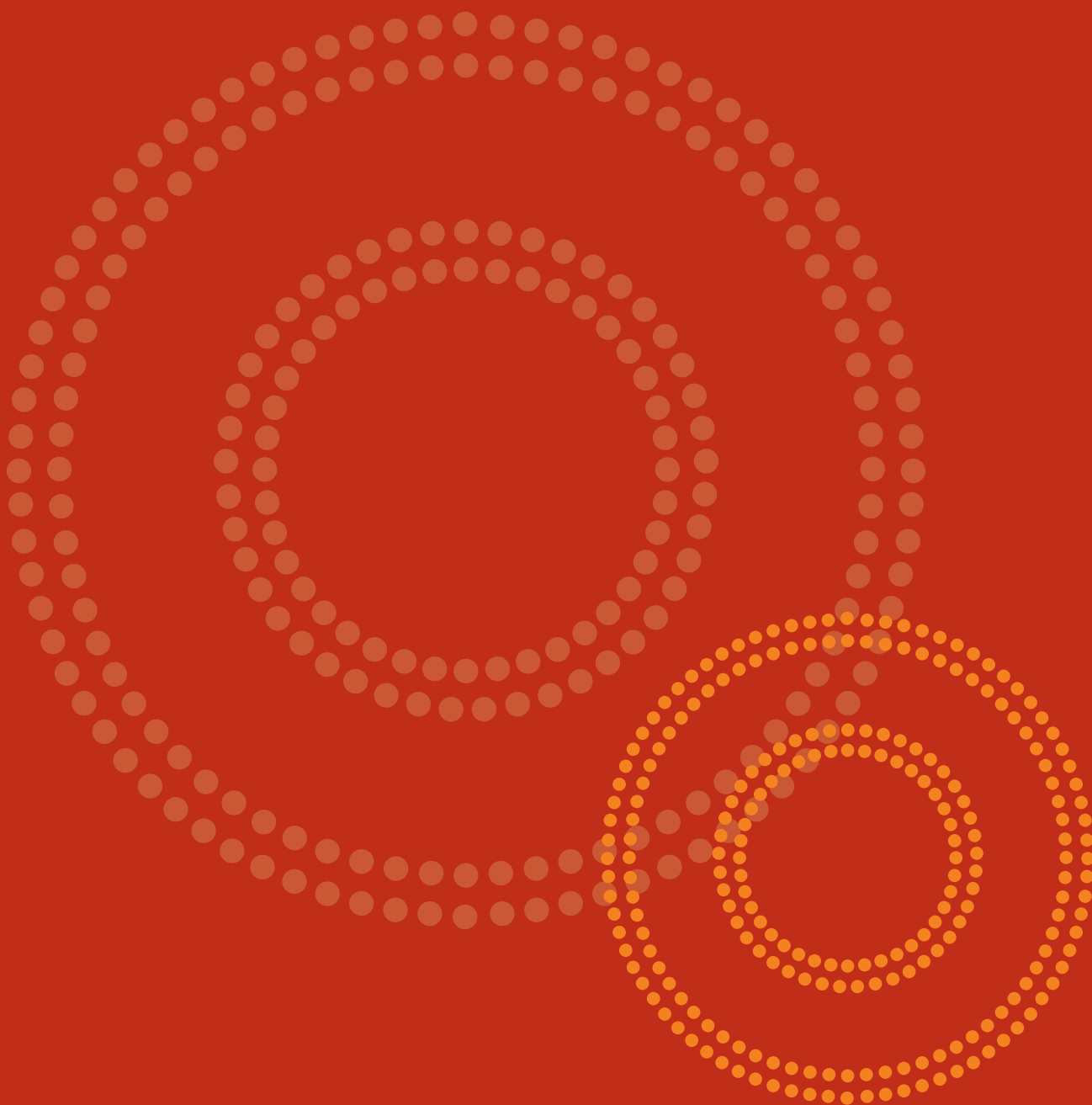
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