

# ANNUAL REPORT

## 2022 - 2023





# 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 42-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. purchased land and building at 220 Franklin Street, Adelaide, South Australia
- o **2015** AHCSA Inc. submitted 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 was granted in February and paperwork was 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.

# 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. Publication of the internationally recognised UPK report in 1987. Development of the UPK program, which established nine healthy living practices that led to the provision of health hardware which has reduced rheumatic heart disease and scabies, aiding the prevention of kidney failure later in life. Improvements in the number of "well women's" checks and the dental health of children are comparable with the rest of South Australia. They have also developed the 'Mai Wiru Store policy' and store councils to maintain the policy. These achievements have been widely recognised.

NHC is a well-utilised service, with over 70,000 patient contacts per year. Their clinics are AGPAL-accredited with modern equipment and sophisticated IT systems, including Communicare, telemedicine facilities and an intranet site. The main clinics are located at Iwantja (Indulkana), Mimili, Fregon, Pukatja (Ernabella), Amata and Pipalyatjara, with a smaller clinic at Nyapari and 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 1980's 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.**

Nunyara Aboriginal Health Service Inc, located in Whyalla on the Eyre Peninsula has delivered health services to over 1200 individual Aboriginal Clients on average each year since 2019. The local Aboriginal population (as at the 2021 census) of 1,160 accounts for 5.4% of the total population, which is well above the South Australia proportion of 2.4% and the National proportion of 3.2%.

We are a NDIS Registered Provider and provide Access, Eligibility and Support Co-ordination to NDIS Participants across the region.

At June 2023 we had 15 Full Time and 9 Part time Employees, 20 FIFO Medical and Allied Health Providers, and support the training of 10 Medical Students each year.

We work with, and make up one of the 5 founding ACCHOs of SAWCAN (South Australian West Coast ACCHO Network), as a partnership between Nunyara Aboriginal Health Service, Port Lincoln Aboriginal Health Service, Yadu Health Aboriginal Corporation, Tullawon Health Service and Oak Valley Health Service to build capacity within a region of over 5000 Aboriginal people to achieve improved health and wellness outcomes.

Nunyara is a progressive and transparent Aboriginal Community Controlled Health Service who strives for continual improvement in client care.

## **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 was established in 2005 to address the specific medical needs of the Aboriginal people in Coober Pedy. The organisation has expanded steadily over the past seven and a half years to provide a comprehensive range of medical, dental and social services for our community.

UTHSAC continues to provide high quality, comprehensive primary health care services to an increasing number of local and transient clients. Umoona Tjutagku Health Service has, over the past two years, been focusing on improving our service delivery in the community. As well as providing a variety of medical services, UTHSAC is committed to supporting the well-being of the community through contributions to community events and activities.

## **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 and Women's Community Development Program, Rangers Program and a school. The Art Centre provides an outlet for local artwork.

The health clinic provides primary health care to the community, monitoring ongoing health issues such as diabetes, hypertension, antenatal and post-natal care and child 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 our 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 you would find Healing and where we work in partnership with others to address health and wellbeing issues. Pangula Mannamurna is contributing to strengthening Aboriginal culture across the region through the 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 2016 to deliver a comprehensive range of primary health care services to their communities. At the core of these services, Moorundi ACCHS Inc delivers a holistic model of health care which includes clinical services and wellbeing programs.

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

## **ABORIGINAL SOBRIETY GROUP INDIGENOUS CORPORATION**

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

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

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

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

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

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# CHAIRPERSON'S REPORT



## Welcome to our 2022-2023 Annual Report.

I was fortunate to continue in the role of AHCSA's Chairperson until the Annual General Meeting on 30 November 2022, where I stepped down from the position. The organisation experienced another busy year in 2022-2023 and I am proud to say that during this time the Aboriginal Community Controlled Health Sector in South Australia continued to work in challenging circumstances to provide exceptional health care services to Aboriginal communities across South Australia.

AHCSA's strong partnerships with Member Services and funders has continued throughout the year and I wish to express my appreciation for their support and for the important work that has been achieved together through these partnerships.

Throughout the 2022-2023 year AHCSA continued to successfully achieve our project and program outcomes, and advocate on behalf of our Members in many settings at both a state and national level. As such, I would like to thank and acknowledge our CEO, Shane Mohor, for his dedication and leadership to our organisation, along with our highly skilled and experienced leadership and staff teams.

On behalf of the Board of Directors, I would like to express our gratitude and appreciation for each and every staff member for the role they have played in assisting AHCSA to meet our organisational objectives and to work towards our Vision that all Aboriginal people will thrive, be healthy and culturally strong.

I would like to acknowledge our Board of Directors who volunteer their time to govern and guide the organisation. I would personally like to thank them for their participation, input and guidance during my time as Chairperson. In early 2023 AHCSA formed a new Executive Board to lead the organisation as we continue our work towards improved health outcomes and closing the gap for our Aboriginal communities.

I hope you enjoy reading our 2022-2023 Annual Report.

**Polly Sumner-Dodd**  
*Chairperson*

I am excited to share our Annual Report for the 2022-2023 year. I commenced in the Chairperson role early in 2023, and it has been a busy and challenging period for AHCSA. I would like to thank the new Executive Board as well as all of the Board Directors for their support and guidance. I would also like to acknowledge the previous Chairperson and Executive Team for their contribution to AHCSA.

Through strong partnerships with Members and Funders, AHCSA has continued on with delivering longstanding health and educational programs and services as well as Member Support services. We have also gained new funding programs and projects, particularly in workforce support related areas, such as Social and Emotional Wellbeing, Culture Care Connect (Suicide Prevention), Home Care Workforce Support and Alcohol and Other Drugs.

On behalf of the Board of Directors, I would like to thank the AHCSA Staff for their hard work and commitment to our Member Services and Aboriginal Communities in South Australia. I would also like to acknowledge and thank our Member Services for the exceptional work they do in their own Communities in improving the health of our people.

Thank you for your interest in AHCSA's Annual Report and please reach out to the AHCSA Secretariat if you wish to further discuss the content of this Annual Report or any of our programs and services.

**Wilhelmine Lieberwirth**  
*Chairperson*



# CHIEF EXECUTIVE OFFICER'S REPORT



## **I am pleased to present the 2022-2023 Annual Report for the Aboriginal Health Council of SA Ltd (AHCSA).**

Firstly, I would like to acknowledge and thank AHCSA's Board of Directors, who continued to lead, guide and support the organisation through another busy and challenging year.

During 2022-2023 we saw a number of staff leave AHCSA as well as the recruitment of many new staff. I would like to express my enormous appreciation to all AHCSA staff, past and present, for their hard work and commitment. Throughout the year, our staff continued to run quality health and education programs and services for our Member Services and the Community. I would like to thank and acknowledge all staff at AHCSA for their commitment and hard work, and the important role they each play in the organisation meeting our targets and objectives.

In the 2022-2023 year, a strong focus remained on continuing to stay safe from COVID-19, including educational campaigns on protection measures, antivirals and awareness of the symptoms of long COVID. Key AHCSA public health staff supported our Member Services with information and advice on COVID and other public health infections and diseases on an ongoing basis.

AHCSA's Member Services continued to provide outstanding health care to their clients and I commend our Members for the many health and wellbeing services they provide to keep their Communities safe and healthy.

We have continued to work closely with our key partners and funders in the Aboriginal health space on crucial health, wellbeing and education programs. In particular, we would like to acknowledge the National Aboriginal Community Controlled Health Organisation (NACCHO), the Aboriginal Health Directorate within the SA Department for Health and Wellbeing, Drug and Alcohol Services SA (DASSA), Rural Doctors Workforce Agency (RDWA), National Indigenous Australians Agency (NIAA), Department for Innovation and Skills, Commonwealth Department of Health, Community Grants Hub - Department of Social Services, Eyre and Far North LHN, and GPEx. Thank you to all of our partners and funders for your ongoing support.

AHCSA's leadership team and staff continued to participate in and contribute to a wide range of meetings, forums and conferences to provide input and advocate on behalf of our Member Services and Aboriginal communities. AHCSA also continued to seek new partnerships and funding opportunities for AHCSA and Members, to assist with improving health and wellbeing outcomes and closing the gap.

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 2022-2023 financial year.

**Shane Mohor**  
*Chief Executive Officer*



# AHCSA AND THE COVID-19 PANDEMIC

In the past year, AHCSA's COVID team included Public Health Medical Officers, the Media and Communications Manager and the COVID-19 Pandemic Coordinator. The latter role was recently filled by Ankita Chaudhary. COVID-19 activities are now part of individual staff members' usual roles, aligning with the return to a COVID-safe 'business as usual' environment.

The last twelve months witnessed significant changes in the COVID-19 pandemic, with the removal of government mandates regarding isolation and close contact requirements in October 2022. This prompted health services to develop local policies for visitors and workforce and to consider their own risk mitigation measures, such as mask-wearing. The AHCSA team has advised and supported this process. Information on reducing the risk of COVID transmission, both in the general community and within health services, can be found on the AHCSA website.

AHCSA has continued to support the sourcing of personal protective equipment, such as masks, and encouraged fit-testing for N95 masks. We've also advised on other prevention measures, including ATAGI recommendations for a 2023 COVID-19 booster vaccination.

Access to COVID-19 oral antivirals remains crucial for those at high risk of severe COVID. A brochure about the antivirals, reflecting updated eligibility for treatment as of March 2023, is available on the AHCSA website.

The COVID team created the 'Long COVID' brochure, outlining prevention, symptom management, and how to seek help for prolonged symptoms post-COVID infection. They engaged with SA Health to provide feedback on a proposed SA Health Long COVID care model, and sought member input for a submission to a Federal Inquiry into Long COVID and Repeated COVID Infections. It's evident that Long COVID will be a significant health issue in the future.

AHCSA's COVID meetings, now held monthly, have recently expanded to cover various Health Protection topics alongside COVID-19. Discussions have included tuberculosis, the South Australian immunisation schedule, and screening for sexually-transmitted infections. This acknowledges the importance of various infectious diseases in the community, many of which can be managed with similar approaches (vaccination, infection control measures, and early testing and treatment). We're grateful to all who contributed to the AHCSA COVID-19 response, including those involved in initial fit-testing and supporting services in the successful point-of-care testing program with the Kirby Institute and Flinders University. The lessons learned during the pandemic will inform our ongoing roles.

**WHEN SHOULD I SEEK HELP?**

If you are still experiencing symptoms of COVID-19 4 to 6 weeks after your infection, then you need to book in and need to your local GP or Aboriginal Health Service to get the right treatment.

After you recover from COVID-19, you should also tell your doctor or health worker if you develop new symptoms.

**Important:** If you have any of the following symptoms, call emergency services on 000 immediately and tell the phone operator that you have previously been diagnosed with COVID-19.

- Severe shortness of breath or difficulty breathing
- Severe chest pain or pressure
- Worsening ability to concentrate and increased confusion
- Feeling very unwell and unable to stay awake

**Remember to look after your mental health.**

The emotional impact of COVID-19 can be significant. Below are a few great resources and support services that can help you if you are having a tough time.

- Lifeline - 13 11 14
- Beyond Blue - 1300 22 4630
- Mensline Australia - 1300 78 99 78
- Suicide Call Back Service - 1300 659 467
- COVID National Mental Wellbeing Support - 1800 272 246
- 13VARN - 139276

**Scan to learn more about Long COVID at the AHCSA website.**

**LONG COVID HEY YOU MOB!**

You might have heard people talking about "Long COVID". So what is it?

Long COVID is the group of ongoing physical, mental, and emotional symptoms that a person may continue to experience more than 12 weeks after having the COVID-19 infection.

You can get Long COVID even if your COVID infection was mild.

For more information visit [ahcsa.org.au](https://ahcsa.org.au) or call 08 8273 7200  
\*This is the latest information available in relation to Long COVID as of 7 March 2023.

Aboriginal Health Council of South Australia Ltd.

