

# ANNUAL REPORT

## 2020 - 2021







## 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 40-year history includes:

- o **1981** Incorporated health unit under the South Australian Health Commission Act.
- o **1999** Commissioned a review that recommended reincorporation under the Associations Incorporation Act, SA 1985, to increase effectiveness and representation.
- o **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.
- o **2011** AHCSA celebrated its 10th anniversary as an independent Aboriginal Community Controlled Health Organisation.
- o **2014** AHCSA Inc purchases land and building at 220 Franklin Street, Adelaide, South Australia.
- o **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.
- o **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.
- o **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 this Aboriginal health organisation as we work towards becoming a sustainable organisation for Aboriginal people across South Australia into the future.

# AHCSA MEMBERS

## 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 sexual health, environmental health (UPK), dental health, 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. The internationally recognised UPK report was published in 1987. Development of the UPK program, which established nine healthy living practices that led to the provision of health hardware 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 Wantja (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 in 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 delivered 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. Tullawon Health Service currently employs 45 staff who provide comprehensive services to the Yalata community and surrounding area.

## 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) Aboriginal Corporation was established in 1985 as a Community outstation for Anangu people displaced from the Maralinga Lands for the British atomic tests. Oak Valley (Maralinga) Aboriginal Corporation managed the establishment of the Community including housing, roads, airfield and other infrastructure. The Community is now serviced with a store, health clinic, aged care centre, youth program, Municipal Services, Men's and Women's Community Development Program, Rangers program and a school. The art centre provides an outlet for local art work.



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).

### **PANGULA MANNAMURNA ABORIGINAL CORPORATION**

Pangula Mannamurna is located in Mount Gambier, the land of the Boandik people. Culture and language are being revitalised, and the name Pangula Mannamurna comes from the Bunganditj language. Pangula means 'place where a Doctor or Healer can be found' and Mannamurna means 'joining hands'. Together, Pangula Mannamurna is a place where healing is found and where partnerships are developed to address health and well-being issues. Pangula Mannamurna contributes to strengthening Aboriginal culture across the region through their Healing Circles work. The 'one stop shop' vision of the founding families who set up Pangula Mannamurna was about Aboriginal and Torres Strait Islander people having access to health and wellbeing services, either on site, or through effective referrals. The vision also included a safe place for community to visit and stay connected to others.

### **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 well-being 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.

# ANNUAL REPORT

## CONTENTS 2020 - 2021

<b>CHAIRPERSON'S REPORT</b>	<b>8</b>	<b>CONSTITUTIONAL OBJECTIVE 3</b>	<b>34</b>
<b>CHIEF EXECUTIVE OFFICER'S REPORT</b>	<b>10</b>	<b>RESEARCH</b>	<b>35</b>
<b>AHCSA AND THE COVID-19 PANDEMIC</b>	<b>12</b>	Aboriginal Health Research Ethics Committee	35
<b>ORGANISATIONAL STRUCTURE</b>	<b>14</b>	<b>QUALITY SYSTEMS</b>	<b>38</b>
<b>PROGRAM REPORTS</b>		Digital Health	38
<b>CONSTITUTIONAL OBJECTIVE 1</b>	<b>16</b>	Clinical Systems	38
<b>QUALITY, ACCREDITATION AND COMPLIANCE</b>	<b>17</b>	Health Informatics	38
<b>EXECUTIVE – HUMAN RESOURCES</b>	<b>18</b>	Patient Information Management Systems	40
<b>CONSTITUTIONAL OBJECTIVE 2</b>	<b>20</b>	Health Policy and Grants	40
<b>PUBLIC HEALTH AND PRIMARY HEALTH CARE</b>	<b>21</b>	General Practice Supervisor Program	40
Public Health	21	<b>CONSTITUTIONAL OBJECTIVE 4</b>	<b>42</b>
Public Health Medical Officers	21	<b>CHRONIC DISEASE</b>	<b>43</b>
Public Health and Primary Health Care Team	21	<b>CONSTITUTIONAL OBJECTIVE 5</b>	<b>44</b>
Diabetes	21	<b>EDUCATION, TRAINING AND WORKFORCE</b>	<b>45</b>
Alcohol and Other Drugs	22	AHCSA and Industry Support	45
Ear Health - Deadly Sounds	22	Training Programs	45
Eye Health	23	Workforce	46
Trachoma Elimination	24	Palliative Care Skill Set	46
NDIS Ready	25	Team Profile	47
Sexual Health and Blood Borne Virus Program	26	Achievements	47
Aboriginal Dental	28	Rural Aboriginal Health Worker	48
<b>TACKLING INDIGENOUS SMOKING (TIS)</b>	<b>30</b>	<b>FINANCIAL SUMMARY</b>	<b>50</b>
TIS Programme	30	Directors' Report	51
Maternal Health Tackling Smoking	32	Directors' Summary	52
		<b>AHCSA MEMBERS DIRECTORY 2020-2021</b>	<b>54</b>

Throughout this document, the terms 'program' and 'programme' are used. 'Program' relates to State-funded initiatives, while 'programme' refers to Commonwealth-funded initiatives.







# CHAIRPERSON'S REPORT

## Welcome to our 2020-2021 Annual Report.

The 2020-2021 period has been another year full of challenges but has also highlighted the exceptional work of the Aboriginal Community Controlled Health Sector in keeping our Aboriginal communities safe and healthy. Our strong partnerships with our Members, funders and partners have continued throughout the year and I wish to express my thanks for the work we have undertaken and achieved together in improving the health outcomes for Aboriginal people in South Australia.

Although, once again, 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 progressed or completed some other exciting projects, including:

**QIP Rainbow Tick Accreditation** – AHCSA was the first Aboriginal organisation in Australia to achieve QIP Rainbow Tick Accreditation. I am very proud of this achievement and I would like to congratulate all involved who contributed to this fantastic outcome. AHCSA pursued this Accreditation to ensure AHCSA is providing an inclusive, safe and quality-focused environment for our communities and to help ensure that Aboriginal LGBTIQ+ people are not missing out on appropriate health care.

**History Project** – AHCSA's History Project has been progressed significantly, with a number of key Aboriginal people being interviewed and their stories and recollections captured. This will ensure AHCSA's history is preserved for our future generations. At the completion of the project, AHCSA will have produced a digitally-available learning resource with unique insights into the humble beginnings of Community Controlled Aboriginal Health in South Australia.

I would like to acknowledge our CEO, Shane Mohor, for his leadership and dedication to our organisation. The Board of Directors and I have enjoyed working together with Shane and the AHCSA Leadership Team as we continue along our journey of supporting our Members and the Aboriginal Communities in South Australia.



The AHCSA Secretariat has had another extremely busy year, supporting our Members and representing AHCSA at a State and National level. On behalf of the Board, I would like to express our gratitude and appreciation for your continued hard work and dedication to AHCSA. Each staff member has played a crucial role in ensuring AHCSA's organisational objectives are met, and their contribution to AHCSA is highly valued.

Thank you to our many funders and partners for their ongoing partnership and support. We look forward to continuing these strong working relationships well into the future.

Finally, to our Board of Directors, I would like to thank each and every one of you for your participation, input and guidance in what continues to be unprecedented times in the world of health care.

I hope you enjoy reading our 2020-2021 Annual Report.

**Polly Sumner-Dodd**  
*Chairperson*





# CHIEF EXECUTIVE OFFICER'S REPORT

**Once again, the 2020-2021 year has been a busy and challenging period for the Aboriginal Health Council of SA Ltd (AHCSA).**

In the first instance I would like to acknowledge AHCSA's Chairperson, Ms Polly Sumner-Dodd, for her ongoing support to both myself and the AHCSA staff. Polly has made herself available to assist AHCSA with a wide range of duties as well as provide guidance and support whenever needed. Her commitment to AHCSA is outstanding.

I would also like to thank AHCSA's Board for their ongoing contribution, direction and support and Mr Paul Gordon from Wallmans Lawyers for his invaluable advice to our Sector in South Australia.

The 2020-2021 year has seen a number of staff leave AHCSA as well as many new staff coming on board. I would like to express my enormous appreciation to all AHCSA staff, past and present, for their hard work and commitment in supporting our Members and the Aboriginal communities in South Australia.

Throughout the year there continued to be a strong focus on responding to the COVID-19 pandemic as well as supporting our Members with preparing for the vaccine roll-out. The Aboriginal Community Controlled Health Sector has done an outstanding job in keeping the South Australian Aboriginal communities safe and we commend our Members for their hard work and resilience in these unprecedented times. AHCSA's COVID-19 Team continued to work tirelessly through many mediums to support our sector in COVID-19 preparedness, and regular AHCSA communications and updates were provided to both our staff and Members through peak periods of the restrictions and lockdowns. This work was undertaken in addition to regular operational and program work that continued to be delivered to the greatest extent possible within the COVID-19 environment.

AHCSA's staff continued to be adaptive to alternative working arrangements, including working from home, during COVID-19 lockdown periods. The safety of our Members and Aboriginal communities was at the forefront of AHCSA program delivery and I have greatly appreciated and valued the thoughtful planning, cooperation and flexibility demonstrated by our leadership team and staff.

Our Member Services have continued to be exemplary in their commitment and efforts to keep their communities safe from the COVID-19 virus, while continuing to provide exceptional primary health care and substance misuse programs and services to their clients.



We have continued to work closely with our key partners and funders in the Aboriginal health space on both COVID-19 preparedness as well as other crucial health, wellbeing and education programs. In particular, we would like to acknowledge the National Aboriginal Community Controlled Health Organisation (NACCHO), Aboriginal Affairs and Reconciliation - Department of the Premier and Cabinet (DPC-AAR), the SA Department of Health and Wellbeing, the South Australian Health and Medical Research Institute (SAHMRI), Drug and Alcohol Services SA (DASSA), Rural Doctors Workforce Agency (RDWA), National Indigenous Australians Agency (NIAA), Commonwealth Department of Health, Eyre and Far North LHN and GPEx. Thank you to all of our partners and funders for your ongoing support.

Throughout the 2020-2021 period, AHCSA has continued to participate in a wide range of meetings, forums and conferences to provide input and advocate on behalf of our Members and Aboriginal communities.

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 2020-2021 financial year.

**Shane Mohor**  
*Chief Executive Officer*







# AHCSA AND THE COVID-19 PANDEMIC

**Throughout the last twelve months, AHCSA has continued to support services in facing the ongoing challenges of responding to COVID-19 in South Australia.**

The COVID-19 Team and Clinical Working Group has supported the services with clinical leadership and information, particularly during outbreaks and the resulting lockdowns.

Late in 2020, AHCSA developed three new roles: COVID-19 Pandemic Coordinator, COVID-19 Vaccination Coordinator and a Media and Communications Coordinator. The AHCSA COVID-19 core team consists of the Chief Executive Officer, Public Health Medical Officers, COVID-19 Coordinator, COVID-19 Vaccination Coordinator and the Media and Communications Coordinator, and receive ongoing support from the Clinical Working Group.

The COVID-19 Pandemic Coordinator is essentially the conduit for COVID-19 support to the sector and is the primary COVID-19 contact. The Coordinator has a presence at State and National-level pandemic planning and response to support AHCSA's work in the area.

The COVID-19 Vaccination Coordinator supports all vaccination-related strategies and activities and is currently representing AHCSA on the SA Health Vaccine Hesitancy Working Groups.

The Media and Communications Coordinator supports AHCSA's COVID-19 response efforts by providing member services with timely, relevant and accurate information and the development of culturally appropriate communications.

The PHMOs provide overall public health and clinical direction, guidance and hands-on support to the team.

Some of the more significant COVID-19-related activities undertaken by AHCSA in the 2020-2021 financial year include:

## First Case Scenario Response Planning

The ACCHS Sector First Case Scenario Response Planning documents were reviewed for currency in the ever-changing COVID-19 situation. This is to ensure that the planning continues to provide a framework for the clinical and public health response to a first case of COVID-19 diagnosed within an Aboriginal community.

There was ongoing support to Member Services to develop their pandemic plans and processes within the context of their individual communities. The focus of this work was to assist health services, staff, boards and community members to understand what is required if someone in the community tests positive to COVID-19 or is a close contact of a confirmed case. The First Case Plan outlines the initial activities requiring execution by the Service and the support given to SA Health's Health Rapid Response Team when immediately deployed to the community in the event of a COVID-19 first case.