Here are some things you can do to prevent yourself and members of your community from catching COVID-19:

- 1. Wear a face mask when in public indoor spaces**
- 2. Wash your hands often with soap and water for at least 20 seconds**
- 3. Keep your distance**
  - stay 1.5 metres away from others whenever possible
  - avoid physical greetings such as handshaking, hugs, and kisses
  - take extra care on public transport
  - avoid crowds and large gatherings
- 4. Get vaccinated**

Vaccination is the best way to reduce your risk of getting sick with COVID-19.

Vaccines train your immune system to recognise and respond to viruses that can cause serious illnesses. Vaccines that protect against COVID-19 are designed to generate an immune response specific to the virus that causes COVID-19.

The Australian Technical Advisory Group on Immunisation (ATAGI) recommends a primary course of vaccination against COVID-19, followed by a booster dose.

For most people, a primary vaccination course consists of 2 doses.
- 5. Get boosted**

Has it been more than 6 months since you last had a COVID vaccine or a positive COVID test?

If so, from 20 February 2023, you should get a booster if you are:

  - Aged 65 years and over, or
  - Aged 18-64 years with chronic health problems or a disability

It's also a good idea to get a booster if you are:

  - Aged 18 - 64 years and healthy
  - Aged 5-17 years with chronic health problems or a disability

If you are under 18 and healthy, a booster dose is not recommended for you right now.

If you are over 18, it is best to get your booster before June 2023 to keep safe this winter.

For more information call the National Coronavirus Helpline: 1800 020 080



# MEDIA AND COMMUNICATIONS

In 2022, our organisation underwent significant changes as we said farewell to our previous Manager of Media and Communications and welcomed a new team member in February 2023. As we navigated this internal transition, health messaging during the 2022-2023 period shifted from pandemic response to “new normal,” and we worked tirelessly to assist Member Services in adjusting and adapting to the next rounds of change. This was no small feat, and it required a strong focus and dedication to support our members across all program areas as COVID-19 became a part of ‘business as usual’.

Throughout this transition, the AHCSA logo and brand played a crucial role. Having undergone a significant refresh during the previous year, our updated website and branding were a stable reference point for our communications strategy and helped us to better communicate with our members and stakeholders.



Recognising the vital role of clear and effective communication during a public health crisis, we proactively worked with our members to assist across a range of communications tasks – sometimes working behind the scenes; sometimes amplifying material published by others and sometimes creating documents and material for distribution from AHCSA itself. By leveraging our expertise and resources, we enabled our members to disseminate crucial information, debunk myths, and keep their communities informed and safe. Through media outreach and strategic messaging, we played a pivotal role in the fight against misinformation.

Furthermore, we made the strategic decision to bring several document-creation workflows back in-house. While this decision was not without its challenges, it allowed us to maintain greater control over our resources, ensure greater brand and style consistency, and enhance our responsiveness to issues facing Community.

By streamlining these processes, we ensured that our members received timely and accurate information about events and key dates, aligning with our commitment to supporting them effectively.

In parallel, we shifted our communications posture to become more outward-facing. Engaging with SA Health, the State Government and national bodies more proactively, we forged stronger connections that benefited our members and the broader community. This collaborative approach has opened doors to new opportunities, allowing us to advocate for the healthcare needs of our members at higher levels of government.



One of the keys to our success in this endeavour has been the cultivation of robust relationships with key personnel within SA Health. By establishing these connections and maintaining open lines of communication, we have been able to begin navigating complex healthcare challenges with greater agility. These relationships have not only enhanced our advocacy efforts but have also fostered a spirit of cooperation that is essential in addressing public health crises effectively.

To measure the impact of our efforts, we implemented monitoring tools that gauge the success of our various communication tasks. This data-driven approach allows us to make informed decisions and continuously refine our strategies. By tracking the reach, engagement and effectiveness of our communications, we can adapt and respond to emerging needs swiftly.

The past year has been a period of transformation and growth for our organisation. We have adapted to the new reality of COVID-19, reaffirmed our commitment to member services, and proactively engaged with key stakeholders. Our journey is ongoing, and our decisions position us to better serve our members and their communities. With strengthened relationships, enhanced communication strategies, and a data-driven focus, we remain dedicated to supporting our stakeholders as we navigate the challenges faced by the Aboriginal Community Controlled Health sector.



# ORGANISATIONAL STRUCTURE

## AHCSA BOARD OF DIRECTORS

### SHANE MOHOR

Chief Executive Officer

## EXECUTIVE

### Mandy Green

Executive Officer

### Debra Stead

General Manager, Operations

### Benjamin Stewart

General Manager, Programs

### Julian Snook

Human Resources Manager

### Holli Nicholas

Accreditation and Compliance Officer

### Alice Brooks | Simon Garlick

Manager, Media and Communications

### Konstantin Cherepanov

IT Manager

## ADMINISTRATION

### Belinda Lock

Administration and Finance Support Officer

### Angel Woolsey

Reception and Travel Officer

### Emily Green

Reception and Travel Officer

## RESEARCH

### Aboriginal Health Research and Ethics Committee (AHREC)

### Gokhan Ayturk

Research and Ethics Manager

### Leda Sivak

Research Officer

### Naomi Thornthwaite

Research Officer

## PUBLIC HEALTH AND PRIMARY HEALTH CARE

### Jessica Leonard

Public Health Medical Officer

### Julia Vnuk

Public Health Medical Officer

### Annapurna Nori

Public Health Medical Officer

### Sarah Betts

Program Coordinator, Sexual Health/BBV

### Catherine Carroll

Clinical Support Officer, Sexual Health/BBV

### Josh Riessen

Program Officer, Sexual Health/BBV

### Bianca Mark

Program Officer, Sexual Health/BBV

### Emily Duivesteyn

Sexual Health/BBV Data Support Officer

### Taylor Laube

TIS Coordinator | Project Coordinator, Ear Health

### Kate West

Coordinator, Trachoma Elimination Program

### Ankita Chaudhary

Trachoma Public Health Coordinator

### Chris Rehtsinis

Project Officer, Eye Health

### Emma Tahuri

NDIS Project Officer | Care and Support Ready Coordinator  
| Homecare Workforce Support Coordinator

## QUALITY SYSTEMS

**Michael Larkin**

Manager Public Health and Primary Health Care

**Michele Robinson**

Health Policy and Grants Coordinator

**Isaac Hill | Yasiru Fernando**

Health Informatics Coordinator

**Nick Williams**

GP Supervisor

**Melani Jayasinghe**

Patient Information Management Systems Coordinator

**Vendula Corston**

Clinical Systems Improvement Coordinator

## TACKLING INDIGENOUS SMOKING PROGRAMME

**Tim Lawrence**

TIS Coordinator

**Trevor Wingard**

TIS Coordinator

**Harold Stewart**

TIS Coordinator

**Jordan West**

TIS Coordinator | Junior Project Officer

## EDUCATION, TRAINING AND WORKFORCE

**Annie-Rose Thurnwald | James Bisset**

RTO Manager

**Trent Wingard**

Workforce Coordinator

**Karrina DeMasi**

Clinical Workforce Coordinator

**Christine Bowden**

Senior Clinical Educator

**Alfie Gollan**

Clinical Educator

**Shaun Jacobson**

RTO Project Officer | Clinical Educator

**Lena-Pearl Bridgland**

Clinical Educator

**Angel Woolsey**

Administration Officer, Travel and Systems |  
RTO Administrator

**Holli Nicholas**

RTO Administrator |  
Accreditation and Compliance Coordinator

**Sophie Beshara**

RTO Compliance Support Officer

**Tim Curran**

RTO Administrator

**Gabbie Zizzo**

RTO Project Officer

**Tennelle Richards**

AMIC Project Lead | Social and Emotional Wellbeing  
Project Officer

**Grant Day**

Social and Emotional Wellbeing Project Officer

**Jorge Carvajal**

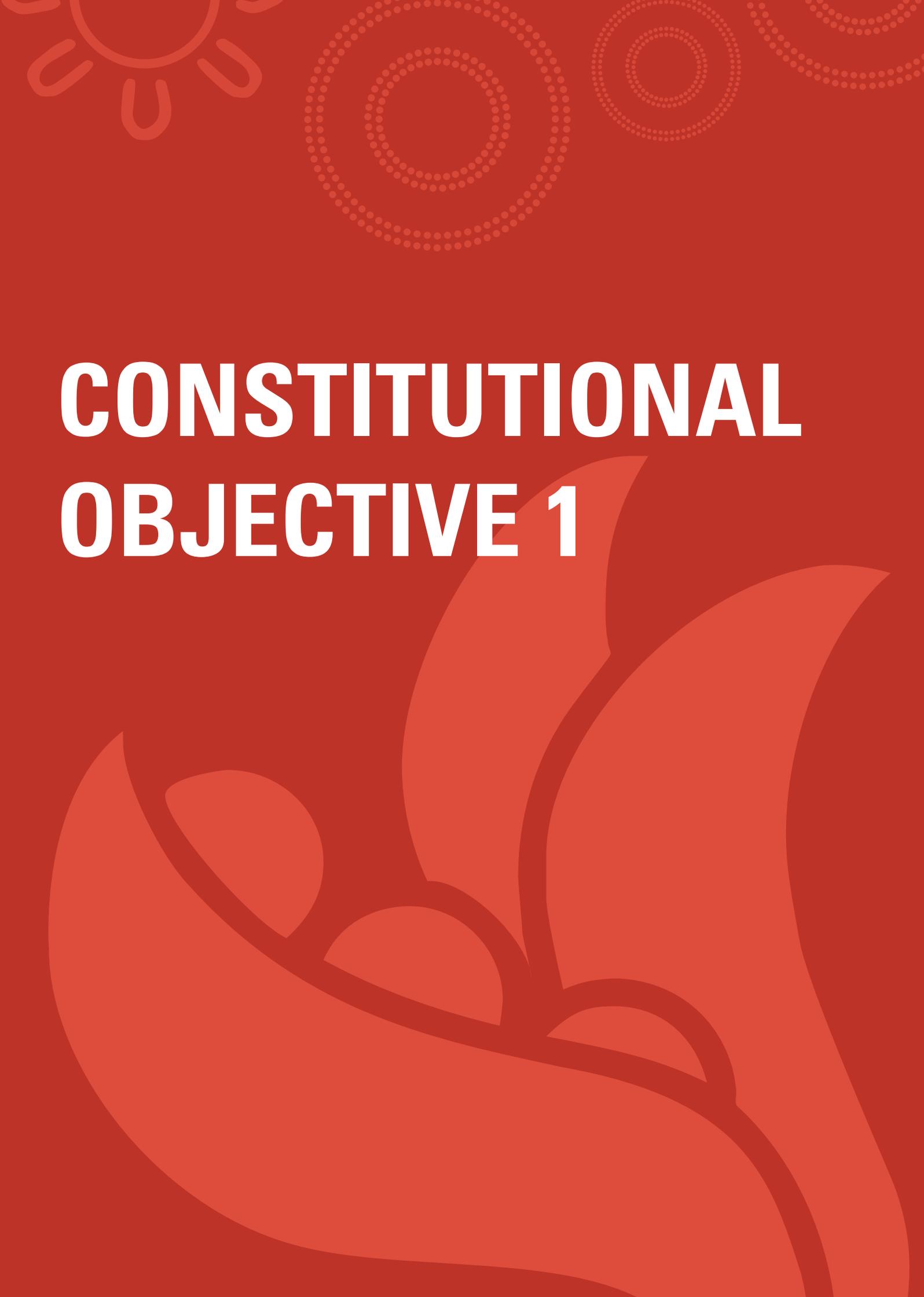
Alcohol and Other Drugs Project Officer

**Lisa Catt**

Midwifery Education Facilitator

**Rob Gerrie**

Culture Care Connect Coordinator



# **CONSTITUTIONAL OBJECTIVE 1**

# QUALITY, ACCREDITATION AND COMPLIANCE

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Earlier this year, AHCSA completed its onsite accreditation assessment with Australian Service Excellence Standards (ASES). The outcome of the assessment deemed only three minor essential recommendations. AHCSA is now working through these, and upon the successful completion of the ASES accreditation, AHCSA will be accredited for a three-year period.

As part of AHCSA's efforts to maintain quality, accreditation and compliance, the Policy Working Group (PWG) was established. They provide information, updates and recommendations to the AHCSA Board in relation to policies and procedures for their consultation and endorsement at Board and Executive Board meetings. It is intended that the PWG will raise the profile of the role of policies and procedures within AHCSA and contribute to fostering a culture that values continuous quality improvement.

The PWG has been busy reviewing AHCSA's policies and procedures, making sure they are kept up-to-date and in line with accreditation.



# EXECUTIVE - HUMAN RESOURCES

Human Resources (HR) is responsible for providing the day-to-day human resource functions of AHCSA. The function provides professional advice on a range of strategic HR matters as they arise and general HR support for day-to-day business activities.

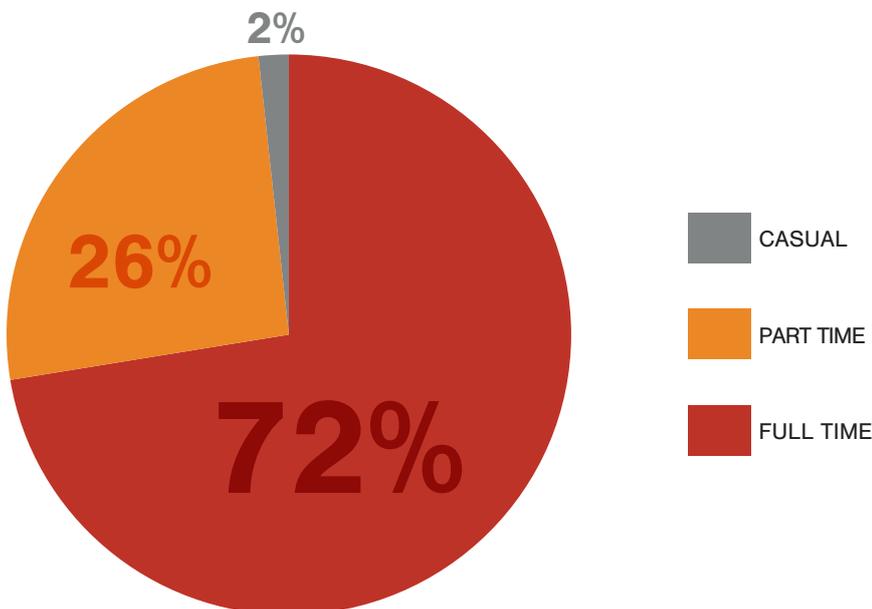
## 2022-2023 STAFF RECRUITMENT

Recruitment has been key in the 2022/2023 period, with many new roles and funding opportunities emerging and commencing:

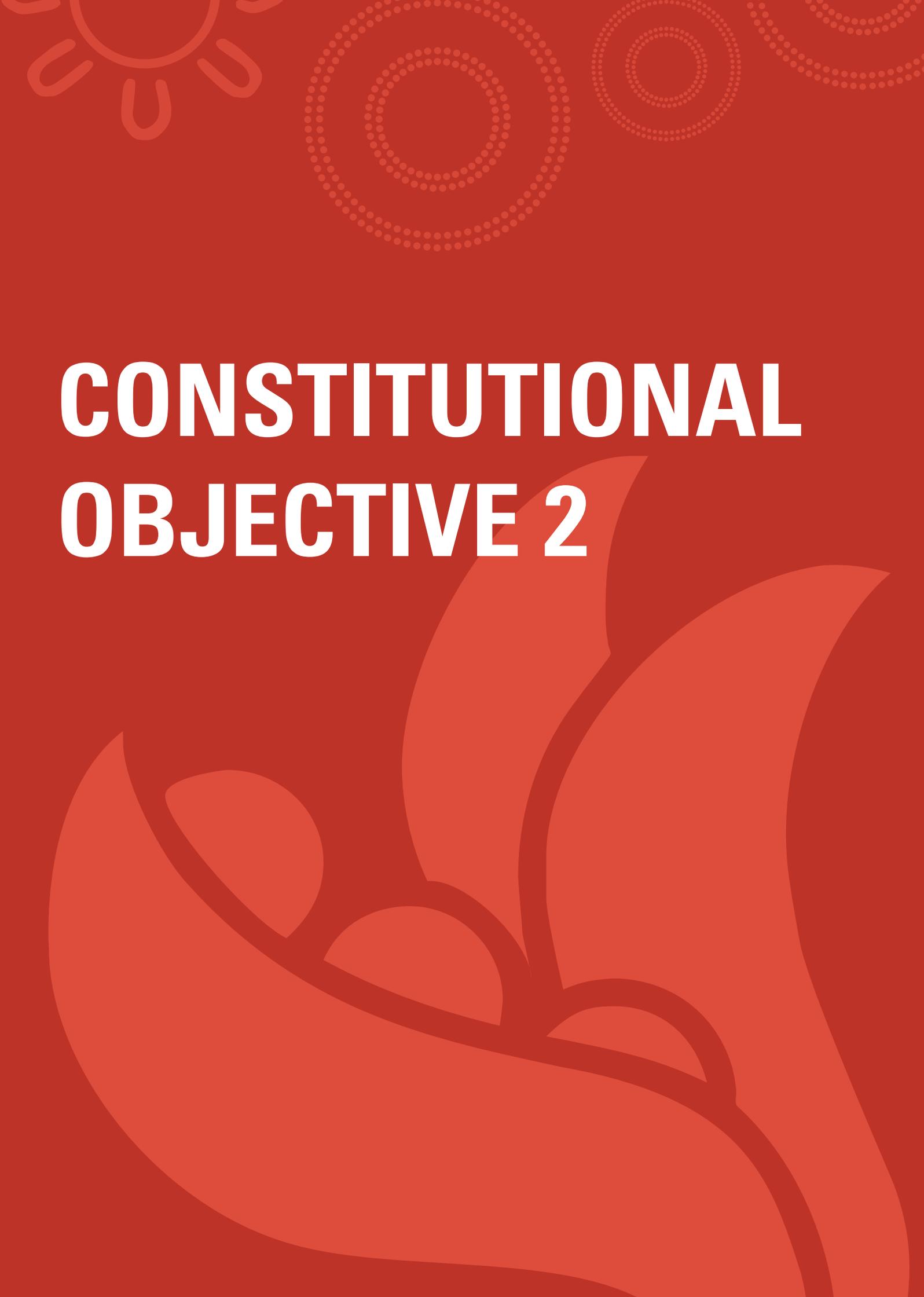
- General Manager, Operations
- General Manager, Programs
- Accreditation and Compliance Coordinator
- Media and Communications Manager
- Manager, Research and Ethics
- Research Officer/s
- COVID Pandemic Coordinator
- TIS Coordinator/s
- Trachoma Elimination Coordinator
- Homecare Workforce Support Coordinator
- Health Policy and Grants Coordinator
- Health Informatics Coordinator
- RTO Manager
- Clinical Workforce Coordinator
- AHP Clinical Educator
- RTO Project Officer
- RTO Administrator
- Social and Emotional Wellbeing Project Officer/s

### Staff Metrics 2022/2023

AHCSA's workforce was comprised of 58 employees: 42 full-time, 15 part-time and 1 casual.







# **CONSTITUTIONAL OBJECTIVE 2**

# PUBLIC HEALTH AND PRIMARY HEALTH CARE

The Aboriginal Health Council of SA has long held a Public Health Medical Officer (PHMO) position. This role supports the CEO and all Public Health/Primary Health Care programs, offering advocacy, clinical advice, research, education and stakeholder engagement.

The PHMO also addresses Member Service needs through resource development, information provision and support for health protection and primary care. In 2022-23, Dr Julia Vnuk and Dr Annapurna Nori bid farewell. Currently, Dr Jess Leonard fills the role, and recruitment for a second PHMO is underway.

During this period, the SA Government's COVID-19 response saw significant changes. PHMOs assisted Member Services in transitioning to a 'business as usual' approach, where COVID-19 mitigation became the responsibility of individual services rather than the government.

Collaborating with the COVID team, PHMOs developed resources, including a consumer brochure on COVID-19 oral antiviral treatments, as well as materials on Long COVID and vaccination. They provided support for the Sexual Health program, offering advice on data collection, translation, guideline development and STI/BBV prevention and management strategies.

In 2022-23, PHMOs advocated the 'Aboriginal and Torres Strait Islander Health Practitioner Clinical Governance Framework and Minimum Scope of Practice' for the SA Aboriginal Community Controlled Health Sector. Services endorsing this framework can seek an amendment to their pharmacy license, enabling AHPs to administer "S4" medication.

PHMOs oversee a Public Health Medicine Registrar specialising in Public Health Medicine. Dr Tuong-Vi Phan departed in early 2023 and Dr Harmonie Wong soon joined. Dr Phan's contributions to Environmental Health and the ongoing Sexual Health handbook revision are valued, as is Dr Wong's work with SA Health in reviewing tuberculosis treatment support methods.

The PHMOs are involved in a number of groups and committees, including but not limited to:

- National Aboriginal and Torres Strait Islander Health Protection Subcommittee
- AHCSA and Members COVID-19 group (now with an expanded Health Protection focus)
- SA Aboriginal Eye Health Working Group
- SA Oral Health Plan Monitoring Group
- SA STI and Blood Borne Virus Advisory Committee
- SA Syphilis Response Working Group
- Wellbeing SA Disease Prevention, Health Promotion and Population Health Committee

Aboriginal Community Controlled Health Services have showed great leadership and agility in adapting to the demands of the COVID-19 pandemic and meeting ongoing client needs. The PHMOs have appreciated the opportunity to work with services this year.

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

This team addresses various health issues, with programs targeting specific diseases, accreditation, patient information management and health policy. In 2022-23, the PH&PHC team included the following programs:

- Ear Health
- Trachoma Elimination
- Eye Health
- Clinical Systems
- Patient Information Management and Health Informatics
- Health Policy and Grants

## EAR HEALTH

AHCSA's Ear Health program focuses on raising awareness and providing education and support to Member Services and communities. Otitis media, a major cause of ear disease in Aboriginal children aged 0-5, can result in severe ear pain, headaches and hearing difficulties. Effective management can greatly improve children's health, as well as educational, social and employment outcomes. The program aims to assist Aboriginal Community Controlled Health services in South Australia in maintaining best practices and offers training and upskilling in ear and hearing health for staff members. Program activities have included:

- Support Audiologist from the HAP-EE program to attend school screenings
- Partner with Flinders University on a research project to determine the effectiveness of performing OAE in diagnosing and treatment of 0-6 year old Aboriginal children
- Support the AHCSA RTO with ear health training and education for Certificate III and Certificate IV students
- All ACCHSs have been given the Menzies National Guide for management of otitis media and the ear and hearing health app for their phone devices
- Established networks with Australia Hearing and their outreach screening services and working in partnerships with the ACCHSs
- Supplied clinical ear health models and posters to ACCHSs

**TRACHOMA ELIMINATION**

Trachoma remains a leading cause of preventable infectious blindness, posing a significant public health challenge in Aboriginal and Torres Strait Islander communities across remote regions in NT, SA and WA.

AHCSA’s Trachoma Elimination Program (TEP) has operated since 2009, dedicated to eradicating blinding trachoma in South Australia. Collaborating with various stakeholders, including Member Services, communities, schools, government, and non-government organisations, we’ve made strides in reducing this preventable eye disease. TEP follows the WHO’s SAFE strategy (Surgery, Antibiotics, Facial cleanliness, and Environmental improvement), also emphasising education, prevention and early intervention to combat trachoma’s long-term effects effectively.

The Trachoma Elimination Program provided essential services and initiatives:

- WHO-accredited screening for trachoma and trichiasis in higher risk areas, ensuring timely identification of positive cases for intervention
- Prompt antibiotic treatment for positive trachoma cases and their contacts
- Community education on personal hygiene for trachoma prevention, aided by mascot Milpa the Goanna for interactive learning
- In-service training for healthcare professionals on trachoma and trichiasis management
- Timely referrals of adults with trichiasis for surgical intervention
- Affordability and accessibility of hygiene products like soap, mirrors, and towels to promote better practices

The Environmental Health Coordinator focused on health promotion and education, supporting ACCHOs in achieving health milestones and advocating for environmental health improvements.