## Vaccination Support and Advocacy

### Vaccination delivery support

Member Services were supported through an expression of interest process to become COVID-19 vaccine providers. All but two of our services responded to the offer and were accredited as vaccination clinics for their communities. The COVID-19 Team attended regular webinars and vaccination meetings hosted by the Commonwealth and NACCHO in order to provide the necessary knowledge and practical supports in the vaccination on-boarding process.

The COVID-19 Team supported Member Services in the uptake of vaccines through individual visits to provide information sessions for staff and community.

### COVID-19 Vaccination Information Sessions

Sessions were offered to all Member Services to allow a safe space for the health workforce to come together to ask public health professionals any questions they had in regards to COVID-19 vaccinations. With a 'no silly question' approach, the Public Health Medical Officers addressed the concerns of CEOs and service staff with presentations followed by extensive Q&A sessions. These sessions proved very successful at a time when there were many uncertainties and an abundance of confusing information.

## AHCSA COVID-19 Vaccination Reporting

The AHCSA COVID-19 Vaccination Reporting Program aims to monitor and report on COVID-19 vaccination rates for AHCSA Member Services. Extracted and analysed on a monthly basis, the report is de-identified and compiled onto dashboards that provide AHCSA and Member Services with information on the vaccination rollout by Member Services, State and National data.

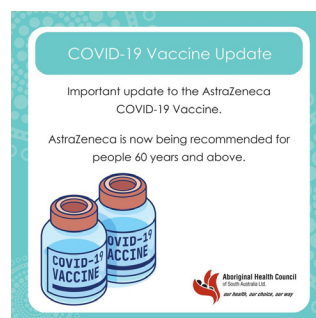
## Workforce Advocacy

Workforce remains a challenge for many of our Member Services and AHCSA has advocated for support to SA Health and the Commonwealth Government on their behalf. Concerns are regularly raised around the need for respite and surge workforce, especially when there are cases or an outbreak in communities.

Another significant task that AHCSA has undertaken is to work with SA Health to ensure Aboriginal and Torres Strait Islander Health Practitioners are endorsed for medication delivery, including vaccines.

## Vaccination Resources

In addition to regular communications to Member Services, a vaccination promotional video featuring Aunty Polly Sumner and Uncle Moogy Sumner was produced for use in services and on social media platforms. The AHCSA website project to upgrade and facilitate COVID-19 related information took significant shape and will be launched early in the new financial year. In addition, targeted community messaging comprised of both National and State vaccination campaigns were built into AHCSA's social media strategy and distributed across our channels. Consistent COVID-19 vaccination 'frequently asked questions' documents and bespoke communication materials were also produced at the request of Member Services, in order to support their vaccination campaigns. Copies of resources were distributed to Member Services and will be accessible through the new AHCSA website once it has been launched.







### Point of Care Testing

AHCSA continued to partner with the Kirby Institute and Flinders University to support GeneXpert SARS-COV-2 point-of-care testing (POCT). Five Member Services are now regularly testing for COVID-19 with the POCT, which takes 45-60 minutes to obtain a result. POCT is a vital tool for testing and the surveillance of COVID-19 in the communities.

Our remaining Member Services have access to POCT testing facilities via the Local Health Networks. SA Pathology conducts standard PCR testing and Members support clients to access testing via this method also.

### Access to and allocation of Personal Protective Equipment (PPE)

The COVID-19 Team continued to provide logistical support to access necessary PPE and the COVID-19 Pandemic Coordinator advocated and sourced funding when additional PPE requirements placed a resource strain on Member Services.



### Personal Protective Equipment (PPE) training

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

### Internal advice to AHCSA

The PHMOs provided public health guidance to align the organisation with SA Health directives and support a COVID-safe workplace.

The advice included the following areas:

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

### COVID-19 Communications

In 2021, the messaging and communications strategy largely shifted focus from the COVID-19 virus, to the newly available COVID-19 vaccine.

In Australia, the AstraZeneca and Pfizer vaccines became available to Australians in a staggered approach, which prioritised high risk groups and frontline workers. Aboriginal and Torres Strait Islander communities were listed in group 1B, which meant that they had access to the COVID-19 vaccines at an early stage in the rollout.

Clear, effective, culturally appropriate and clinically sound messaging to promote the rollout of the COVID-19 vaccines, using various communication platforms, has become a central component of the overall COVID-19 plans in South Australian Aboriginal communities.

The quick spread of misinformation, particularly across social media, found its way into communities across the state and has been one of the most fundamental barriers to achieving the desired vaccination rates.

In response to this, a number of different communication methods were utilised to support the sharing of factual information about vaccinations against COVID-19 – specifically addressing concerns raised by ACCHS staff, Community leaders and Community members.

Communication methods were developed to support the sharing of factual information, including video content featuring Community leaders, social media messaging across Facebook and Instagram, COVID-19 Community vaccination information days supported by AHCSA, yarning circles, hard copy booklets and posters, and information sessions with CEOs, Community leaders and ACCHS staff.

This multi-pronged Community-led communications strategy aimed to increase awareness around the importance of getting the right information and then being able to make an informed choice about vaccination.

This communications approach will continue to be central to the uptake of vaccinations in Aboriginal communities across South Australia.

# ORGANISATIONAL STRUCTURE

## AHCSA BOARD OF DIRECTORS

### SHANE MOHOR

Chief Executive Officer (C)

## EXECUTIVE

### Mandy Green

Executive Officer (C)

### Laura Azar

Human Resources Business Partner (C)

### Debra Stead

Manager Finance and Procurement (C)

### Marjo Stroud

Accreditation and Compliance Officer (AHCSA OP)

### Alice Brooks

Media Communications Coordinator (C)

## ADMINISTRATION

### Belinda Lock

Administration and Finance Support Officer (AHCSA OP)

### Angel Woolsey

Reception and Travel Officer (AHCSA OP)

### Louise Hickford

Reception and Administration Officer (AHCSA OP)

### Ian Thurnwald

Library and Archiving Officer (AHCSA OP)

## 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)

## PUBLIC HEALTH AND PRIMARY HEALTH CARE

### Julia Vnuk

Public Health Medical Officer (NACCHO)

### Annapurna Nori

Public Health Medical Officer (NACCHO)

### Megan Sexton

COVID Pandemic Coordinator (C)

### Geri Malone

COVID Immunisation Coordinator (NACCHO)

### Sarah Betts

Program Coordinator, Sexual Health/BBV (DHW)

### Catherine Carroll

Clinical Support Officer, Sexual Health/BBV (DHW)

### Josh Riessen

Program Officer, Sexual Health/BBV (DHW)

### Bianca Mark

Project Officer, Sexual Health/BBV (DHW)

### Leanne Quirino

Project Coordinator, Ear Health (DoH)

### Robyn Cooper

Project Officer, Trachoma Elimination Program (CHSALHN)

### Chris Rehtsinis

Project Officer, Eye Health (NACCHO)

### Kathy Boschen

NDIS Project Officer (NACCHO)

### Damian Rigney

Alcohol and Other Drugs Project Officer (DoH)

### Sarah Davey

Diabetes Project Coordinator (SAHMRI)

## QUALITY SYSTEMS

### Michael Larkin

Manager Public Health and Primary Health Care (NACCHO)

### Polly Paerata

CQI and Health Policy Coordinator (NACCHO)

### Isaac Hill

Health Informatics Coordinator (NACCHO)

### Nick Williams

GP Supervisor (GPEx)

### Lana Dyda

Patient Information Management Systems Officer (NACCHO)

### Beth Hummerston

Patient Information Management Systems Officer (NACCHO)

### Carly Clyant

Digital Health Coordinator (ADHA)

### Melani Jayasinghe

Patient Information Management Systems Officer (NACCHO)

### Shelagh Woods

Health Policy and Grants Coordinator (NACCHO)



## TACKLING INDIGENOUS SMOKING PROGRAMME

### **Ngara Keeler**

Team Leader, Coordinator (DoH)

### **Trent Wingard**

Youth Project Officer (DoH)

### **Carron Daveson**

Youth Project Officer (DoH)

### **Benjamin Stewart**

Planning and Evaluation 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)

### **Lena-Pearl Bridgland**

Project Officer (DoH)

### **Jenaya Schmid**

Tackling Smoking Maternal Health Project Officer (DASSA)

## EDUCATION, TRAINING AND WORKFORCE

### **Annie-Rose Thurnwald**

Manager (DPM&C)

### **Christine Fraser**

Senior Clinical Educator (DPM&C)

### **Annabella Marshall**

Clinical Educator (DPM&C)

### **James Bisset**

Educator (DPM&C)

### **Dominic Guerrero**

Educator Assistant (DPM&C)

### **Kristine Hampton**

Education Support Officer (DPM&C)

### **Tallulah Bilney**

Training and Compliance Coordinator (DPM&C)

### **Holli Nicholas**

Administration Officer, Travel and Systems (DPM&C)

### **Hayley Johncock**

Administration Officer, Contracts and Enrolments (DPM&C)

### **Sophie Beshara**

Administration, Contracts and Enrolments Officer (DPM&C)

### **Malcolm Aston**

Community Educator ADAMRI (DoH)

### **Trent Wingard**

Aboriginal Health Workforce Coordinator (RDWA)

## KEY

<b>C</b>	Core Agreement - Peak Body for ACCHOs Partnership Agreement
<b>DHW</b>	Department for Health and Wellbeing
<b>DoH</b>	Department of Health
<b>DPM&amp;C</b>	Department of Prime Minister and Cabinet
<b>NACCHO</b>	National Aboriginal Community Controlled Health Organisation
<b>CHSALHN</b>	Country Health SA Local Health Network
<b>DASSA</b>	Drug and Alcohol Services of South Australia
<b>AHCSA OP</b>	AHCSA Operational
<b>ADHA</b>	Australian Digital Health Agency
<b>GPEX</b>	General Practice Training
<b>RDWA</b>	Rural Doctors Workforce Agency

The background is a solid red color. In the top left corner, there is a stylized sun with a circular face and several curved rays. To the right of the sun are three concentric circles, each composed of small dots. In the bottom right corner, there is a large, stylized leaf with a thick outline and several smaller, curved shapes inside it, resembling veins or smaller leaves.

# **CONSTITUTIONAL OBJECTIVE 1**



# QUALITY, ACCREDITATION AND COMPLIANCE

Throughout this challenging year, AHCSA has continued to achieve progressive milestones in continuous quality improvement.

In addition to maintaining ongoing accreditation against QIC Health and Community Services Accreditation Standards, AHCSA has initiated and completed projects in a number of areas, including those identified by QIP Assessors as requiring improvement:

- In its drive to increase diversity inclusion, AHCSA has become the first Aboriginal health organisation in Australia to achieve the respected national benchmark of inclusion - QIP Rainbow Tick Accreditation. This has been a complex 18 month training and review process recognising that current health services are inadequate for Aboriginal LGBTIQ+ people who also experience higher than average health risks.
- Improving cultural safety for Aboriginal staff at AHCSA, and also within AHCSA's health education and service development activities, has been the focus of another project. The intensive Cultural Safety Training that started this project has been consolidated through the development of cultural safety planning and evaluation tools with the support of Beyond Consulting.
- In another quality improvement project, AHCSA's policies and procedures have undergone an overhaul in order to make them current and more accessible. Guided by best-practice policy writing and the prescribed reviews of Rainbow Tick Accreditation and cultural safety initiatives, AHCSA's updated policies and procedures are now embedded within AHCSA's new IT systems and subject to ongoing assessment.

In line with AHCSA's core value to ensure knowledge of community history, the AHCSA History Project has recorded interviews with significant Aboriginal trailblazers who established Aboriginal Community Controlled health services in SA. The resulting documentary preserves this important history and educates and inspires AHCSA staff and stakeholders.



# EXECUTIVE - HUMAN RESOURCES

It has been another challenging year for AHCSA staff and the organisation as a whole. Staff have been impacted by the COVID-19 pandemic which once again required staff to work from home at different times throughout the year.