Activities and initiatives target environmental health disparities in Aboriginal communities through collaboration and surveys, enhancing overall well-being.

Strong partnerships with various entities amplify the Trachoma Elimination Program’s impact. In 2022-23, AHCSA’s program continued progress in combatting trachoma and promoting environmental health. Education, prevention, early intervention, community engagement and stakeholder collaboration drive our commitment to trachoma elimination and Aboriginal well-being. With stakeholder support, we’re confident in achieving lasting impacts on eye health in South Australia.



Screening children in the APY lands



Kate and Milpa visiting primary school students at the Coober Pedy Area School



Kate West and Ankita Chaudhary

## EYE HEALTH

### Overview

Our vision is like computers and the internet – enhancing our lives, taken for granted and great while it's working, but as soon as it's not our livelihood and productivity comes to a crashing halt.

Yet eye health is often left behind even though vision quality impacts holistic health, self-care, daily functionality, purpose and prosperity.

By nature, Aboriginal people are born with exceptionally good vision, often better than 6/6 (aka 20/20), yet adult First Nations Australians are still enduring around three times the rate of vision loss of other Australians - 94% of which is preventable or treatable.

The AHCSA Eye Program strives to dismantle the barriers and inequities preventing all Australians from having healthy eyes and clear vision.

Through the Eye Health Project Officer (EHPO) the Program gets involved from the ground up – with community engagement, local health service support, staff training and equipment, stakeholder engagement and sector advocacy, and activism for broad system reforms.

### Training Support and Mentoring

Eye health training is delivered periodically, tailored to ACCHOs and their changing needs; it aims to maintain a baseline of eye health skillset within a dynamic local workforce challenged by staff turnovers or reshuffling of roles.

Training covers practical skills of vision testing, basic eye examinations and retinal photography; while knowledge components include eye structure and function, refractive error and glasses, common eye conditions and treatments, and a comprehensive focus on diabetic retinopathy and retinal screening.

Finally, the workplace implementation of training involves embedding eye health activity into clinic workflows, supporting visiting providers, documenting patient files appropriately, and maximising MBS claiming.

### Local Coordination, Workforce and Optometrist/Ophthalmologist Support

The EHPO may offer ACCHO support during the optometrist or ophthalmologist visits, working alongside a designated staff member on the day to not only facilitate the clinic sessions but the unique coordination, preparations, and follow-ups that go with it.

Ideally, the EHPO strives to support staff within ACCHOs to comprehensively coordinate and manage its eye and vision care and be the 'go-to' eyes person for their community - performing eye checks, vision testing and retinal screening, facilitating eye clinics, assisting optometrists/ ophthalmologists, managing patient recalls and referrals, selecting/prioritising clients most in need of eye review, booking appointments and glasses dispensing.

### Clinic and Systems Support

The EHPO works with health services to ensure clinical and systems capacity to support effective eye health activity from primary to secondary to tertiary care. It might involve modifying specified items or settings in the patient records system; ensuring compatibility of devices such as retinal cameras, or customising the clinic's flow model for the retinal screening process, from image capture to external assessment to actioning recommended patient care.

### Health Promotion

The Eye Program offers personalised promotional resources and educational sessions, such as support with access to low or no-cost glasses; differentiating optometry from ophthalmology care; promoting the importance of having eye examinations; the early detection of diabetic retinopathy and diabetic eye complications; the effects of smoking on eye and vision health, and the simple truths about cataract surgery.

The EHPO assisted the Sight For All Foundation in the development and implementation of culturally appropriate eye health community education sessions delivered by optometrists directly to Aboriginal community groups around South Australia.

# PUBLIC HEALTH AND PRIMARY HEALTH CARE

## South Australian Aboriginal Eye Health Working Group (SAAEHWG)

The SAAEHWG is a diverse actions-based group of key players in SA Aboriginal eye health, to identify priority issues, determine solutions and influence change.

Coordinated by the EHPO and co-facilitated with IEHU, the full group meets quarterly but also breaks into sub-groups, each of whom tackle one particular key priority area

identified by the group. Some resulting system reforms or initiatives generated to date include:

- Inclusion of Ophthalmology in the Clinical Prioritisation Criteria (CPC) for SA Health's Outpatient Redesign Project, to improve quality of referrals and streamline waitlisting for surgeries
- Unique waitlist category '3i' for Aboriginal and Torres Strait Islander patients with non-urgent cataract surgery referrals, which automatically triages them to the top of a category 3
- Development of a web-based SA Aboriginal Eye Health Workforce Directory and Resource Repository for comprehensive service information at a glance based on entering search criteria for a given location.

## Regional Stakeholder Collaborations

In several SA Health LHN catchment areas, the EHPO periodically attends regional eye health stakeholder meetings. Each one brings together local players in Aboriginal eye care including the ACCHO/AMS, the optometrists and ophthalmologists (both visiting and local), and the LHN itself (regional public hospital). All have led to improved local outcomes and better access to affordable eye services and streamlined referral pathways to tertiary care. Achievements include:

- Eyre and Far North LHN – highly-developed Far West ophthalmology treatment hub in Ceduna. With an array of equipment and highly coordinated services, Ceduna and the remote west have access to special diagnostic scans (OCTs), biometry (pre-op cataract mark-ups), treatments such as retinal lasering and intravitreal injections and public eye surgeries locally at Ceduna Hospital.
- Limestone Coast LHN – special funding arrangement between LHN and resident ophthalmologist, ensuring all Aboriginal public surgery candidates are bulk-billed for pre- and post-op consultations (local public hospital has no outpatient department)
- Yorke Peninsula LHN – local access to cost-free services and glasses, a streamlined referral pathway from AMS to public eye surgeries in Wallaroo (with bulk-billed pre- and post-op appointments)

## External Stakeholder Groups

The EHPO attends the following stakeholder committee groups:

- Vision 2020 – Vision and Eye Care for Aboriginal and Torres Strait Islander People Committee (VECATSIPC)
- NACCHO – National Aboriginal and Torres Strait Islander Eye Health Committee
- Australian Eye and Ear Health Survey (AEEHS) – Aboriginal and Torres Strait Islander Advisory Committee

## NDIS READY AND READY

The NDIS stands for the National Disability Insurance Scheme and aims to support people living with disability to achieve their goals.

The NDIS Ready Project was designed to build capacity and increase the number of ACCHOs delivering NDIS services and increase the awareness of the NDIS within the Aboriginal Community. This was a National project funded by NACCHO from 2020 to 2022. The project was then extended as the Care and Support Ready Project to provide ongoing assistance to build capacity of the community-controlled sector to become sustainable NDIS and/or Aged Care Service providers. This program aimed to increase the number of ACCHOs delivering aged care and disability services to Aboriginal and Torres Strait Islander people with a focus on integrated care approaches.

## NDIS Quarterly Report March 2023

National Data

- 592,059 NDIS Active Plans Nationally
- 2,097 (9.9%) of the new active participants this quarter identified as First Nations participants, taking the total number of First Nations participants nationally to 44,689 (7.5%)
- 51,072 active NDIS plans in SA
- 3,215 (6.3%) are First Nations participants in SA

## NDIS Resources

AHCSA have developed a range of culturally appropriate resources for everyone to access. We know that the NDIS can be confusing. To help community members understand the scheme, we have added a new selection of downloadable NDIS resources to the AHCSA website at <https://ahcsa.org.au/resources/tagged/NDIS>.

Presented in an engaging and easy-to-read style, the informative new resources include printable brochures and posters, as well as graphics designed for sharing through online channels such as Instagram and Facebook.

## NDIS Ready event

In August 2022, AHCSA held a two-day NDIS event. After consultation with our members, we acknowledged the valuable opportunity to extend the invitation to include other key Aboriginal stakeholders.

There are three key points that brought this NDIS Ready event together:

- There are still thousands of Aboriginal and Torres Strait Islander children and adults living with disability across Australia who are eligible for NDIS and not yet a participant
- There are millions in unspent funds in Aboriginal participant NDIS plans
- There are not enough culturally safe and appropriate NDIS service providers for Aboriginal participants

These three key points are what drives us to do the work we do. The event was an opportunity for key Aboriginal organisations and disability stakeholders to meet face to face. Working together and collaboratively, we can continue to work towards better outcomes for the Aboriginal community who are living with disability.

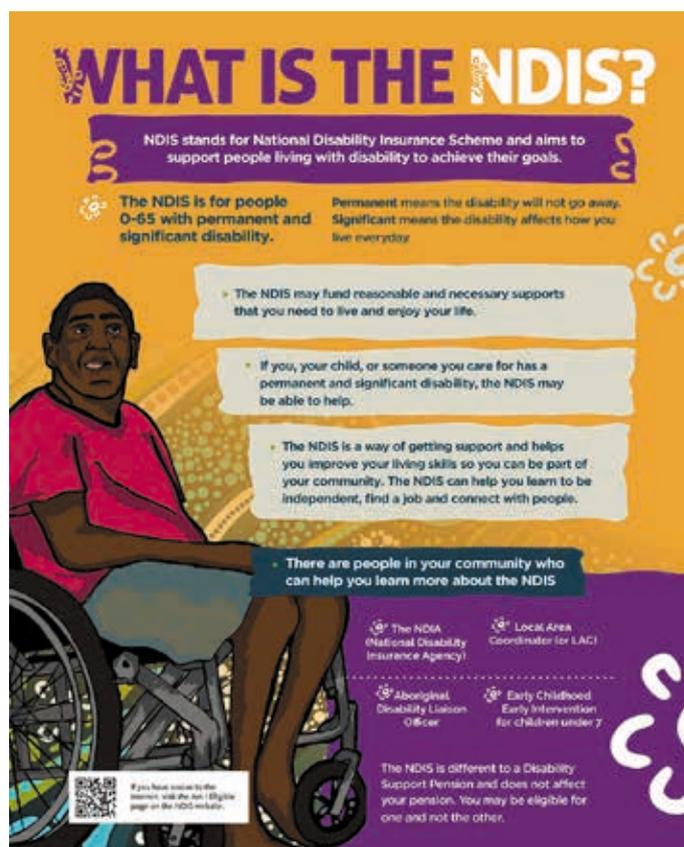
The event has grown into a Community of Practice and continues to meet bi-monthly to share knowledge, information, build skills and collaborate to better support our clients and community.

## Advocacy

AHCSA continues to advocate for the rights of Aboriginal people living with a disability and presented as a witness and provided a written submission to the Joint Standing Committee inquiry into the Capability and Culture of the NDIA public hearing in Adelaide March 2023.

AHCSA's response to this inquiry included predominately program experience working with the NDIA and feedback from member ACCHOs, registered Aboriginal NDIS providers and other Aboriginal Community Controlled Organisations, as well as Aboriginal people living with a disability and their family members.

Despite the prevalence of disability in communities, Aboriginal participants are still under-represented within the NDIS. There are still thousands of Aboriginal and Torres Strait Islander children and adults living with disability who are eligible for NDIS and not yet a participant due to a range of issues, including navigating a system with complex processes.



Kelly Treloar and Jade Millerick from First Peoples Disability Network (FPDN) presenting at the NDIS Ready event.



Jayleen Miller (Tullawon), Shiloh Peel, Rianna Mundy (Tullawon), Sharon Bailey (NDCO)

# SEXUAL HEALTH AND BLOOD BORNE VIRUS PROGRAM



AHCSA's Sexual Health and Blood Borne Virus Program focuses on engaging the Aboriginal community and building clinical capacity to address sexually transmitted infections and blood-borne viruses in South Australian Aboriginal communities. Highlights included the development of collaborative partnerships with Aboriginal Community Controlled Health Services and key government and non-government partners.

The program joined forces with the Northern Territory Aboriginal Sexual Health Workforce to host the Mparntwe Aboriginal Sexual Health workshop at the Desert Knowledge Precinct in Alice Springs from 10-11 August 2022. Recognising that syphilis transcends state borders, the workshop brought together workers from both the Northern Territory and South Australia. It combined practical clinical skill sessions with community stories and discussion spaces.

The team collaborated with NT Health's Sexual Health and Blood Borne Virus Unit and Clinic 34, Central Australian Aboriginal Congress, Aboriginal Medical Services Alliance Northern Territory (AMSANT), and the National Aboriginal Community Controlled Health Organisation (NACCHO) in developing this workshop. Its aim was to create an Aboriginal-led, culturally-based space for 40 Aboriginal Health Practitioners and non-clinical Aboriginal workers to exchange their successes, challenges, experiences and insights in responding to the syphilis outbreak in Central and Southern Australia.

## Mparntwe Aboriginal Sexual Health NT/SA Workshop August 2022

The 2022 Annual Enhanced Six Week STI and BBV Screening program, which ran from September 5 to October 14, focused on supporting young Aboriginal and Torres Strait Islander people aged 16-35 years who are sexually active to access their local Aboriginal Community Controlled Health Service and have an "STI Check-up" which includes testing for Chlamydia, Gonorrhoea, Trichomonas, HIV and Syphilis. This Public Health Initiative sits alongside the promotion of opportunistic testing throughout the year, prioritising those who are at higher risk of STI and BBV (re)infection. Community Engagement grants were offered and funded through the program to ten SA ACCHS to increase knowledge and awareness of STIs and BBVs and their treatments, as well as promote regular testing for community members at a local level.

Aboriginal and Torres Strait Islander HIV Awareness Week (ATSIHAW) in December 2022 saw collaborative health promotion efforts by SHINE SA and AHCSA, with support from Country SA PHN. They provided grant opportunities for ACCHSs to facilitate ATSIHAW activities as well as produce a range of merchandise to create a cohesive message. The working group collaborated on the development of merchandise including t-shirts, tote bags, notebooks, stickers, posters and badges. Thanks again to all of the SA ACCHS who distributed these resources to community members and held local events promoting HIV prevention, screening and available treatments.



The above campaign had an abstract accepted for poster presentation at the Australasian Sexual and Reproductive Health Conference in September 2023.

Collaboration with SHINE SA led to the 'No Shame in Getting Tested' campaign's soft launch at the Close the Gap event on 16 March 2023. This campaign, supported by Country SA PHN, emphasises the importance of testing for HIV and STIs, promoting prevention methods like condom use. <https://ahcsa.org.au/lp/hiv-testing-no-shame>



Sarah Betts and SHINE SA staff Holley and Sara at a Close the Gap event in Adelaide, March 2023.

The AHCSA team also presented an abstract at the First Australasian Conference on Point of Care Testing for Infectious Diseases (POC 2023) in Sydney. Josh Riessen received a scholarship and discussed the experiences of the Aboriginal Health workforce with POCT in ACCHSs.



Josh Riessen POC Conference 2023

Thank you to all of the point of care testing operators in ACCHS for contributing to this presentation and providing this service to community members. Also, thank you to the workforce involved in STI/BBV testing, treatments and management.

AHCSA's Sexual Health/BBV Team emphasises the importance of discussing HIV, STIs and BBVs so that communities are informed about transmission and potential risks. Challenging attitudes contributing to stigma and discrimination against people living with HIV is crucial for overall health and well-being. Stigma and discrimination can also discourage testing.

# SOCIAL AND EMOTIONAL WELLBEING (SEWB)

Grant (Snowy) Day and Tennelle Richards worked as Project Officers for AHCSA’s Social and Emotional Wellbeing (SEWB) program. This was possible via one-off funding from BHP.

The aim of this project was to support the Aboriginal Community Controlled Health Workforce Mental Health and Wellbeing in respect to the tough times experienced during the COVID-19 pandemic.

One of the key activities in AHCSA’s strategy for this project was the delivery of Livingworks “SafeTALK” suicide intervention workshops, thus creating suicide-safer communities across South Australia’s Aboriginal communities and regions.

Data from 2016–2020 shows that the rate for suicide of Indigenous Australians is almost twice the rate of non-Indigenous Australians, with the differences being greater for people aged under 45. It was also the leading cause of death for Indigenous children aged 5–17.

Statistics: ABS 2019, 2021a, aihw.gov.au

SafeTALK is a half-day suicide alertness workshop that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper.

Participants leave SafeTALK with practical knowledge of how to identify someone at risk of suicide and support them to Keepsafe. In the June 2022 – June 2023 timeframe, Grant delivered 18 SafeTALKs at AHCSA, or with Member affiliates, to over 230 people in SA, representing a variety of people in the Aboriginal community.

## Participants included:

AHCSA Staff and Board members | a number of ACCHO CEOs | AHCSA RTO SEWB students | staff from other agencies

## ACCHOs:

Tullawon (Yalata) | Yadu (Ceduna) | Pangula Mannamurna (Mount Gambier) | Nunyara (Whyalla) | Pika Wiya (Port Augusta) | Moorundi (Murray Bridge) | Aboriginal Sobriety Group (Adelaide) | Nunkuwarnin Yunti (Adelaide)

## Communities: Yalata and Scotdesco

The written and verbal feedback was overwhelmingly positive with 98% of participants feeling more prepared to talk directly and openly to a person with thoughts of suicide following the course.

Safety of participants was always a high priority at SafeTALK workshops. Facilitators ensured that there was always a “wellbeing space” and trained personnel to support people if necessary.

At the conclusion of workshops, an AHCSA social media post was generated, thus creating more awareness of the need to have important conversations, rather than missing, dismissing or avoiding the chance to help.

The next steps will be for the two-day Applied Suicide Intervention Skills Training (ASIST) Course to be held for interested parties.



Nunyara Aboriginal Health Service SafeTALK Workshop



Pika Wiya Health Service Aboriginal Corporation SafeTALK Workshop



Yadu Health Aboriginal Corporation SafeTALK Workshop



Aboriginal Sobriety Group SafeTALK Workshop



# TACKLING INDIGENOUS SMOKING (TIS PROGRAMME)



## TACKLING INDIGENOUS SMOKING (TIS PROGRAMME)

The Tackling Indigenous Smoking (TIS) Program, funded by the Australian Federal Government under the Indigenous Australians' Health Program, is administered by AHCSA, one of 37 recipients of Regional Tobacco Control Grants nationwide.

The TIS program has recently been revitalised. The previous five-year contract concluded on 30 June 2023, and AHCSA's TIS Team received a further three-year contract commencing 1 July 2023. This brings new regional boundaries and exciting growth and partnership opportunities. The expanded region encompasses Port Augusta, Port Pirie, Whyalla, Leigh Creek/ Maree/Flinders Ranges region, Upper Mid-North region, Coober Pedy, Oodnadatta and the APY Lands. The APY Lands will continue to be serviced by Nganampa Health Council with AHCSA's complete support.

The current TIS Program will extend until 30 June 2026, maintaining its focus on priority groups in regional and remote Aboriginal communities. AHCSA's TIS Team now comprises three TIS Coordinators: Tim Lawrence, Trevor Wingard and Jordan West. They work collaboratively to deliver cohesive, sustainable programs supporting smoking and vaping cessation across the region. The TIS program remains committed to flexible delivery to ACCHOs and non-member health services, including mainstream services. It offers targeted education packages on tobacco smoking and vaping, addressing the specific concerns within Aboriginal communities. The TIS Team has developed a diverse range of presentations tailored for individual target groups. Ongoing programs include schools and youth, community organisations, health worker education, environmental scans (including Smoke-Free Workplace policies), yarning circles, smoke-free homes, women's and maternal health, and follow-up programs for frequent visits. The programs evolve and adapt as the team deepens its knowledge in the growing area of vaping and incorporates new research and relevant material.

The TIS Team actively seeks feedback from program participants, including informal yarns and surveys, to assist in understanding their interests. This feedback is integrated into program updates, ensuring the consistent delivery of relevant content that participants are eager to learn about, fostering active engagement. During the new funding period, the team will also revamp the Puyu Blaster social media and section of the AHCSA website, aiming to spread the message of a smoke and vape-free community as widely as possible.

Furthermore, establishing partnerships and collaborations within the region will be pivotal to support program uptake and expand community reach. In the reporting period from 1 July 2022 to 30 June 2023, the TIS team formed 42 new partnerships, 21 of which were with high schools in the IREG region.





The recent surge in youth vaping activity prompted an increased demand for TIS education sessions in schools. Collaborating with regional schools has proven successful in preventing youth from starting smoking or vaping. Since May 2022, the Puyu Blasters have delivered 'No' vape/e-cigarette presentations on 109 occasions, including:

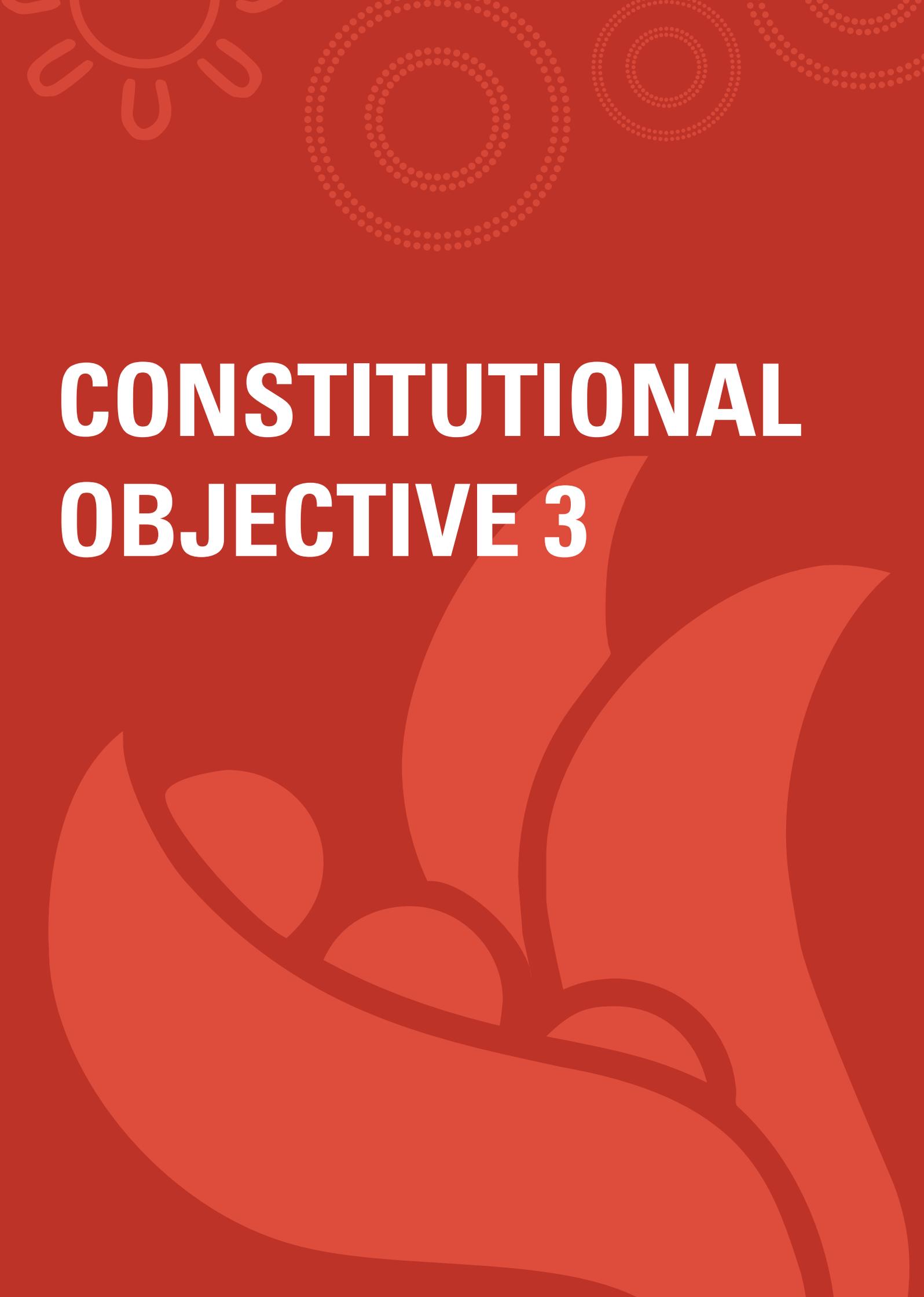
- 32 different schools (some multiple times)
- 2 youth groups
- Twice to the Aboriginal Basketball Academy
- 8 presentations to parents, carers and school staff (total of 109 participants)
- Engaging with 6476 youth participants, with 1148 identifying as Aboriginal students

In addition to engaging with youth, the Puyu Blasters have collaborated with health services and organisations to provide education on vaping/e-cigarettes, and offering local support to those looking to quit nicotine addictions, from either smoking or vaping. This has been conducted on 11 occasions, including:

- ACCHOs - 5 times
- Health Services - 3 times
- Sporting organisations/clubs - 3 times

The Puyu Blasters TIS Team actively seeks new contacts and opportunities to cultivate collaborative relationships in this crucial area.