## STAFF RECRUITMENTS

### Recruitment

Sophie Beshara, RTO Administration, Contracts and Enrolments Officer

Alice Brooks, Media and Communications Coordinator

Sarah Davey, PH&PHC Team, Diabetes Project Coordinator

Kristine Hampton, Education Support Officer

Melanie Jayasinghe, PIMS Coordinator

Hayley Johncock, RTO Administration Assistant

Geri Malone, COVID-19 Immunisation Coordinator

Bianca Mark, Sexual Health/BBV Project Officer

Holli Nicholas, RTO Administration Assistant

Annapurna Nori, Public Health Medical Officer

Megan Sexton, COVID-19 Pandemic Coordinator

Benjamin Stewart, TIS Planning and Evaluation Project Officer

Julia Vnuk, Public Health Medical Officer

Shelagh Woods, Health Policy and Grants Coordinator

Gabbie Zizzo, RTO Project Coordinator

Kathy Boschen, NDIS Project Officer

Carron Daveson, TIS Youth Project Officer



### Staff Metrics

As at 30 June 2021, AHCSA's workforce was comprised of 47 employees, 32 full-time, 14 part-time and 1 casual.

### Current Projects

AHCSA completed the roll-out of iinduct, an online induction system aimed at improving the staff onboarding experience.

### Staff Training

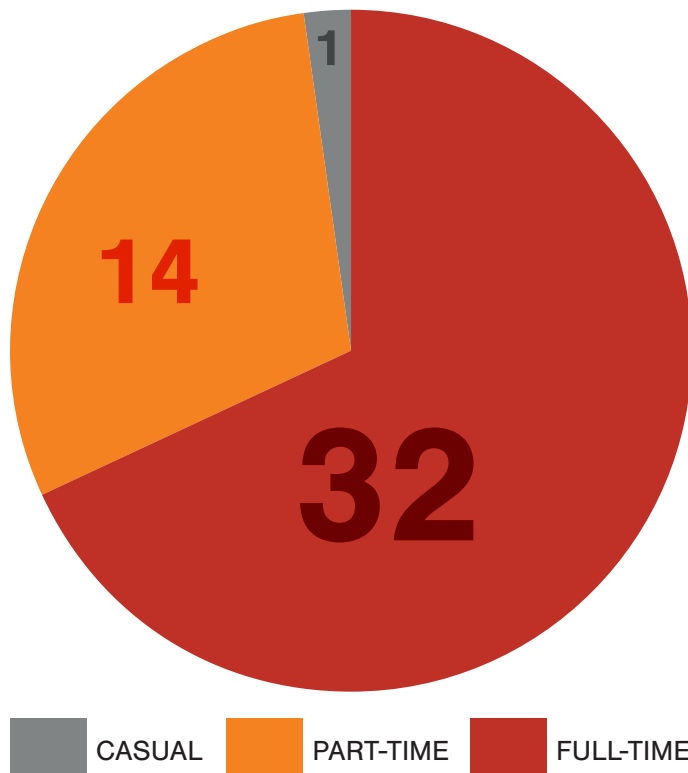
Staff were provided with Cultural Respect and Safety Training, Rainbow Tick Training and the Prevention of Unlawful Discrimination, Bullying and Harassment Training for staff and managers. Other basic compliance training will also be scheduled in the new year to meet our staff needs and compliance requirements.

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 continued to provide internal training on systems, new HR policies and procedures as required and worked with managers on specific team or individual trainings as the need arose.

### Total AHCSA Employees

As at 30 June 2021









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# **CONSTITUTIONAL OBJECTIVE 2**



# PUBLIC HEALTH AND PRIMARY HEALTH CARE

## PUBLIC HEALTH MEDICAL OFFICERS

The Aboriginal Health Council of SA has had a Public Health Medical Officer position for many years. The role provides support to the CEO and all Public Health/Primary Health Care-related programs in the organisation in the areas of advocacy, public health guidance, clinical advice, research and education, and stakeholder engagement.

Last year, Dr David Johnson and Dr David Scrimgeour left the position and were replaced by Dr Julia Vnuk in August and Dr Annapurna Nori in September. We would like to acknowledge David and David's expertise and valuable contributions to AHCSA over many years.

Due to the ongoing COVID-19 pandemic and the introduction of the national COVID-19 vaccination program, the PHMOs were heavily involved in supporting AHCSA's COVID-19 response, including advocacy at a State and National level, advice and support to member services with pandemic planning and responses, point of care testing and the vaccine roll-out.

Despite the demands of this public health crisis, the PHMOs continued to support and contribute to AHCSA's other public health programs.

Specifically, the PHMOs facilitated the establishment of a state-wide Eye Health Working group, and re-established a state-wide Ear Health Reference Group. Support for the Sexual Health program included advice around data collection and translation, contribution to syphilis outbreak response planning and supporting STI and BBV prevention and management strategies within member services. The PHMOs also worked closely with the Quality Systems Team, providing public health advice and support as required.

The PHMO supervises a Public Health Medicine Registrar, who is a doctor undertaking specialty training in public health. Dr Katrina Lyne worked as a registrar at AHCSA until her placement ended in August 2020.

Further activities and initiatives are outlined in the comprehensive Public Health and Primary Health Care Team and the Sexual Health and Blood Borne Virus program reports.

## PUBLIC HEALTH AND PRIMARY HEALTH CARE (PH&PHC) TEAM

The Public Health and Primary Health Care (PH&PHC) Team support the provision of comprehensive primary health care in Aboriginal Community Controlled Health Services (ACCHSs) across South Australia. The focus is on strengthening systems for the delivery of culturally appropriate best practice care, through provision of evidence-based public health advice, supporting continuous quality improvement and advocacy across the broader health sector. The day-to-day work of the team is heavily guided by specific needs identified by the AHCSA Member Services.

The PH&PHC team works across a wide range of health issues, with some programs focusing on specific diseases such as trachoma and diabetes, while others focus on areas such as accreditation, patient information management, and health policy. Across 2020-2021 the Public and Primary Health Care Team were involved with the following programs:

- Diabetes
- Alcohol and Other Drugs
- Ear Health - Deadly Sounds
- Eye Health
- Trachoma Elimination
- Digital Health
- Clinical Systems
- Health Informatics
- Patient Information Management Systems
- Health Policy and Grants

2020-2021 was a year of transition for the team with a number of long-standing staff leaving AHCSA during this period and new staff were recruited. The PH&PHC team has, however, progressed a number of important projects over 2020-2021 and worked hard to support and advocate for all our Member Services across the state. We would like to thank the previous members of the team for their commitment and contribution to improving the health of our communities, and we welcome the new additions to our team in continuing this important work.

## DIABETES

The AHCSA Diabetes-related Foot Complications Project is a new state-wide project being coordinated by SAHMRI. The project aims to improve diabetes-related foot outcomes in Aboriginal people through the provision of targeted systems improvement in South Australian ACCHS and through the delivery of best practice foot care for clients with diabetes accessing services through these ACCHSs.

### Project Objectives:

- Work with and complement the existing chronic disease systems of care within ACCHSs
- Build capabilities of existing ACCHS workforce in the prevention, screening and assessment of diabetes-related foot disease
- Implement a standardised approach to assessment and risk stratification in ACCHSs, including the use of telehealth
- Embed diabetes-related foot care and referral pathways into existing ACCHSs clinical systems

# PUBLIC HEALTH AND PRIMARY HEALTH CARE

## Key Strategies:

- Implement culturally appropriate, early detection foot programs
- Implement a standardised approach to assessment and risk stratification
- Increase access to culturally appropriate and practical preventative self-care foot education
- Develop and monitor local and state-wide referral and clinical care pathways
- Embed/link the standardised screening and assessment tools into existing Patient

## Information Management Systems

- Embed training and support programs
- Strengthen local capacity through a network of champions/ambassadors

## ALCOHOL AND OTHER DRUGS

The Alcohol and Other Drugs (AOD) Project Officer worked to increase support, resourcing and capacity-building for ACCHS to strengthen the identification and management of clients with AOD use disorders. The position provided 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 worked closely with the new AOD Community Educator position based in the AHCSA Education, Training and Workforce Team. Across 2020-2021, the AOD Project Officer completed a number of AOD audits with ACCHSs, identifying gaps in access to appropriate screening tools, opportunities to strengthen patient information management, and referral pathways. Unfortunately funding for the position came to an end and AHCSA are actively advocating for additional AOD funding.

## EAR HEALTH – DEADLY SOUNDS

The 2020-2021 year was full of surprises with the COVID-19 global pandemic and in the midst of it all, AHCSA's Deadly Sounds Program continued to offer support and advocacy to the Aboriginal Community Controlled Health Organisations in South Australia. The global pandemic changed the way we engage with the ACCHS, and how we can offer support during COVID-19 outbreaks and continued lockdowns. AHCSA's Deadly Sounds Program continued to support the development of clinical systems, ear health and hearing models of care through face-to-face consultations and video conferencing, the new way of communicating in this global pandemic. The aim is still to strengthen the ability to identify ear and hearing disease in young Aboriginal people and to have clear pathways for treatment and management of ear and hearing conditions.

## Early Detection

The first three years of life are when communication, social and learning skills develop. Early detection is necessary to minimise ear disease that can cause hearing loss; this can be for a short time or for a lifetime. Most ear infections are due to undiagnosed and untreated ear infections, which can occur in children without symptoms or pain (asymptomatic). Left untreated, infection can cause hearing problems and the loss in ability to listen, learn and talk. This can affect how a child connects with language and culture, and how they experience opportunities during their lives. The Deadly Sounds Program at AHCSA continues to support early intervention and early detection of ear and hearing health. The program supports all ages from 0-21 years, with a strong focus on children aged 0-6 years of age, and is committed to minimising any ear and hearing abnormalities that could have a devastating outcome on young lives, leading into adulthood.

## Research

AHCSA and the Flinders University Medical Research Team are working in partnership to provide an opportunity for ACCHSs to be involved in, and participate in, a twelve month research program to screen Aboriginal children aged 0-6 years for middle ear disease using a titan screening machine. The titan performs tympanometry and Otoacoustic (OAEs). By doing this, we hope to provide evidence which shows that using OAEs, in conjunction with tympanometry, can help improve ear and hearing health outcomes for our young Aboriginal people. The exciting part of the research program is that after a service has participated in the program, they will receive a free titan machine for their service.

## Events and Achievements

- Worked closely with Yadu Health Aboriginal Corporation to provide the Community with a Family Fun Day. This event was held in conjunction with other organisations, Australia Hearing HAP-EE Program, Dental SA and the Flinders University Medical Team
- Provided face-to-face training between lockdowns with the HAP-EE Program for Plum and Hats
- Worked closely with stakeholders to conduct a workshop to discuss South Australia's Ear Health Framework and how best we can support and maintain ear and hearing health services in South Australia
- Collaborated with Nunkuwarrin Yunti to provide ear screening for 23 Aboriginal children in a childcare centre

## Workshops

- 27/1/21- National Ear Training workshop
- 29/1/21- Plum and Hats workshop as part of Hearing Australia's HAP-EE Program



## Stakeholder Relationships

The Ear Health Coordinator continued to build and strengthen relationships with key stakeholders in order to source and provide comprehensive ear and hearing models of care for the ACCHSs, working closely with RDWA and Hearing Australia to provide the best health outcomes. Through this period of the global pandemic, the Ear Health Coordinator has been part of monthly discussions with Ear Health Coordinators Australia-wide to find the best ways to support our ACCHSs.

## EYE HEALTH

The Eye Health Program continued its work towards having equitable, optimal and sustainable eye health and vision outcomes for Aboriginal people in South Australia. The Eye Health Project Officer (EHPO) provided broad range support to AHCSA's Member Services (ACCHSs) in their primary and secondary eye health and vision care, enhancing pathways to tertiary level care. The EHPO continued to:

- work closely with ACCHSs to enhance workforce and clinic/systems capacity to facilitate the eye health needs of their clients
- provide on-ground support for visiting eye health practitioner services as needed
- support the specialised eye health equipment needs of hosting ACCHSs and visiting providers
- strengthen linkages and work collaboratively on projects with other key stakeholders or the broader Aboriginal and Torres Strait Islander eye health sector
- provide representation and advocacy for the SA ACCHS sector through membership/participation on State and National Aboriginal eye health committees and working groups

## Workforce Capacity Building

Strengthening primary health workforce skills and knowledge help ACCHSs to better embed eye and vision care into overall primary health practice and broaden the scope to include in-house, no-cost screening for diabetic retinopathy (retinal photography). It also equips staff to more actively engage in the eye health practitioner visits and better understand the complexities of comprehensive eye health care and vision correction, which, in turn, expands their capacity to assist. The EHPO continued to deliver tailored, periodic staff training and mentoring in:

- basic eye health checks and visual acuity testing
- retinal photography and retinal screening
- eye and vision workflows, documenting and MBS claiming
- basic glasses dispensing

## Clinical Systems Capacity Building

What complements workforce training and strengthening is reviewing and enhancing the clinical and system capacity to better facilitate eye and vision care, in addition to the philosophy of continuous quality improvement (CQI). This includes:

- optimising capabilities of patient records system and making modifications as needed
- effective use of specialised eye health equipment, tools and resources; and additional procurements where needed
- further implementing instructional resource booklet, "Deadly Sights" (customised ACCHS guide to eye care documenting and MBS claiming)
- streamlining data collection, improving the quality and accessibility of data
- CQI activities, including completion of SQID Cycle 3 (commenced in 2019-2020)

## Advocacy, Networking and Cross-Collaboration

The AHCSA Eye Program maintained strong partnerships, working collaboratively on targeted activities with relevant key organisations, such as the University of Melbourne Indigenous Eye Health Unit (IEHU), the Brien Holden Vision Institute (BHVI), the Fred Hollows Foundation (FHF) and, closer to home, the Rural Doctors Workforce Agency (RDWA), South Australian Health and Medical Research Institute (SAHMRI) and the Sight For All Foundation (SFA).