# **CONSTITUTIONAL OBJECTIVE 3**

## ABORIGINAL HEALTH RESEARCH ETHICS COMMITTEE

### Objectives of the Program

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

### Program Activities

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 and South Australian Aboriginal Health Research ACCORD. 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 South Australian Aboriginal communities 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 South Australian Aboriginal communities.

The ongoing responsibilities of the research and ethics portfolio are centred on the Secretariat of AHREC, and the key cyclical program activities included:

- Pre-submission triage, consultation and advice regarding ethical reviews ahead of submission deadlines
- Coordinating submission deadlines requiring confidential and specialist management of a high volume of correspondence with AHREC
- Convening AHREC meetings
- Executing AHREC’s decisions after each meeting, and conducting rebuttal activities with researchers as required

In addition, the Research and Ethics portfolio fulfils the following responsibilities:

- Ongoing informed advice to the CEO in matters relating to research partnership requests with AHCSA
- Representation of AHCSA including:
  - o Health Translation Board of Directors
  - o Aboriginal Communities and Families Research Alliance (ACRA)
  - o National Indigenous Research Capacity Building Network
  - o Other ad hoc attendance to various meetings
- Ongoing monitoring and reporting activities
- Ongoing management of AHREC’s volunteers, including the recruitment of new members
- Ongoing promotional activities

### Applications submitted in Financial Year 2022-23

In addition to proposals that were awaiting decision or researchers’ response to concerns raised, a total of 65 new research proposals were submitted to AHREC in this financial year.



The most commonly queried issues in applications continued to include:

- Aboriginal governance and ownership, ensuring Aboriginal control and lens is incorporated into the entire spectrum of research activities, from design, data collection and analysis through 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
- Participant information sheet and consent form
- Promotional materials and incentives
- Other recruitment related tools, eg verbal scripts, email introduction
- Data collection instruments, eg surveys, yarning/interview guide, data linkage variables

Some of the new proposals submitted to AHREC in 2022-23 related to, but were not limited to:

- Human Papilloma Virus
- Dental care
- Nutrition and dietetics research

- Cancer
- COVID-19
- Glycaemic variability
- Smoking cessation
- Drug and alcohol misuse
- Kidney care
- Sexual health
- Child and maternal health
- HCV point-of-care testing
- Palliative care

In 2022-23 AHCSA undertook the Aboriginal and Torres Strait Islander Studies (AIATSIS) Indigenous Research Exchange Grant study titled, "Taking the next steps: Informing the transformation of the research sector to respond to Aboriginal research priorities and ways of conducting research". The study was a partnership between AHCSA and the Wardliparingga Aboriginal Health Equity Theme at SAHMRI, to inform sector development to achieve equitable outcomes through Aboriginal-identified research priorities and principles that inform the conduct of research. The key research activities included:

- o Audit of applications made to AHREC between 2014-2021
- o Survey with the research sector
- o Interviews with ethics committees in South Australia
- o Workshops with the research sector
- o Roadmap





# QUALITY SYSTEMS

## CLINICAL SYSTEMS

This year we focused on advancing healthcare services in Aboriginal Community Controlled Health Services (ACCHS) through collaboration and innovation. We emphasised program growth and clinical system enhancement, placing a strong emphasis on data knowledge and translation. Through strategic partnerships, technological advancements, and dedicated efforts, we've made significant progress and established a foundation for sustained improvement.

Data Knowledge and Translation: Integration of data knowledge and translation was a key aspect of improving services within ACCHSs. This was achieved through collaboration with Communicare and the Health Informatics Coordinator, leveraging the Power BI tool. By providing healthcare professionals with insights into their data, we enabled a comprehensive understanding of their progress, facilitating the evaluation of effectiveness and identification of areas for improvement. Achievements in this area include:

- Equipping services with the necessary tools and resources for accurate data capture and reliable report generation through Communicare resources
- Engaging key personnel in ACCHSs discussions to identify priority areas within programs and clinical systems. This informed action plans, including updates to documents and templates like the 715 and 721, targeted training, and the implementation of motivational interviewing techniques.
- Collaborating with clinic managers, practice managers and senior Aboriginal Health Practitioners in ACCHSs to clarify the scope of practice for Allied Health Professionals (AHPs) in the clinical space. This ensured proper delegation of tasks and optimisation of AHPs' roles.
- Conducting collaborative reviews of drug licensing and adherence to legal boundaries with ACCHSs to ensure compliance and boost confidence in service delivery
- Developing Standing Drug Orders (SDOs) to empower AHPs and RNs in taking ownership of treatment pathways for common health conditions, reducing the need for additional visits to the health service and enhancing consultation autonomy
- Strengthening AHPs' capability to provide independent immunisation services through gap analysis, system implementation and skill enhancement
- Encouraging services to officially endorse CARPA procedure handbooks, with contextual limitations discussed to ensure appropriate usage
- Providing clinical accreditation support to three member services, assisting in self-assessments, gap identification, and subsequent implementation of changes across various aspects

- Enhancing MBS knowledge and billing practices through workforce surveys, targeted training sessions, development of custom 'cheat sheets' for each profession, comprehensive training for practice managers, and integration of MBS knowledge within Communicare

This year has been marked by collaboration, innovation, and data-driven strategies within ACCHSs. Our efforts have led to improved healthcare systems, enhanced data utilisation and strengthened partnerships. Looking forward, we are poised to build on these successes, addressing challenges and embracing opportunities to ensure continued growth and excellence in our healthcare systems and programs.

## HEALTH INFORMATICS AND PATIENT INFORMATION MANAGEMENT

The Health Information Coordinator and Patient Information Management System Coordinator collaborate with ACCHS members and other AHCSA teams on various data-driven activities. Key activities focused on quality improvement systems include:

### Member Support:

Member Services received ongoing assistance to enhance health information management systems, aiming to improve data capture and analysis for better health outcomes. Key areas of support included:

- Upgrading Communicare to version 22.2, compatible with Medicare Web Services and PRODA certification, enabling continued Medicare income claims and AIR reporting. Staff were also trained to adapt to the system's changes
- Providing general Communicare training either onsite or via MS Teams, as per the situation
- Coordinating with Communicare Helpdesk to expedite issue resolution within Member Service systems
- Creating several clinical items to facilitate data entry for new procedures, projects and funding avenues

### Medicare and Population Analysis using Power BI:

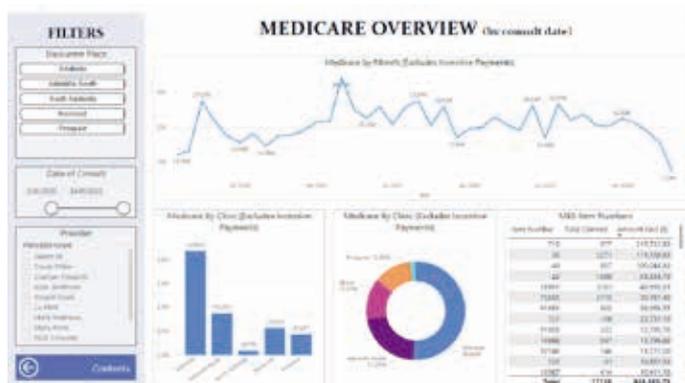
Power BI models are interactive data visualisation tools that operate with data collected from Communicare. The Public Health and Primary Health Care Team has developed two models to support members in different program areas:

- Primary Health Care and Chronic Disease Management: Offers comprehensive access to demographic information, chronic disease data, ears, eyes, children, mothers and sexual health programs
- Medicare Analysis: Presents claiming activity per financial year. Medicare-billable items include health checks, GPMPs and TCAs, and various follow-up items

Collaborating with our Clinical Systems Improvement Coordinator, we've assisted numerous Member Services in collecting, reviewing and analysing health data. This program is expected to inform various activities, including project planning and evaluation, customer journey reviews, and data literacy support.

AHCSA is delighted to announce the completion and presentation of the Power BI Dashboard to ACCHO during the July 2023 CEO Forum. The Power BI Dashboards will be rolled out to all ACCHOs in the 2023-24 financial year.

Sample screenshots of completed Power BI dashboards:



## HEALTH POLICY AND GRANTS COORDINATOR

The Health Policy and Grants Coordinator collaborates with Aboriginal Community Controlled Health Services in South Australia, assisting them with health policy requirements and population health grants. This role aims to bolster the focus on health policy and grants, ensuring member ACCHOs stay informed about health policy developments and funding opportunities. It also provides a platform for ACCHOs to contribute towards policies that yield better outcomes for Aboriginal and Torres Strait Islander people.

Primary areas of focus include:

- Monitoring health-related policy development at State and Commonwealth levels and keeping member ACCHSs updated about any changes
- Working closely with AHCSA staff, members and other stakeholders to support Aboriginal health policy direction
- Vigilantly tracking grant opportunities and aiding Members with grant applications
- Coordinating and assisting Members in responding to Royal Commissions and Inquiries
- Supplying information on ongoing grants available to ACCHOs
- Seventeen distinct grant opportunities from various government and philanthropic funders were shared with Member Services in this reporting period
- The grants officer led and supported the composition of eight individual grants for Member Services and/or AHCSA to provide direct programs, service support, or training for Member Services. Of these, six were successful. These included:
  - Disaster Risk Reduction
  - Community Supports Program
  - Exceptional Needs Training
  - Building the Aboriginal Community Controlled Sector
  - COVID-19 supports
  - Child and Maternity Services
- The Health Policy and Grants Coordinator provided support and collaborated with Members and stakeholders on:
  - 18 policy submissions and inquiries
  - 17 grant opportunities shared with Members
  - 6 program grant applications supported and submitted by Member Services
- AHCSA has partnered with ACCHOs to identify case studies within their health services and has documented these for use in policy submissions.
- Meetings with some ACCHO Members have been held to discuss current issues and concerns regarding policy and program funding.
- Circulation of requests for policy submissions and consultations to all Member CEOs has been coordinated and drafted responses have been undertaken.

## GENERAL PRACTICE SUPERVISOR PROGRAM

The GP Supervisor for Aboriginal Health has delivered direct clinical services to most of AHCSA's rural and remote Member Services and supervised GP Registrars since the inception of the program twelve years ago. More than 40 GP Registrars have been trained in Aboriginal health, seven of whom are still working in Aboriginal health services, three as full-time GPs. To achieve this success, the GP Supervisor has flown over 600 Rex flights and driven over 120,000 kilometres. The position continued to provide face-to-face services throughout the entire COVID-19 pandemic.

In the 2022-23 reporting period, the position served five rural and remote clinics and supervised six GP Registrars across eight locations. The position continued to provide AHPRA supervision for an IMG in Ceduna and supervision/mentoring for his ACRRM specialist pathway.

As part of AHCSA Member Support, the Program continued to improve the uptake of Aboriginal Health Checks (715) and the 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.