Through the EHPO, AHCSA continued its membership of the Consortium for the national Primary Eye Health Equipment and Training (PEHET) project, led by the Brien Holden Vision Institute. By December 2021, the PEHET project had rolled out 166 retinal cameras and 133 slit lamps, and delivered associated staff training to Aboriginal and Torres Strait Islander health services across Australia. The EHPO was the Lead Trainer for all recipient sites in SA. The EHPO was also the primary AHCSA representative and active participant on the following stakeholder advisory groups:

- Vision 2020 Aboriginal and Torres Strait Islander Committee
- Vision 2020 'Strong Eyes, Strong Communities' Implementation Working Group
- IEHU Roadmap to Close The Gap for Eye Health Co-Design and Regional Implementation Working Group
- PEHET Project Training and Community Engagement Working Group
- PEHET Project Infrastructure and Systems Working Group

### Other Developments

- Commencement of the SA Aboriginal Eye Health Working Group (SAAEHWG) – a new state-wide stakeholder action group to methodically address the challenges affecting sector-wide eye health and vision outcomes. Chaired and co-facilitated through the AHCSA Eye Program and the IEHU, the Group met quarterly after its inaugural meeting in May 2021.
- Local and regional eye health pathway mapping – the EHPO was strongly supported by members of the IEHU to address SA eye health and vision issues at the local level. This involved obtaining local data and meeting up with local/regional key players, region by region, to conduct a mapping exercise and flag shortfalls or barriers in service delivery and patient care pathways for that region and attempted to resolve these at the local interface or advocate at the State level, ie the SAAEHWG.
- Visiting eye practitioner services to Adelaide metropolitan ACCHS/AMs – optometrist clinics are well-established at all new sites - Nunkuwarrin Yunti and Watto Purrinna clinic sites – with expansion from monthly to fortnightly, as well as the introduction of a monthly visiting ophthalmologist at Watto Purrinna (Hillcrest).

### TRACHOMA ELIMINATION

Trachoma is the leading cause of preventable infectious blindness in the world. Trachoma continues to be a significant public health problem in Aboriginal and Torres Strait Islander communities in many rural and remote areas of the Northern Territory, South Australia, Queensland and Western Australia. AHCSA's Trachoma Elimination program has been striving towards eliminating blinding trachoma in SA since 2009 by working in collaboration with our member services, communities, schools, government, and non-government organisations.

AHCSA's Trachoma Elimination Program implements the SAFE strategy as recommended by the World Health Organisation and the Communicable Disease Network Australia. The SAFE Strategy combines the three elements of primary, secondary and tertiary prevention, but in reverse order:

- Surgery – surgical correction for trichiasis
- Antibiotics - azithromycin for cases of active trachoma and their household contacts
- Facial cleanliness – promote clean faces to reduce spread of infection
- Environmental improvements – improve overcrowding, water and sanitation facilities. It is especially important to address barriers to face washing.



These four actions are aimed at eliminating trachoma by reducing the risk and frequency of transmission and preventing trichiasis with surgery. The promotion of clean faces in children, along with environmental improvements to reduce overcrowding and to support good hygiene practices are the best ways to control trachoma.

The Trachoma Elimination Program provides:

- WHO accredited screening for trachoma and trichiasis
- appropriate and timely antibiotic treatment for positive cases of trachoma and their household contacts
- comprehensive health hygiene promotion
- training of health care professionals about trachoma and trichiasis
- timely referrals to ophthalmologists for surgery on adults with trichiasis
- affordable and better access to hygiene software and hardware products (eg soap, mirrors, towels)
- advocacy for environmental health improvements
- co-chairing of the SA Trachoma Elimination Strategy Committee; member of the cross-sectoral SA Aboriginal Environmental Health Working Group, SA Aboriginal Eye Health Working Group and the National Aboriginal and Torres Strait Islander Eye Health Conference Program Advisory Group.

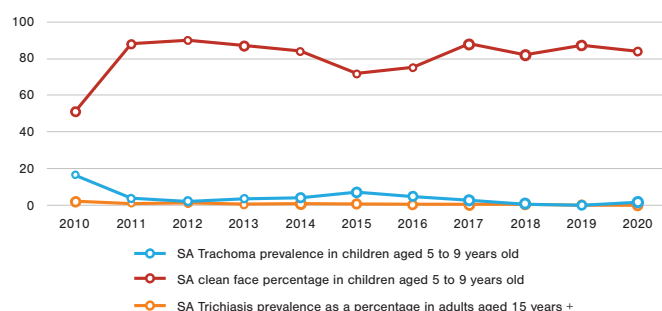


Unfortunately, Australia has failed to meet its commitment to eliminate trachoma by 2020. The Commonwealth government has revised the deadline (now 2022) and has committed an additional \$19.1 million over four years. Discussions are underway with Eyre and Far North Local Health Network regarding the new SA Trachoma Action Plan 2021-2025. There will be a stronger focus on the primary prevention of environmental improvements and hygiene health promotion that will not only assist with the sustained elimination of trachoma but also help with other infectious diseases.

AHCSA would like to acknowledge Eyre and Far North Local Health Network, University of Melbourne Indigenous Eye Health Unit, Fred Hollows Foundation, Spotless Linen, Rotary, Soap Aid and the Kirby Institute for their ongoing support of the Trachoma Elimination Program.

### SA Trachoma Program

Screening data 2010 - 2020



### NDIS READY

AHCSA is working in collaboration with NACCHO to support Aboriginal Community Controlled Health Organisations (ACCHOs) to build capability and capacity to deliver the National Disability Insurance Scheme (NDIS) to Aboriginal and Torres Strait Islander people through the NDIS Ready Project. The project is also known as the NDIS Ready: Aboriginal and Torres Strait Islander market capability and was formed as part of an agreement between the Department of Social Services (DSS) and NACCHO.

The project aims to increase the number of registered ACCHOs and deliver services sustainably to Aboriginal and Torres Strait Islander people under the NDIS, and build the capacity and capability of those organisations and communities.

This in turn will:

- Increase access and choice for Aboriginal and Torres Strait Islander people with disability through access to culturally appropriate NDIS services in their communities
- Increase Aboriginal NDIS registered providers in urban, rural and remote communities
- Expand existing services of ACCHOs to include NDIS services
- Increase awareness about the NDIS in the Aboriginal community, so that more people who are eligible will apply

AHCSA now has an NDIS Ready Project Officer who is a dedicated resource, available to ACCHOs to support them to register and deliver services under the NDIS. The Project Officer also advocates for the needs of the community, provides support to Member Services and promotes the NDIS to the Aboriginal community.

The NDIS Ready Project is an important step in making sure that Aboriginal people can participate in the NDIS and recognises that the Aboriginal Community Controlled sector is critical in the delivery of culturally appropriate support and services to the community.



# PUBLIC HEALTH AND PRIMARY HEALTH CARE



## SEXUAL HEALTH AND BLOOD BORNE VIRUS PROGRAM

The Sexual Health BBV 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 to promote and improve access to opportunistic sexually transmitted infection (STI) testing for people aged between 16 and 35 years.

While COVID-19 impacted the Sexual Health team's ability to coordinate with ACCHOs as the COVID vaccination roll-out took priority, the Sexual Health team continued to provide support by:

- Assisting the ACCHOs with monthly COVID-19 PoCt operator meetings
- Creation of COVID-19 PoCt rapid testing information resources for ACCHOs
- Continuing to Support Flinders University and the Kirby Institute with community connection, resource updates, messaging and training for COVID-19 as needed

Despite the challenges of COVID-19, the Program made a number of significant achievements in 2020-2021. These included:

- Supported the implementation of STI and BBV screening policies and procedures, and clinical guidelines to support ACCHSs with increased rates of testing. This included a focus on the integration of injecting drug use harm reduction and clean need program referrals in both AOD and BBV clinics' policies and procedures.
- Ongoing coordination of the Aboriginal Sexual Health Network (ASHN), bringing together the Sexual Health workforce from across the State. ASHN connects through a monthly teleconference and emails, providing an opportunity to discuss challenges and share learnings from our services and communities. This is also a great opportunity to present updated sexual health information and promote and plan upcoming events.

- The Sexual Health team continued to advocate for the importance of Sexual Health/BBV health check-ups, but specifically for syphilis, given the rising rates of syphilis in rural, remote and the metropolitan area, not to mention multiple congenital syphilis cases. In response to the rising rates of syphilis cases, the Sexual Health team, in collaboration with SHINE SA and a local artist from Whyalla (Rachel Anderson), created a new resource with simple but clear and concise messaging on syphilis awareness.

The messages read "end the cycle" and "stay connected", meaning staying connected to your local health service and getting regular sexual health check-ups, so that one day STIs (syphilis) might be a thing of the past.

The syphilis campaign had a 'physical launch' (3 June 2021) as well as a digital launch, with syphilis campaign resources sent out to the services – see FIG.1 for some of the syphilis campaign material/messaging.

- The Sexual Health team coordinated with the ACCHOs to provide support (through education and community engagement grants) in preparation of the annual six-week STI screening which ran from 5 October to 13 November 2020. All of the ACCHOs participated to the best of their abilities during COVID-19. AHCSA remotely supported the services with an emphasis on community engagement grants to allow services autonomy and continuity regarding STI/BBV testing.
- Ongoing support with syphilis PoCt training, resource development and clinical guidance, in partnership with Flinders University and NACCHO. Syphilis PoCt was established at five ACCHSs (Nunyarra, PLAHS, Yadu Health, Umoona Tjutagku and Pika Wiya).
- Supported ACCHSs with the management/support of viral hepatitis – the sexual health team, in partnership with Hepatitis SA, developed an informative guideline for hepatitis C, 'Hep C in 4'. This resource aimed to further increase hepatitis C discussions, testing and referrals during client interactions.

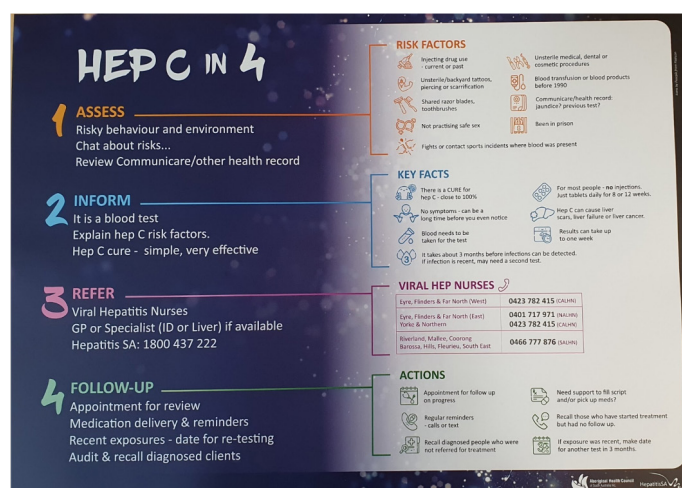




**FIG.1**

The four designs created by Rachel Anderson which were used in the syphilis campaign on various resources (top left – 'Let's test today', top right – 'End the cycle flower', bottom left – 'syphilis in pregnancy', bottom right – 'End the cycle')

- The soft launch of 'Hep C in 4' coincided with World Hepatitis Day and was supported by a video outlining the details of the resource – see FIG.2
- Supported 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, a joint initiative of SA Health's Communicable Disease Control Branch and Aboriginal Health organisations, and developed in partnership with AHCSA.
- AHCSA was happy to announce the employment of a Sexual Health/BBV Project Officer who joined the Sexual Health team in January 2021, bringing more than ten years of experience in sexual health education to the team.
- Ongoing support to CNPs in SA ACCHSs, and planning for delivery of CNP training and upskilling to services in 2021.



**FIG.2**

'Hep C in 4' resource developed by AHCSA in partnership with Hepatitis SA

The Sexual Health and BBV program would like to acknowledge all of our external partners who have supported the objectives of the program over 2020-2021. These include: the SA ACCHSs, NACCHO, SA Health Communicable Diseases 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.

# 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 SA Dental through a memorandum of administrative arrangement, and assists with 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 provided 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 SA Dental's Aboriginal Oral Health Program (AOHP) and provides general and emergency care to Aboriginal people and may include restorative and preventive care, extractions, dentures and other services. The AOHP provided through SA Dental 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, eg in rural and remote areas
- Increasing numbers of Aboriginal clients are accessing mainstream SA 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 waiting times) 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, Cowell

Northern Country including Yorketown, Peterborough

Northern Remote including Coober Pedy, Roxby Downs

South and South East Country including Kingscote, Kingston









# TACKLING INDIGENOUS SMOKING (TIS PROGRAMME)

The Tackling Indigenous Smoking (TIS) Programme is funded by the Australian Government under the Indigenous Australians' Health Programme (IAHP). AHCSA is among 37 Regional Tobacco Control Grant (RTCG) recipients across Australia. The programme is currently funded for the period of 1 July 2018 to 30 June 2022 and aims to utilise a population health promotion model to educate and promote tobacco cessation. The programme combines a range of evidence-based activities which are geared towards promoting healthier living through education. The AHCSA programme has a focus on priority groups and regional and remote Aboriginal communities in South Australia.

## REGIONS

The TIS programme is responsible for a significant number of South Australian regions, including Ceduna, Coober Pedy, Murray Bridge, Port Lincoln, Riverland, Whyalla, Port Augusta, Yorke Peninsula, Gawler and the Mid North.

Region	Postcodes	Communities
Ceduna and surrounding region	5690	Includes communities at Koonibba, Yalata, Oak Valley and Maralinga and Far West Eyre Peninsula communities
Coober Pedy and surrounding region	5723, 5734, 5733, 5731	Includes communities at Nepabunna, Marree, Copley and Oodnadatta
Murray Bridge and surrounding region	5253, 5264, 5211, 5214	Includes, Murray Bridge, Coorong, Raukkan, Meningie, Lower Fleurieu Peninsula (Victor Harbor and Goolwa)
Port Lincoln and surrounding region	5607	Includes communities in mid-west and eastern Eyre Peninsula
Riverland and surrounding region	5343, 5345, 5341	Includes Gerard, Barmera, Renmark and Berri
Whyalla and surrounding region	5701, 5540, 5434	Includes communities at Port Augusta, Port Pirie and Flinders Ranges
Yorke Peninsula	5573	Includes communities at Point Pearce and Port Victoria
Gawler and Mid North	5118 and 5372	Gawler

## TIS TEAM

AHCSA's TIS Team has 7.0 Full-Time Equivalency (FTE) positions. Dedicated roles exist in the TIS Team to support specific activities with priority groups.

A regional-based Outreach Project Officer position (1.0 FTE) is supported by an MOU between AHCSA and Nunyara Aboriginal Health Service in Whyalla.



## PRIORITY GROUPS

The TIS Programme specifically targets priority groups, such as pregnant Aboriginal women, youth and people in remote Aboriginal communities. AHCSA's TIS Programme has dedicated positions responsible for engagement with these priority groups to make sure specific education is provided and appropriate referral pathways are identified to link cessation support provided by local community health services.



**23 Pregnant Aboriginal Women**

participated in group education sessions



**1483 Aboriginal Youth**

participated in individual or group education sessions and activities



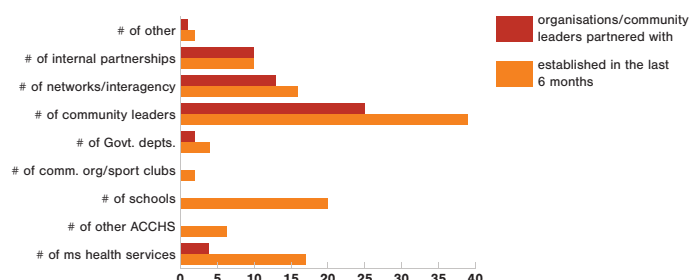
**80 Aboriginal people from Remote Communities**

participated in individual or group education sessions and activities

## PARTNERSHIPS & COLLABORATIONS

Partnerships and collaborations support the TIS programme to facilitate engagement in communities. This programme places huge importance on building rapport and trust to establish an open dialogue about smoking. The TIS Programme's networks in health and community service organisations, government departments, schools and sporting clubs are vital to providing access to Aboriginal communities.

### Partnerships and collaborations facilitated to support tobacco control







AHCSA's relationships with its Member Services and mainstream health services provides a link to smokers in the community through established support groups. Many of the TIS team's activities/events are facilitated by community leaders, sporting clubs and support agencies in the community.

An important partnership during 2020-2021 was between AHCSA and the Aboriginal Basketball Academy (ABA). The Aboriginal Basketball Academy (ABA) is an exciting initiative of the Woodville District Basketball Club and was developed to increase the education and life opportunities for Aboriginal and Torres Strait Islander students and to enrich their lives by providing life development skills and to further their education using the game of basketball. This year, the partnership provided basketball clinics in Port Lincoln, Whyalla, Port Augusta, Port Pirie and Kadina, where smoking education sessions were provided to youth.

## COMMUNICATION

The first half of 2020-2021 was significantly disrupted by COVID-19 lockdowns and restrictions. The team contributed to AHCSA's COVID-19 response by producing a range of culturally appropriate community announcements using social media platforms. Through this process we were able to keep a focus on tackling smoking and stayed 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.

Where possible and with the permission of schools, the Youth Project Officer continued to work with youth to encourage young people to stay in school, remain smoke-free and maintain healthy lifestyles.



# MATERNAL HEALTH

## TACKLING SMOKING

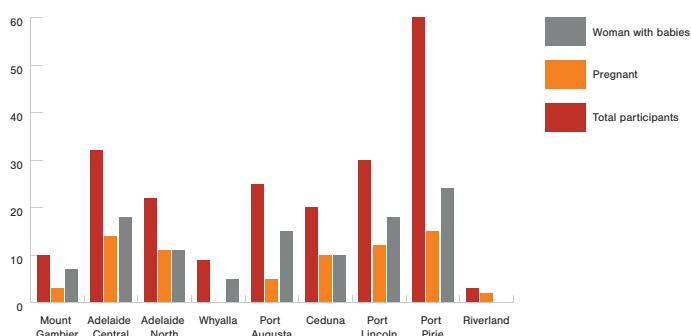
The Maternal Health Tackling Smoking (MHTS) Program is funded by the South Australian Government to increase the number of healthy Aboriginal babies born to healthy mothers in smoke-free environments.

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.

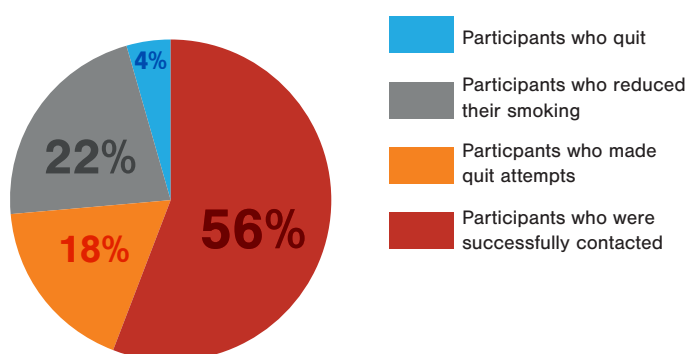
### GROUPS AND EVENTS

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 space for education and support.

#### Maternal Health Days Delivered - MHTS



#### Post Activity Contact - MHTS



### WORKFORCE DEVELOPMENT

The MHTS Program increased its activity in workforce development with focus on building on a health professional's capacity to support Aboriginal pregnant women to tackle smoking in pregnancy. These strengths-based workshops aimed to increase knowledge on women's business, and 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 online Smokerlyzer training course is ready to go live, however current health advice is that due to COVID-19, the Smokerlyzer should not be used because of infection control concerns. Once approval has been received from SA Health's Infection Control Team to recommence, we will go live with the online training.

The development of the Smokerlyzer clinical item in Communicare is now complete. This will be rolled out nationally in 2021.

### SOCIAL MEDIA

The 'Stickin' it Up the Smokes' Facebook page continued to share and promote smoke-free pregnancies and information.

Stickin' it up the Smokes  
23 Social media post 2020-21



### KEY PERFORMANCE INDICATORS



**82 Pregnant Aboriginal Woman** participated in individual or group quit support activities



**31 staff provided with information** through face-to-face engagement

**13 Smoke-free pregnancy events held** to promote Maternal Health Tackling Smoking Program



**QUITTING SMOKING** will help you have a healthy pregnancy and a healthy baby



## RESOURCE DEVELOPMENT

- A Referral Pathway resource was developed to increase health workforce confidence and help them understand their client's smoke-free journey.
- A take-home resource was developed for clients to help them understand their smoking journey.
- Smokerlyzer resources for services were updated to the new Smokerlyzer readings chart in line with the Bedfont Smokerlyzer which the online training was based upon. This included the reprinting of posters and handheld take-home cards for clients to keep. These resources will be distributed, along with the Smokerlyzer, once staff in our Member Services have completed the online training.

## PARTNERSHIPS AND COLLABORATIONS

The programme continued to receive support and donations from the Share the Dignity organisation (<https://www.sharethedignity.org.au/>) who have provided handbags containing personal items for women. The handbags are provided as an extra support to women involved in our programs and are greatly appreciated.

## END OF CONTRACT

Funding for the Maternal Health Tackling Smoking Program ceased on 30 June 2021.

**WHERE ARE YOU ON YOUR SMOKE-FREE JOURNEY?**

Are you a smoker? YES NO SOMETIMES EX-SMOKER

How do you feel about your smoking? READY TO QUIT THINKING OF QUITTING NOT READY TO QUIT SMOKE

How do you feel about your smoking? (Scale 1-5)

How do you think you will quit? (Scale 1-5)

**SMOKE-FREE ENVIRONMENTS**

Does anyone smoke in your home? YES NO SOMETIMES IN CERTAIN ROOMS

Does anyone smoke in your car? YES NO SOMETIMES ONLY WHEN THERE ARE NO KIDS

**HAVE YOU THOUGHT ABOUT YOUR QUIT PLAN?**

Set yourself a quit date: \_\_\_\_\_

Why do you want to quit? \_\_\_\_\_

Why do you smoke? \_\_\_\_\_

How will you quit? \_\_\_\_\_

Who will be your support? \_\_\_\_\_

How will you celebrate your win? \_\_\_\_\_

What will you do if you have a slip-up? \_\_\_\_\_

Referral pathway for Health workers

**UNDERSTANDING YOUR CLIENT'S SMOKE-FREE JOURNEY**

Yes No

Are you a **SMOKER**? (Record smoking status)

Ex-Smoker Sometimes

How do you feel about your **SMOKING**? (Record in client notes)

Ready to Quit? Thinking about quitting Not ready to quit Unsure

**SMOKE-FREE ENVIRONMENTS** (Record in client notes)

**REFERRAL PATHWAYS** (Record in client notes)

**OUTLINE**

LOCAL ABORIGINAL HEALTH SERVICE

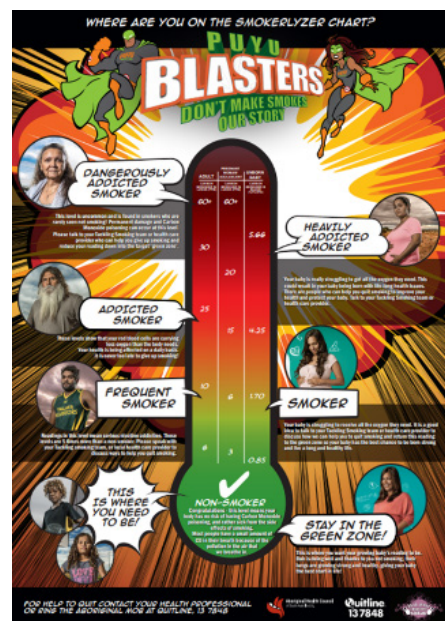
GP

APPS

**WEBSITES**

LOCAL TACKLING INDIGENOUS SMOKING TEAM

Take home resource for clients



Updated Smokerlyzer chart

The background is a solid red color. In the top left corner, there is a stylized sun with a circular face and several curved rays. To the right of the sun are three concentric circles, each composed of small dots. In the bottom right corner, there is a large, stylized leaf with a thick outline and several smaller, curved shapes inside, resembling veins or smaller leaves.