The program was originally State Government-funded but since they withdrew funding in 2016 it has been partly funded by GPEx and NACCHO on a tentative annual basis. The program comes to an end on June 30 as the new training consortium, Joint Colleges Training Services (JCTS), are not prepared to fund a position based within AHCSA. JCTS will continue to provide GP mentors to accompany the Roving Registrar component of the program and remote supervision and support for registrars based at Pangula Mannamurna.

### Data Snapshot

#### GP Workforce

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

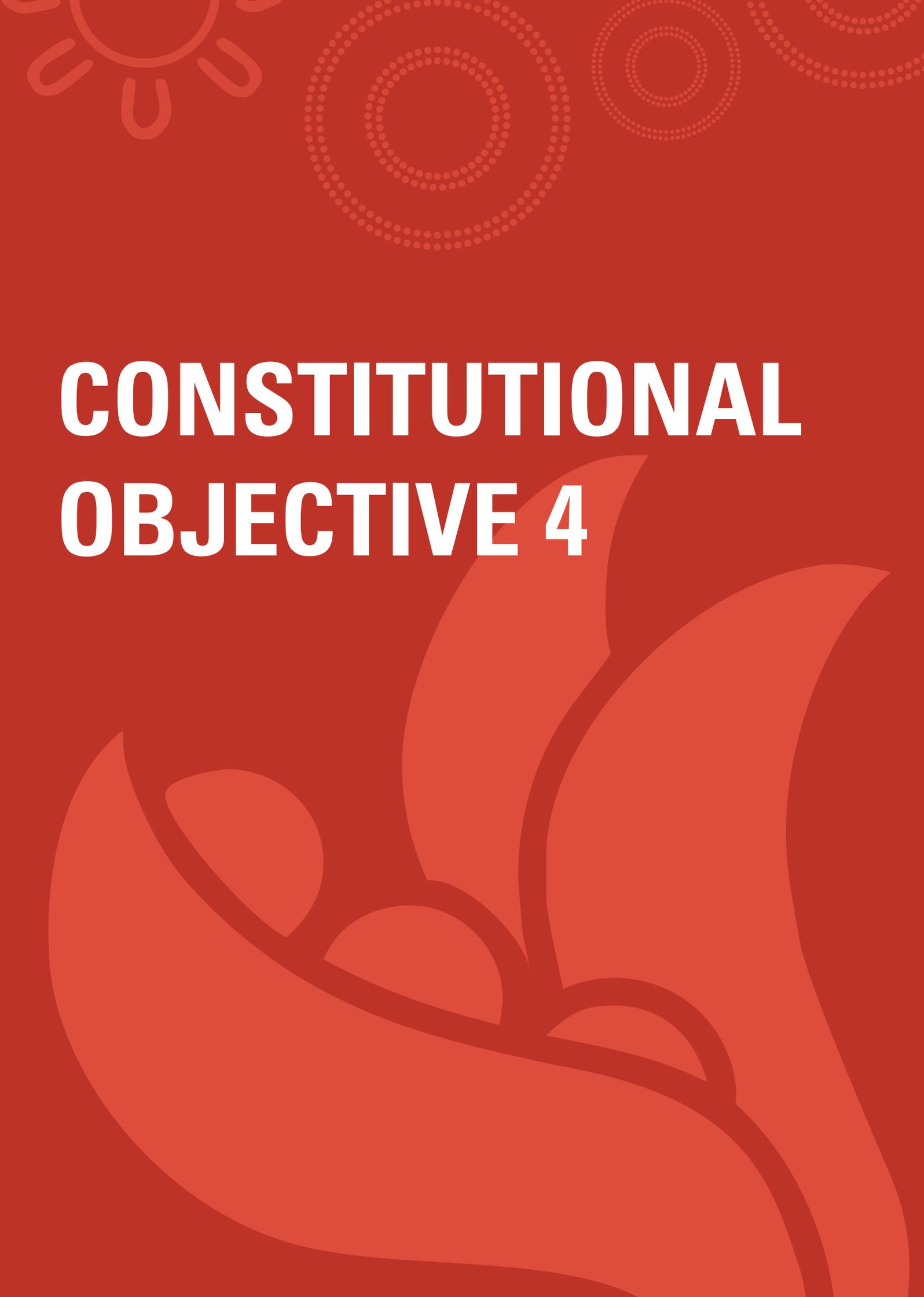
GP Management Plans and Aboriginal Health Checks continue to be performed at increasing rates across all sites involved in the program together with quality management of chronic conditions.

GP Registrar Cultural Awareness Training - 100% of GP registrars in SA undergo two-day intensive cultural awareness and Aboriginal health training as part of the program with GPEx/JCTS. Seven workshops have been held.

The annual AHCSA GP Forum in August 2023 was attended by over 40 GPs working in Aboriginal health in South Australia. This has continued to provide an invaluable professional development activity and networking opportunity for GPs working in the sector. It is hoped it will continue beyond 2023.







# **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.

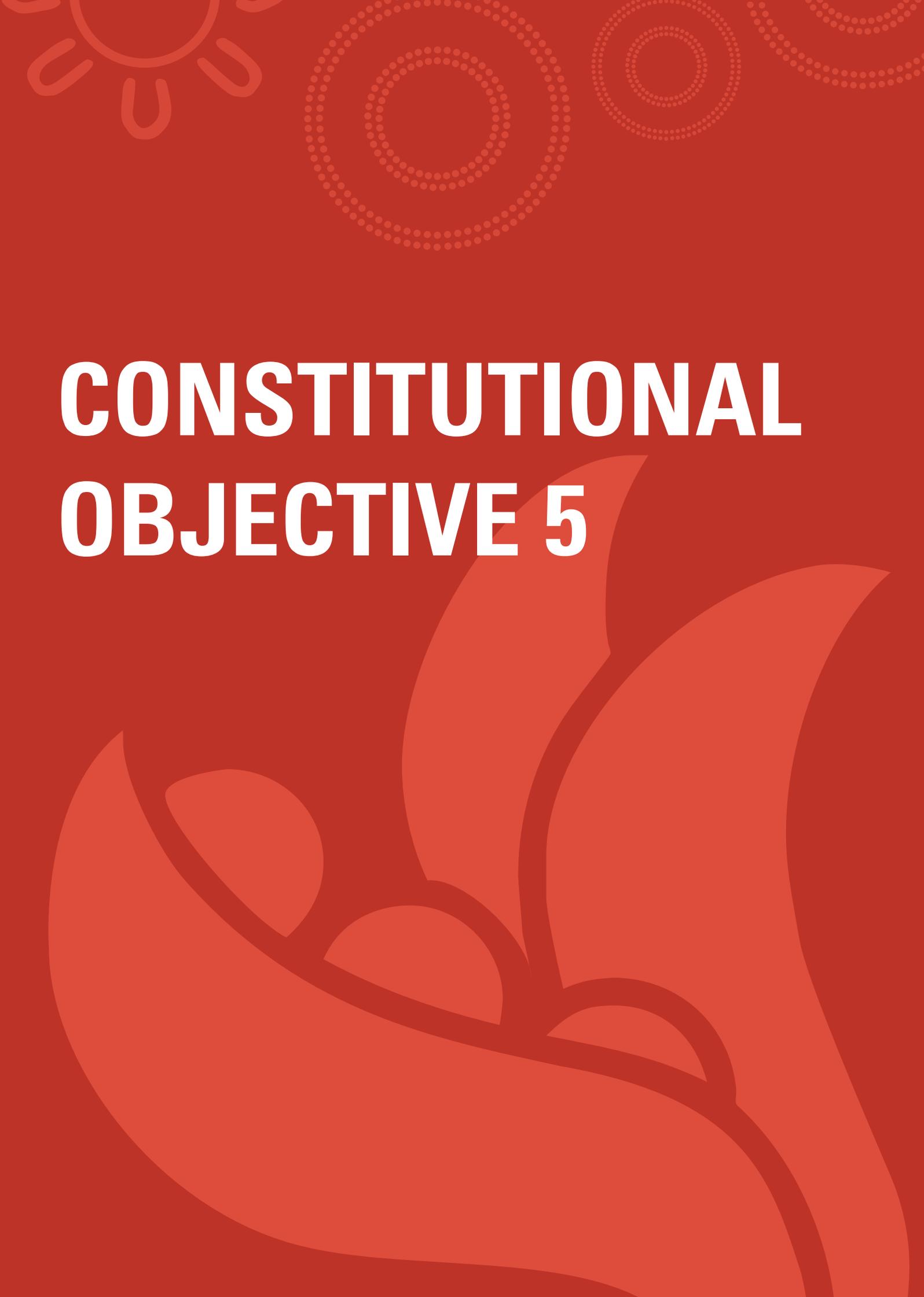
AHCSA endeavours to do this by supporting all Aboriginal Communities, when invited in to do so, and as the need arises. Through a process of empowerment, AHCSA will strive for the longer-term goal to build local, Aboriginal-led health services.

## Key Directions

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





# **CONSTITUTIONAL OBJECTIVE 5**

# EDUCATION, TRAINING AND WORKFORCE

## REGISTERED TRAINING ORGANISATION (RTO)

The RTO offers accredited and non-accredited training and development opportunities for the Aboriginal health sector, with a primary focus on training Aboriginal Health Workers and Aboriginal Health Practitioners. The RTO's vision is to provide training and professional development in a community space that is welcoming and reflects and centres Aboriginal culture.

AHCSA has witnessed the commencement of two new class intakes, including one Certificate III class and one Certificate IV Practice class.

### AHCSA and Industry Support

The RTO actively collaborated with industry stakeholders and programs, both internal and external, throughout 2022-23. Training was delivered to RTO students by AHCSA's Eye Health, Trachoma Elimination, Ear Health, Social and Emotional Wellbeing and Sexual Health programs. The RTO also engaged with various external partners who contributed their expertise on health issues, including the following:

- SA Health (Royal Adelaide Hospital)
- 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

The RTO has forged new connections within the sector, including partnerships with the University of Adelaide (Adelaide Health & Medical Sciences) to grant RTO staff and students access to the state-of-the-art Adelaide Health Simulation area within the medical sciences building.

The University of South Australia (Allied Health and Human Performance division) and AHCSA's RTO are in the process of establishing formal relationships to chart educational pathways for students post-qualification in the Cert IV in Aboriginal and Torres Strait Islander Primary Health Care Practice.

The South Australian Health & Medical Research Institute (Aboriginal Health Equity Strategy Systems Research division) is providing AHCSA's RTO and students access to innovative VR technology for Clinical Virtual Reality Training – Managing Diabetic Foot Complications in Regional Clinics. This will be accessible to the students in the near future and will be available in regional areas of South Australia.

### Training Programs

In late 2022 and early 2023, changes were implemented in the VET sector, especially concerning the HLT qualifications. It was announced that both the current Certificate III in Aboriginal and Torres Strait Islander Primary Health Care and the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice would be superseded, with a 'teach-out period' set for the end of 2023 for all current students undertaking the qualifications.

Subsequently, AHCSA's RTO decided not to admit any further intakes of students for the immediate future. This would allow for the completion of current classes and provide the necessary time for scoping new qualifications, updating resources, reviewing current staff skillsets, evaluating enrolment processes and addressing the governance requirements necessary for the implementation of the new HLT qualifications, which will commence in 2024.

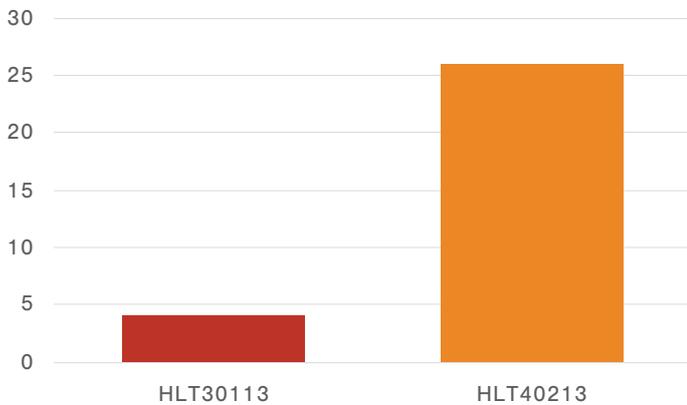
Towards the end of June 2023, it was announced that the RTO was successful in their application to scope the Certificate III in Aboriginal and Torres Strait Islander Primary Health Care qualification, Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice qualification, 11037NAT Certificate IV in Aboriginal and Torres Strait Islander Research Theory and Practice training package, and four AMIC (Aboriginal and/or Torres Strait Islander Maternal and Infant Care) units through ASQA (Australian Skills Quality Authority). This will broaden the range of training offered through the RTO and align with the state's workforce needs and requirements.