# **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 and ACCHOs upon request on the ethics, benefits and appropriateness of research initiatives.

AHREC continues to demonstrate compliance with the National Statement and Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research as one of the only four Aboriginal-specific full Human Research Ethics Committees (HRECs) in Australia, and maintains its registered human research ethics committee status.

AHREC advocates for the interests of Aboriginal communities in SA and for compliance with the NHMRC Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research. In particular, the values that researchers are required to demonstrate in their research practice and methodologies, such as spirit and integrity, cultural continuity, equity, reciprocity, respect and responsibility, continue to be closely scrutinised as part of the ethical review process.

AHREC's guidance to researchers continues to highlight the holistic and interconnected nature of Aboriginal health and for any research activity undertaken in SA to yield tangible benefit for 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 52 new research proposals were submitted to AHREC in this financial year:

Financial Year	# of proposals submitted for ethical review by AHREC
FY 2014 / 2015	45
FY 2015 / 2016	55
FY 2016 / 2017	47
FY 2017 / 2018	54
FY 2018 / 2019	54
FY 2019 / 2020	43
FY 2020 / 2021	52

The most commonly queried issues in applications included:

- Aboriginal governance and ownership, ensuring Aboriginal control and lens is incorporated in the entire spectrum of research activities from design, data collection, analysis to knowledge translation
- Cultural and linguistic considerations
- Study methodology vs goals
- Scope creep and feasibilities
- Recruitment
- Analysis and knowledge translation
- Free, prior and informed consent (FPIC)
- Waiver of consent
- Confidentiality, anonymity and the Privacy Act
- Data management and sovereignty
- Distress protocol
- Clarity and cultural safety of study tools:
  - o Participant information sheet and consent form
  - o Promotional materials and incentives
  - o Other recruitment related tools, eg verbal scripts, email introduction
  - o Data collection instruments, eg surveys, yarning/ interview guide, data linkage variables

## Data Snapshot

Out of these 52 new research proposals that were reviewed in 2020-2021:

- 46 were granted ethical approval
- 3 were not approved. The reasons for the Committee's decisions included poor application standards, lack of consultation and engagement, lack of rigour and scientific validity, and risks outweighing potential benefits in student-level studies.
- 1 proposal was not reviewed as it was decided to be a mainstream study with no intention to target Aboriginal participants or analyse findings by Aboriginality
- The review of 2 proposals is yet to be resolved at the time of writing



## Research Topics

The 46 new Aboriginal-specific research projects that were reviewed and approved during 2020-2021 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:

- Cultural immersion during university studies
- Renal dialysis model of care
- Effectiveness of 'Young Deadly Free' resources in remote communities
- Social determinants of Aboriginal social and emotional wellbeing
- Stillbirth prevention and care
- Aged care and healthy ageing
- Aboriginal Identification in screening data
- Aboriginal Cancer Healing Centres
- Australian native plant foods for Aboriginal people
- Diabetic retinopathy prevention and care
- Patient journey mapping tools
- Breastfeeding
- Point-of-care HCV RNA testing
- Evaluation of the Australian Government's Investment in the Indigenous Australians' Health Programme (IAHP)
- Cancer stage, treatment and recurrence
- Decolonisation of practice in Aboriginal and Torres Strait Islander Primary Health Care
- Aboriginal understandings of health and wellbeing in the Australian Football League
- Culturally respectful and safe social work practice
- Youth wellbeing
- Children's wellbeing
- Child development
- Men's health
- The prevalence, tolerability and effects on renal function of SGLT2 inhibitors
- Campfire related burns
- Diabetes care and foot complications
- Drivers of change in drug and alcohol use
- Evaluation of the Tackling Indigenous Smoking Program
- Out-of-pocket health expenditure
- Early detection of ear diseases and hearing impairment
- Bowel screening
- Hepatitis risk
- LGBTIQ+ young peoples' social emotional wellbeing
- Smoking cessation training programs
- Treatment in emergency department
- Health service utilisation and preventable mortality in justice-involved young people
- Communicating medical information with Aboriginal patients
- Cultural and social emotional wellbeing support through youth groups
- Hepatitis B management in South Australian Aboriginal Community Controlled Health Services

During this financial year, one of AHREC's long-standing members, Dr Nick Williams, AHCSA's GP Supervisor, served his 20th year with the Committee. The Committee recognised his contributions and expressed its thanks through co-Chairs, Dr Odette Pearson and Michael Larkin, and a certificate of appreciation was presented by our CEO, Shane Mohor.

AHREC continued to promote priority ethical research as per the needs of each ACCHS by ensuring that all studies conducted in SA formally engage and acquire letters of support from ACCHSs. All studies were required to submit a comprehensive knowledge translation strategy to AHREC as part of the regular review. It is a condition of AHREC that knowledge translation strategies must be feasible, practical and pragmatic, and ensure a partnership approach with participating ACCHSs.

Promotion, training and education activities on research and ethics occurred on an ongoing basis. More specifically, AHCSA continued to advocate for ethical research in line with the priorities of Aboriginal communities through its engagement with key stakeholders including:

- the Aboriginal Health Equity Theme – Wardliparingga, SAHMRI
- SA Aboriginal Chronic Disease Consortium
- Aboriginal Communities and Families Research Alliance (ACRA)
- Health Translation SA
- Research governance offices of SA Health, LHNs and universities







# QUALITY SYSTEMS

## DIGITAL HEALTH

Over 2020-2021 the AHCSA Digital Health program supported a range of digital health initiatives for Member Services, developing individual service plans covering NASH PKI and Site Certificates, My Health Record (MHR), PRODA and HPOS, healthcare identifiers, technical support across systems, telehealth, medical devices, ePIP, secure messaging delivery readiness, policy and procedural support. The program provided digital health leadership and advocacy to ensure Members' voices and experiences were central to digital health nationally. A major initiative across 2020-2021 was the completion of the My Health Record Awareness Campaign.

### My Health Record Awareness Campaign

The My Health Record is an online record of health information that can include allergies, immunisations, medications and blood test results. Everyone has a My Health Record unless they have chosen not to have one. If a person is in an accident or a medical emergency, health care providers are able to access the My Health Record for important information regarding medical conditions and any medications a person may be taking. People can access their own My Health Record from any computer or device that is connected to the internet, and can control the information which is recorded.

## CLINICAL SYSTEMS

The Clinical Systems Improvement (CSI) Coordinator supports all Aboriginal Community Controlled Health Services to maximise their day-to-day productivity to achieve an effective, meaningful and streamlined clinical service/program through the development of processes and systems. The CSI Coordinator primarily focuses on supporting services in the following key areas:

- Accreditation preparation and self-audits- to support services to develop and maintain formal processes, procedures, and guidelines to meet best practice standards to achieve and maintain clinical accreditation
- Medicare billing support - to provide operational guidance in many areas that enable services to access benefits and incentives under the Medicare Benefit Schedule
- Continuous Quality Improvement initiatives - to assist with the development, documentation and implementation of new or improved systems that are best practice in primary care
- Clinical Governance - to provide support in the development of a framework to organise a structured approach to providing good clinical outcomes for consumers that incorporates the policies, procedures and guidelines, risk management and consumer engagement

While these are the key support areas listed, Member Services may identify assistance needs in other areas such as auditing, report preparation, workforce planning, development of models of care and professional development.

## HEALTH INFORMATICS

### Using PowerBI to Inform CQI

The team have developed Population Health and Medicare Power BI dashboards (see figure 1) as tools for supporting our Member Services across a range of quality improvement activities. The Population Health dashboard allows Member Services to review a range of key areas, including community demographics, chronic disease management, ear health, sexual health, and client recall and referral information. Similarly, the Medicare dashboard enables monitoring of MBS claiming and comparison of health service performance over time. AHCSA plan to work with Member Services over the coming twelve months to pilot and implement this initiative. It is anticipated that the Power BI dashboards will generate a wealth of positive discussions about data and how it can be used to support clinical teams and programs.

### State-wide health information repository

The team continued to implement the AHCSA PAT CAT Program in partnership with Member Services. This program involves Member Services submitting de-identified health information to AHCSA on a monthly basis. This data is securely housed at AHCSA and can be used to inform a number of positive initiatives.

As the peak body for Aboriginal health in South Australia, access to timely health information is important for shaping policy and advocating for Member Services at the state and national levels. The PAT CAT Program enables AHCSA to review state-wide population health trends, chronic disease profiles, elements of client care, as well as a range of other domains. As this evidence base develops in the future, the team envisage that this program will also inform a number of funding opportunities.

### The AHCSA Data Strategy

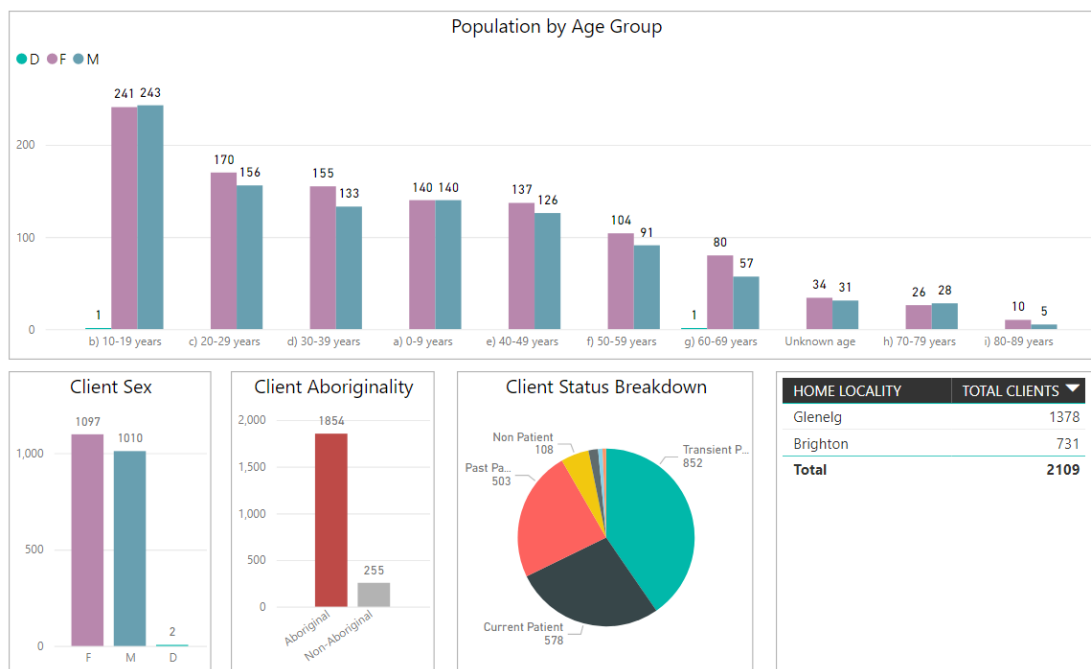
Year one of the AHCSA Data Strategy (2020/21 – 2022/23) has delivered a number of positive outcomes for AHCSA and Member Services alike. The overarching aim of the strategy is to formally document a plan for innovation and expansion of AHCSA's and Member Services' data capabilities over a three-year period. Over the past twelve months, the team have reached the following milestones:

- Development of a new ACCHS Communicare Network
- Consolidation of AHCSA program data collection and analysis mechanisms
- Convening of ongoing Member Support meetings
- Power BI Dashboard development
- Ongoing growth of the AHCSA PAT CAT Program

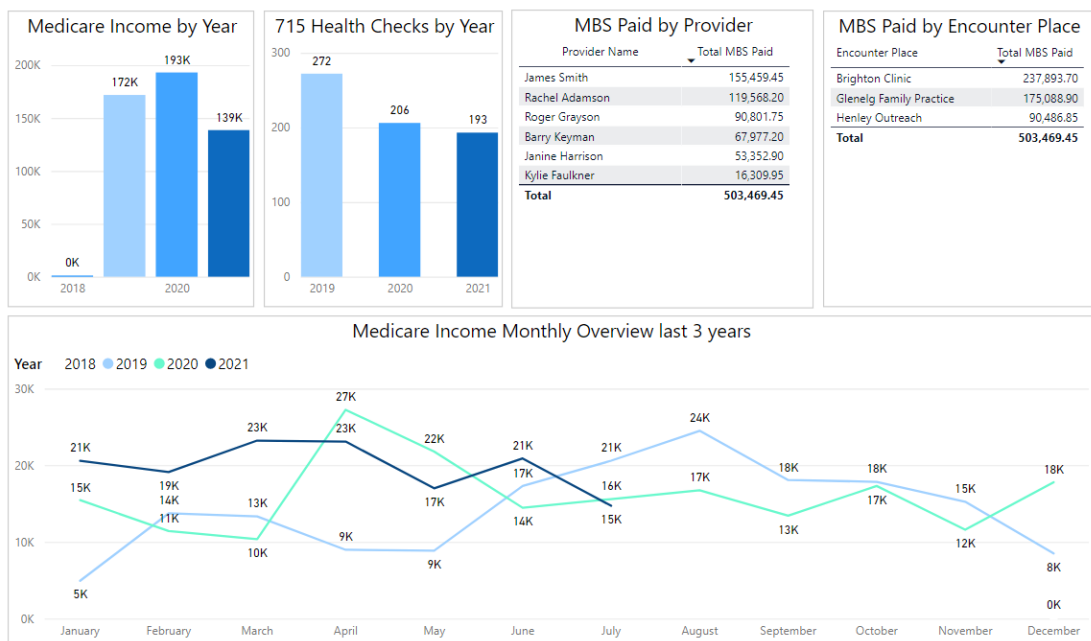


Year two of the strategy focuses more on how data can be used to support quality improvement. Initiatives include the convening of the ACCHS Communicare Network, commencement of the Power BI Road Show, and development of a comprehensive Health Profile for the SA ACCHO sector.

## Client Population



## Long Term Medicare Comparisons (Based on Consult Date)



## PATIENT INFORMATION MANAGEMENT SYSTEMS

The Patient Information Management Systems (PIMS) Coordinator supports Aboriginal Community Controlled Health Services (ACCHSs) in South Australia to advance and improve their health information management systems to attain improved health outcomes and better data collection and analysis.

The PIMS Coordinator assists in increasing the capacity of Aboriginal Community Controlled Health Services in the optimal use of Communicare, the patient information management system in use across SA ACCHSs.

Key areas of support include:

- Support in building/altering clinical items and Communicare reports
- Communicare helpdesk functionality to support ad-hoc needs
- Communicare training in support of best practice clinical care
- Support in incorporating Communicare into new or improved clinical pathways
- Resource development to support best practice use of Communicare

## HEALTH POLICY AND GRANTS

The Health Policy and Grants Coordinator works with Aboriginal Community Controlled Health Services in South Australia to assist them with health policy requirements and population health grants. The purpose of this position is to strengthen the focus on health policy and grants and ensure that member ACCHSs are kept informed about health policy developments and funding opportunities.

The primary aims are to:

- Strengthen the voice of ACCHSs and ensure their concerns and needs are heard
- Ensure that policy and advocacy activity aligns with member priorities and needs
- Strengthen member ACCHSs' ability to identify and access funding opportunities and funded programs

Key activities of the role include:

- Following health-related policy development at State and Commonwealth levels and keeping member ACCHSs informed of any changes
- Working closely with AHCSA staff, Members and other stakeholders to support Aboriginal health policy direction
- Closely following grant opportunities and supporting members with grant applications
- Coordinating and supporting ACCHSs responses to Royal Commissions and Inquiries

## 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 six GP Registrars across eight locations in the 2020-2021 reporting period. Face-to-face visits continued throughout the COVID-19 pandemic. The position also provided AHPRA supervision for an IMG in Ceduna and supervision/mentoring for ACRRM specialist pathway.

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

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

### Data Snapshot

#### GP Workforce

Additional six GP registrars residing in, or visiting, eight rural ACCHSs, plus GP Supervisor providing over 700 GP service days for reporting period.

GP Management Plans and Aboriginal Health Checks continue to be performed at increasing rates across all sites involved in the program.

#### Quality Management of chronic conditions across sites

89% of patients with diabetes have had an HBA1c performed in the previous twelve months.

#### GP Registrar Cultural Awareness Training

100% of GP registrars in SA undergo two-day intensive cultural awareness

training as part of the program with GPEx. This has continued via webinars.







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# **CONSTITUTIONAL OBJECTIVE 4**



# CHRONIC DISEASE

## Provide and deliver chronic disease care services and programs

As outlined in the AHCSA Strategic Direction 2019-2024, Constitutional Objective Four is 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 to do so, and as the need arises. Through a process of empowerment, AHCSA will strive for the longer-term goal to build local, Aboriginal-led health services.

## Key Directions

Over the next five years, AHCSA has set the following goals for this new 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
- 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



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# **CONSTITUTIONAL OBJECTIVE 5**



# EDUCATION, TRAINING & WORKFORCE

The RTO provides accredited and non-accredited training and development opportunities to the Aboriginal health sector, with a key priority of 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 centres Aboriginal culture.

The past year has seen many changes and challenges to the way that training is delivered at AHCSA. The team have been incredibly active in working to support and encourage students in the new virtual environments we find ourselves in. The RTO would like to thank and congratulate all students and Educators on their flexibility, creativity, and care in working through, and in, these ever-changing times.

## AHCSA and Industry Support

Throughout 2020-2021 the RTO continued to engage with, and maintain relationships with, industry stakeholders and programs both within and outside of AHCSA. Engagement with partners not only provides industry and workforce insight but also contributes to education delivery. Internally, AHCSA programs that provide educational support include the Eye Health and Trachoma Elimination programs, Ear Health and Sexual Health teams. Externally, we have a range of partners who bring in expertise on health concerns, including the following:

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

The RTO continues to offer fully accredited training in the following qualifications and skill set:

- 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")

This reporting period, AHCSA also introduced non-accredited training opportunities, beginning with a refresher in venipuncture techniques. This non-accredited training

enables Registered and Enrolled Nurses and Aboriginal Health Practitioners to accrue continuous professional development (CPD) hours as required to maintain their registration.

In responding to feedback about access to training in remote areas, AHCSA will be delivering the venipuncture course in metropolitan Adelaide, Whyalla and Ceduna.

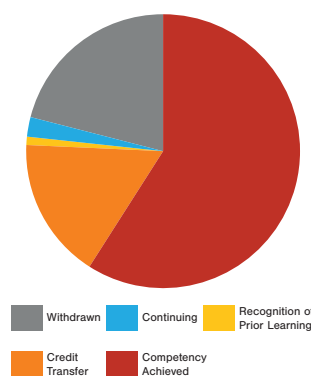
AHCSA will be planning more non-accredited, clinical and professional based skill development opportunities in the coming year.

## Year in numbers

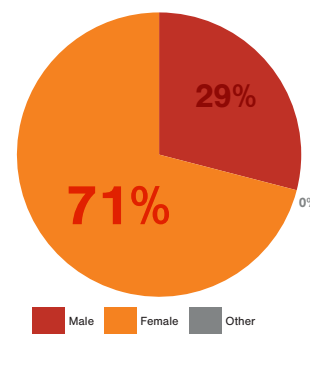
97 Active Students during reporting period:

- 29 Course Completions
- 37 Continuing Students
- 1 New Students Commenced
- 641 Units of Competency achieved
- 79% Unit of Competency Completion Rate
- RTO Projects
- The RTO has led several significant projects in the 2020-2021 period.

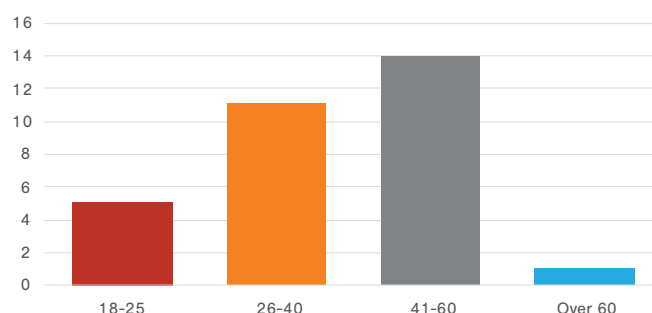
### Unit of Competency Outcomes 2020-21



### New Enrolments by Gender 2020-21



### New Enrolments by Age Group 2020-21



## Workforce

AHCSA and Rural Doctors Workforce Agency (RDWA) formed a partnership focussed on understanding the current and future needs of the Aboriginal Health Workforce. The partnership is a commitment to the long-term opportunities, capabilities and sustainability of the workforce into the future. The project delivered a Health Workforce Needs Analysis which included recommendations for future workforce development of the Aboriginal Community Controlled Health Sector in South Australia. This report outlined the current workforce structures, the future service needs and identified areas for growth. In 2021-2022 AHCSA will initiate the development of a five-year workforce plan with each ACCCHO, based on the findings and initial discussions from the past year. This work is being led by Trent Wingard, Aboriginal Health Workforce Coordinator and supported by Tallulah Bilney, RTO Training and Compliance Coordinator.



**AHCSA RTO and Workforce Development team members headed out to Yadu Health Aboriginal Corporation in Ceduna, to facilitate workshops with Aboriginal staff and the Executive team.**

The AHCSA team provided group activities, brain-storming and blue sky thinking components which aimed to identify the skills that these staff members could harness in their work as well as the service's training needs.

It was wonderful to be able to celebrate the wealth of knowledge and experience the participants brought to the workshop and additionally, the amazing work of Aboriginal Community Controlled Health Services, while continuing to support the further development of the Aboriginal Workforce.

Thanks for having us at Yadu Health Aboriginal Corporation - we look forward to seeing what these talented and passionate participants do next!

## Palliative Care Skill Set

Under a one-off funding scheme through the SA Department for Health and Wellbeing, AHCSA is developing an accredited skill set in providing palliative care support for Aboriginal and/or Torres Strait Islander people. The purpose of this course is to enhance the skills and knowledge of the palliative care workforce to improve care services across SA. The focus of the training product is to increase knowledge and respect for cultural considerations, with the aim to make the final stages of life more comfortable for Aboriginal and Torres Strait Islander people and their families.

The training package will be designed to specifically support and care for Aboriginal and Torres Strait Islander patients accessing palliative care. In addition to broader palliative care content, it will be offering training in cultural considerations, enhanced communication skills and knowledge about kinship structures, targeted at the health workforce responsible for delivering these services.

To move through Phase 1 of the process of developing a skill set—compiling a course concept application—input and guidance was sought from industry, health workforce, and community-based professionals. The consultation also included collecting feedback from the community in metropolitan, regional and remote areas of South Australia. The community consultation was essential in centring the voices of Aboriginal and Torres Strait Islander people who are directly affected by palliative care services to ensure community views have been incorporated into the course concept and course development.

By the end of 2020-2021, the course concept (Phase 1) had been accepted by the Australian Skills Quality Authority (ASQA) and the Course Development (Phase 2) has begun. The RTO is anticipating ASQA's decision on the application by mid-2022.



**AHCSA students Tony Ratzmann and Peta Purba**



## Team Profile

In the 2020-2021 period the RTO team said goodbye and thank you to some team members and hello and welcome to some exciting new workforce structures that bring valued knowledge and skills into the training delivered at AHCSA.

The Education, Training and Workforce Team has seen some staff changes over the past twelve months, welcoming the following new team members:

- Gabbie Zizzo, RTO Project Coordinator
- Tallulah Bilney, RTO Training and Compliance Coordinator (internal promotion)
- Trent Wingard, Aboriginal Health Workforce Coordinator
- Hayley Johncock, RTO Admin, Contracts and Enrolments
- Holli Nicholas, RTO Admin, Travel and Systems
- Lena-Pearl Bridgland, Aboriginal Health Practitioner/Clinical Educator
- Alfie Gollan, Aboriginal Health Practitioner/Clinical Educator

The introduction of Lena-Pearl Bridgland and Alfie Gollan into the dual roles of Aboriginal Health Practitioner/Clinical Educator is an exciting development for AHCSA's RTO. Lena-Pearl and Alfie are both registered Aboriginal Health Practitioners who are interested in moving into the Education space. Together with Moorundi Aboriginal Community Controlled Health Service Incorporated (MACCHS), AHCSA developed a career pathway model, the first of its kind in South Australia, which directly responded to the ongoing challenge of recruitment and retention of Aboriginal Health Practitioners in the Educator role within the RTO.

This new model was designed in conjunction with MACCHS to allow each role to work across both sites and positions. AHCSA are excited for the opportunity to work in partnership with Moorundi on this exciting new model, prioritising Aboriginal Health Practitioner career pathways that celebrate the skills and professionalism of the AHP role. We see this as a chance to demonstrate to the greater health network the value in having an Aboriginal Health Practitioner-owned and led education model for Community.

## Achievements

In May 2021, AHCSA's Clinical Educator, Christine Fraser was awarded the Excellence in Education – Registered Nurse/Midwife Award at the 2020-2021 South Australian Nursing and Midwifery Excellence Awards. Christine's work as a Clinical Educator in the RTO has been critical in the continued success of the training program, supporting hundreds of students to graduate over her time here. We congratulate Christine on her wonderful achievement.



**Left to Right**  
**Back row:** Damian Riessen, Chris Rektisinis, James Bisset, Trent Wingard  
**Middle row:** Sarah Betts, Robyn Cooper, Catherine Carroll, Mandy Green, Josh Riessen, Debra Stead, Annie-Rose Thurnwald, Lena-Pearl Bridgland  
**Front row:** Christine Fraser, Gabbie Zizzo, Belinda Lock

In 2020-2021, Trent Wingard was named as a finalist for the 7NEWS Young Achiever Awards in the following categories:

- Department of Human Services Aboriginal Achievement Award
- Rural Doctors Workforce Agency Rural Health Award

As a finalist, Trent was acknowledged for his dedication to improving health outcomes for Aboriginal people and communities. Recognised were his contributions to workforce development focusing on improving recruitment and retention and building career pathways that champion the skills and experience of Aboriginal Health Workers and Practitioners. His previous role as a Youth Project Officer in the Tackling Indigenous Smoking program has also played a key role in improving healthy lifestyle attitudes and outcomes for young people. Trent is also completing his Bachelor in Social Work and a Diploma in Management and Leadership.



AHCSA is proud to announce that Sophie Bailes was a finalist for Aboriginal and/or Torres Strait Islander Student of the Year in the SA Training Awards for 2021. Sophie was enrolled in the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice, having previously completed her Certificate III with AHCSA. Simultaneously employed by Oodnadatta Health Service, Sophie has been recognised for her commitment to combining study and work whilst living in a very remote area of the far north of South Australia and all the challenges and joys her role brings. The SA Training Awards celebrate and acknowledge the achievements of the best and brightest students and showcases VET as a pathway of choice for current and future workforce.



### Rural Aboriginal Health Worker Programme

The Rural Aboriginal Health Worker Programme continues 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 monitors and manages the funds and administration associated with this program, including negotiation and liaison with mainstream country hospitals and health services.

### Funding Support

Program funding is received from the Commonwealth Department of Health via the National Aboriginal Community Controlled Health Organisation (NACCHO), and AHCSA, in turn, provides 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







# FINANCIAL SUMMARY

## Statement of Surplus or Deficit and Other Comprehensive Income for the Year Ended 30 June 2021

	2021	2020
<b>Revenue</b>		
Grant revenue	\$9,995,334	\$8,704,573
Other revenues	\$368,558	\$322,839
<b>Expenses</b>		
Employee benefits expenses	\$5,144,791	\$4,653,884
Goods and services expenses	\$2,658,609	\$3,235,748
Depreciation expenses	\$219,713	\$254,794
Amortisation on intangibles	\$24,371	\$67,298
<b>TOTAL EXPENSES</b>	\$8,047,483	\$8,211,724
<b>TOTAL COMPREHENSIVE INCOME FOR THE PERIOD</b>	\$2,316,408	\$815,688

## Statement of Financial Position for the Year Ended 30 June 2021

	2021	2020
<b>ASSETS</b>		
Cash & Cash equivalents	\$1,880,157	\$2,383,777
Property, plant and equipment	\$7,418,291	\$7,365,982
Trade and other receivables	\$397,795	\$413,595
Other assets	\$183,660	\$269,042
<b>TOTAL ASSETS</b>	\$9,879,903	\$10,432,396
<b>LIABILITIES</b>		
Borrowings	\$5,278	\$4,022,973
Employee benefits	\$685,807	\$659,654
Trade and other payables	\$2,773,237	\$1,622,840
Other liabilities	\$96,762	\$124,518
<b>TOTAL LIABILITIES</b>	\$3,561,084	\$6,429,985
<b>NET ASSETS</b>	\$6,318,819	\$4,002,410
<b>EQUITY</b>		
Asset revaluation	\$1,623,312	\$1,623,312
Retained funds	\$4,695,507	\$2,379,098
<b>TOTAL EQUITY</b>	\$6,318,819	\$4,002,410



## DIRECTORS' REPORT

### From 1 July 2020 to 30 November 2021:

**Polly Sumner-Dodd (Chairperson)**

Independent Chair

**Vicki Holmes (Deputy Chairperson)**

Nunkuwarrin Yunti of SA Inc.

**Wilhelmine Lieberwirth (Treasurer)**

Nunyarra Aboriginal Health Service Inc.

**David Dudley (Secretary)**

Port Lincoln Aboriginal Health Service

**Jamie Nyaningu**

Nganampa Health Council

**Rosney Snell**

Aboriginal Sobriety Group

**Roderick Day**

Tullawon Health Service

**Kristy Richards**

Yadu Health Aboriginal Corporation

**Reginald Reid**

Pika Wiya Health Service Aboriginal Corporation

**Gary Crombie**

Umoona Tjutagku Health Service Aboriginal Corporation

**Vicki Hartman (to October 2020) Darryl Cameron (from November 2020)**

Moorundi Aboriginal Community Controlled Health Service

**Hilary Williams (to August 2020)**

Oak Valley (Maralinga) Aboriginal Corporation

**Gwen Owen (to August 2020) Sharen A'Hang (from October 2020)**

Pangula Mannamurna Aboriginal Corporation

### From 1 December 2020 to 30 June 2021:

**Polly Sumner-Dodd (Chairperson)**

Independent Chair

**Vicki Holmes (Deputy Chairperson)**

Nunkuwarrin Yunti of South Australia Inc

**Wilhelmine Lieberwirth (Executive Board Director)**

Nunyarra Aboriginal Health Service Inc.

**David Dudley (Secretary)**

Port Lincoln Aboriginal Health Service

**Jamie Nyaningu**

Nganampa Health Council

**Basil Sumner (from March 2021)**

Aboriginal Sobriety Group

**Roderick Day**

Tullawon Health Service

**Kristy Richards**

Yadu Health Aboriginal Corporation

**Reginald Reid (to March 2021)**

Pika Wiya Health Service Aboriginal Corporation

**Gary Crombie**

Umoona Tjutagku Health Service Aboriginal Corporation

**Darryl Cameron (Treasurer from April 2021)**

Moorundi Aboriginal Community Controlled Health Service

**Sharen A'Hang (to March 2021) Kenneth Medcraft (from March 2021)**

Pangula Mannamurna Aboriginal Corporation

**Hilary Williams (from February 2021)**

Oak Valley (Maralinga) Aboriginal Corporation

## DIRECTORS' SUMMARY

### Principal Activities

The Aboriginal Health Council of SA Limited (the 'Company') is the peak body representing Aboriginal community controlled health and substance misuse services in South Australia.

Since the review process and reincorporation as an independent community controlled organisation in September 2001, Secretariat positions have risen to 47.

The role of the Secretariat is to provide support to the Company's Board of Directors, its standing and sub committees and to manage the day to day operations of the Company.

The key activities of the Company's Secretariat during this period included:

- Appointment of new staff to the Company's Secretariat
- Regularly updating the Company's website
- Reviewing operational policies and procedures
- Visiting Aboriginal Communities and Member Organisations
- Supporting the members of the Executive and Full Board of Directors
- Prepare for reaccreditation through the Quality Innovation Performance (QIP) and accreditation through the Australian Health Practitioner Regulation Agency
- Collaboration with other agencies on research and other projects
- Presenting information about the organisation to various State and National forums
- Advocating on behalf of Members and Aboriginal Communities in relation to Aboriginal health matters
- Provide administration and facilitation support to the Aboriginal Health Research Ethics Committee
- Responding on behalf of the Board on reviews and reports at State and National levels
- Responding to requests for information from students and other members of the public
- Developing strategies to support the ongoing quality and future of Aboriginal Health Worker training and workforce development issues
- Working with Members and Stakeholders to respond to the COVID-19 Pandemic

### Financial Summary

The following Financial Summary presented in this report has been prepared on an accrual basis. The full Financial Statements will be available on AHCSA's website.

#### Operating Result

In the 2020-2021 financial year, AHCSA posts a statutory surplus of \$2,316,408 (2020: \$815,668) . There were no abnormal items.

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

**Polly Sumner-Dodd**

*Director*



**Vicki Anne Holmes**

*Director*



Signed at Adelaide, SA this 29th day of October 2021.





# AHCSA MEMBERS

## DIRECTORY 2020-2021

### Aboriginal Community Controlled Health Services

#### NGANAMPA HEALTH COUNCIL

Umuwa Office  
Tel 08 8954 9040  
Fax 08 8956 7850  
Alice Springs Office 3 Wilkinson Street  
Tel 08 8952 5300  
Fax 08 8952 2299

##### Postal

PO Box 2232  
Alice Springs NT 0871  
[www.nganampahealth.com.au](http://www.nganampahealth.com.au)

#### NUNKUWARRIN YUNTI OF SOUTH AUSTRALIA INC

182-190 Wakefield Street  
Adelaide SA 5000  
Tel 08 8406 1600  
Fax 08 8223 0949

##### Postal

PO Box 7202, Hutt Street Adelaide SA 5000  
[www.nunku.org.au](http://www.nunku.org.au)

#### PORT LINCOLN ABORIGINAL HEALTH SERVICE INC

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

##### Postal

PO Box 1583  
Port Lincoln SA 5606  
[www.plahs.org.au](http://www.plahs.org.au)

#### TULLAWON HEALTH SERVICE INC

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

##### Postal

PMB 45, Ceduna SA 5690  
[www.tullawon.org.au](http://www.tullawon.org.au)

#### ABORIGINAL SOBRIETY GROUP INDIGENOUS CORPORATION

182-190 Wakefield Street  
Adelaide SA 5000  
Tel 08 8223 4204  
Fax 08 8232 6685

##### Postal

PO Box 7306, Hutt Street Adelaide SA 5000  
[www.aboriginalsobrietygroup.org.au](http://www.aboriginalsobrietygroup.org.au)

#### UMOONA TJUTAGKU HEALTH SERVICE ABORIGINAL CORPORATION

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

##### Postal

PO Box 166  
Coober Pedy SA 5723  
[www.uths.com.au](http://www.uths.com.au)

#### PANGULA MANNAMURNA ABORIGINAL CORPORATION

191 Commercial Street West Mount Gambier SA 5290  
Tel 08 8724 7270  
Fax 08 8724 7378

##### Postal

PO Box 942  
Mount Gambier SA 5290  
[www.pangula.org.au](http://www.pangula.org.au)

#### YADU HEALTH ABORIGINAL CORPORATION

1 Eyre Highway  
Ceduna SA 5690  
Tel 08 8626 2500  
Fax 08 8626 2530

##### Postal

PO Box 314  
Ceduna SA 5690  
[www.yadu.org.au](http://www.yadu.org.au)

#### PIKA WIYA HEALTH SERVICE ABORIGINAL CORPORATION

40-46 Dartmouth Street Port Augusta SA 5700  
Tel 08 8642 9991  
Fax 08 8642 9951

##### Postal

PO Box 2021  
Port Augusta SA 5700  
[www.pikawiyahealth.org.au](http://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

17-27 Tully Street Whyalla Stuart SA 5608  
Tel 08 8649 9900  
Fax 08 8649 9998

##### Postal

PO Box 2253  
Whyalla Norrie SA 5608  
[www.nunyara.org.au](http://www.nunyara.org.au)

#### MOORUNDI ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICE INC

1 Wharf Road  
Murray Bridge SA 5253 Freecall 1800 023 846  
Tel 08 8531 0289  
Fax 08 7089 0450  
[www.moorundi.org.au](http://www.moorundi.org.au)









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