Despite these changes, the RTO continued to provide nationally accredited training in the following qualifications over the last twelve months.

- 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")

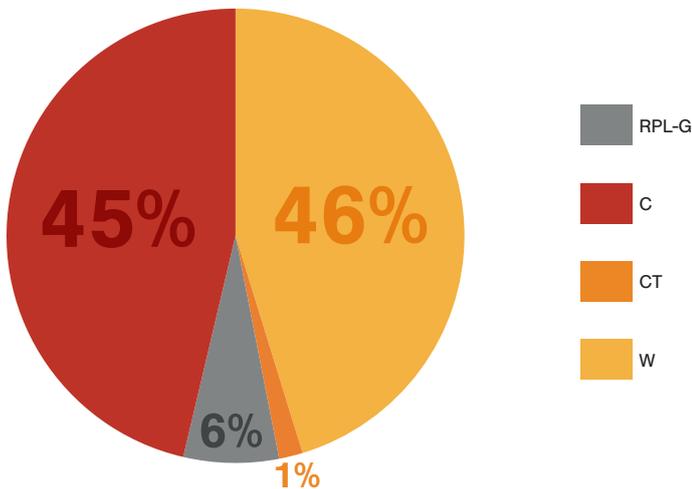
## Course Completions

2022-23



## Unit of Competency Outcomes

2022-23



## Student Feedback

All students have the opportunity to provide feedback about their training journey and highlight any areas for improvement, whether it's regarding the education delivery, training space, or general feedback. The RTO takes all feedback seriously and strives to implement necessary changes. The RTO team ensures that all aspects of the delivery are culturally appropriate and maintains a safe and comfortable environment for the students throughout their time at AHCSA.

### Are there any areas of training content or delivery that the Educator could make improvements on?

- 'There are no improvements with training or delivery for the Educator. Job well done.'
- 'Staff at AHCSA and all students were amazing.'
- 'The Educators (Sarah and Josh) explained clearly and supported with assignment questions and the other facilitators that were brought in was relevant to course and job. Was made to feel comfortable and supported.'

### What part of the training did you either enjoy or benefit from most?

- 'Meeting other students from different areas, Staff at AHCSA and All Students were amazing.'
- 'I enjoyed the group activities because it gave me a good insight on what others think about Aboriginal health.'
- 'Group discussions.'
- 'I enjoy the classroom dynamics.'
- 'I enjoy the training, the part that I enjoyed the most would be from taking blood I enjoyed that the most felt so proud on how good I received the blood.'
- 'The interactions between us and the trainers was great, great explanations from the trainers.'

### Any other feedback/comments:

- 'Big thanks to Lena-Pearl, Alfie and Shaun for all the support during the duration of the course they all made it understandable and easy to learn the clinical skills.'
- 'I am very thankful to have participated in this course it has taught me so much new things and also making friends along the way I enjoy my time at AHCSA every time I go.'
- 'Thank you for a wonderful workshop block I have enjoyed it and look forward to the next block.'
- 'I like to thank the lecturers who helped make a safe and culturally appropriate workshop and workplace.'







## WORKFORCE

### Culture Care Connect

Participating in a national program, AHCSA leads the conversation in South Australia's community-controlled sector on the critical issues of mental health and suicide prevention through the Culture Care Connect (CCC) initiative. NACCHO and its affiliates primarily focus on prevention activities and services in each state and territory, aiming to enhance well-being outcomes and reduce attempted suicides.

In collaboration with ACCHOs and other stakeholders, the community-controlled sector will formulate and implement Jurisdictional Suicide Prevention Plans to bolster mental health and suicide prevention efforts across the regions. This encompasses the establishment and continuous operation of Community Controlled Suicide Prevention Networks (CCSPNs); the provision of Aboriginal Mental Health First Aid Training (ATSIMHFAT) for the workforce; and the delivery of Aftercare Services by ACCHOs, in partnership with existing regional mental health services. This establishes a robust and transparent pathway between community-controlled, mainstream services and acute care settings for Aboriginal clients at risk of or recovering from a suicide attempt, along with their families and communities. The integration of suicide prevention planning and Aftercare Services enables an Aboriginal and Torres Strait Islander-led coordinated approach to reduce the incidence of self-harm, suicide ideation and suicide in a manner that aligns with the identified needs and priorities of the communities.

To support Member Services, AHCSA will actively advocate for systems and policy changes at the jurisdictional level, as identified through CCSPN; and engage in mapping/planning activities, including the identification of relevant legislation, policies, programs and future funding opportunities.

In this reporting period, the following activities for Culture Care Connect have taken place:

- Participated in national on-boarding for jurisdictional coordinators of Culture Care Connect in March 2023
- AHCSA RTO and SEWB staff completed a five-day Aboriginal and Torres Strait Islander Mental Health First Aid Course (T2T) and obtained accreditation; this enabled CCC to provide Member Services (both clinical and non-clinical) workforce and CCSPN stakeholders with two-day AMHFA training.
- To support the CCC Program, AHCSA RTO and SEWB staff participated in a three-day Aboriginal and Torres Strait Islander Trauma Informed Care Workshop facilitated by We AHi
- Participated in the National Indigenous Suicide Prevention Forum and Workshops in Brisbane in March 2023
- Participated on the SA Health - Mental Health and Suicide Prevention Steering Committee
- Met with Wellbeing SA to share information about the CCC Program, including the model for Aftercare Services, and to gain an understanding of broader well-being and prevention initiatives occurring within SA
- Participated in the workforce and training taskforce for the proposed Adelaide-based Aboriginal Mental Health and Wellbeing Centre
- Attended consultations regarding the commissioning process for mental health, suicide prevention, and integrated care services in the community-controlled sector
- Attended the AHCSA CEO Forum to share the rationale and proposed rollout of the CCC Program through Member Services and respective regions/communities

## Home Care Workforce Support Program

AHCSA has recently commenced the Home Care Workforce Support Program that is part of the Government's investment to grow, train and upskill the home care workforce and drive improvements in the safety and quality of care for older Aboriginal and Torres Strait Islander people.

The program is funded by the National Aboriginal Community Controlled Health Organisation and aims to support the home care workforce sector to attract, train and retain Aboriginal people in remote and very remote regions across the Northern Territory, South Australia, Western Australia and Queensland. A key aim of the Home Care Workforce Support Program is to boost the Aboriginal workforce to support the growing demand for Elders and older Aboriginal and Torres Strait Islander people to access and utilise home care services.

AHCSA are funded to attract, train and support the retention of ten care workers through the program.

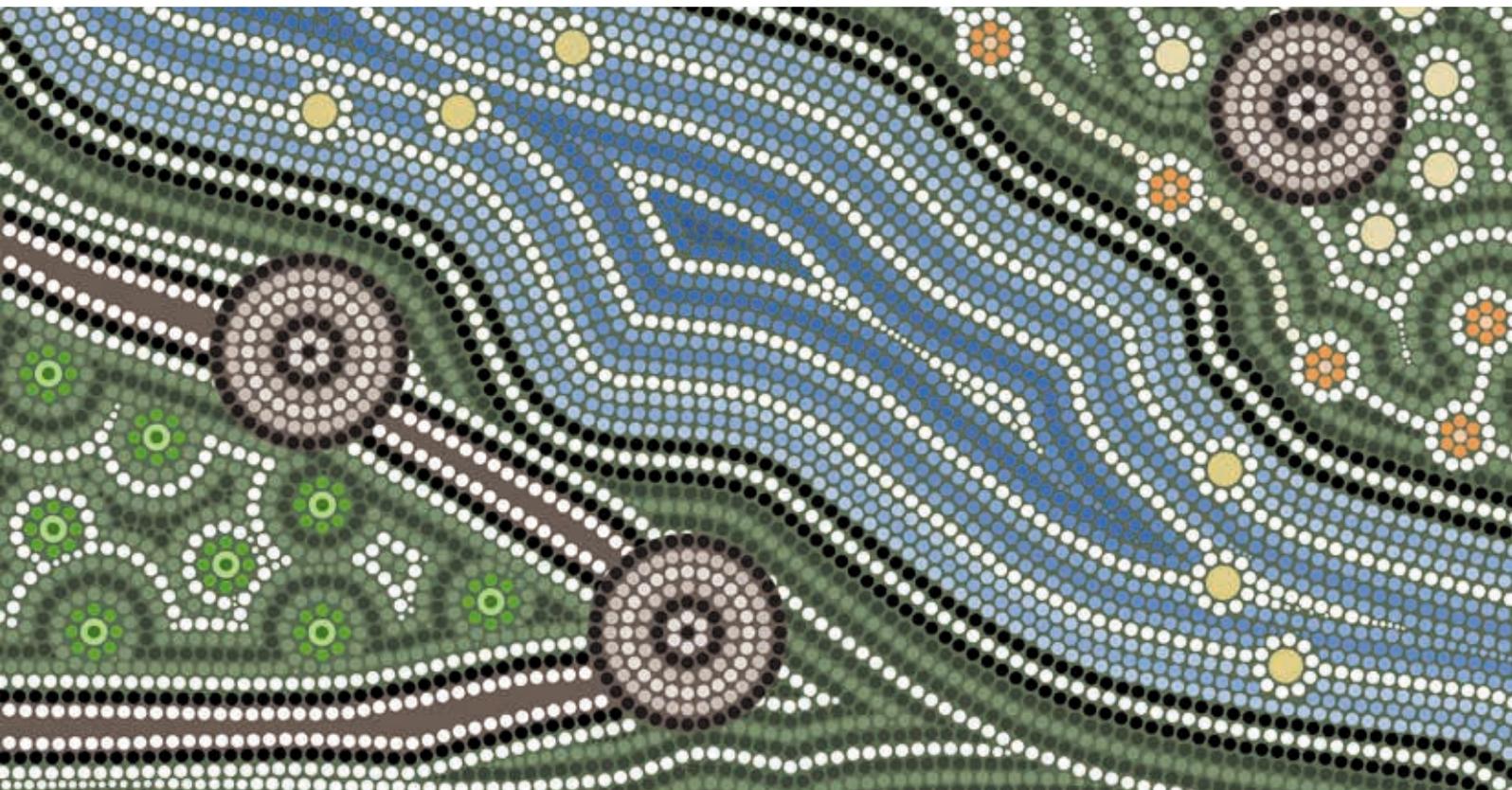
## Alcohol and Other Drugs Program

As part of the 2022-23 Budget, the Australian Government announced \$27.9 million in additional funding for Drug and Alcohol treatment services in areas of identified need. Administered through the Department of Health, the Commonwealth Government has provided the Aboriginal Health Council of SA (AHCSA) with a grant for workforce development in this area which has resulted in the creation of AHCSA's Drug and Alcohol program.

The program has conducted an Alcohol and Other Drugs (AOD) Workforce Development Needs Analysis of our partner organisations in order to gauge what the particular needs and gaps are in the AOD workforce area. Using this information we will be able to provide Workforce Development resources to the sector which complements workers' existing knowledge and skills base. We may also have the opportunity to work collaboratively with other RTOs for the benefit of the Aboriginal AOD/health workforce. The program will be collaborating with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) regarding a variety of educational Alcohol and Other Drug resources as well as working in partnership with our Member Services.

Recently, AHCSA has been involved in national consultations on the "Strengthening Aboriginal and Torres Strait Islander Alcohol and Other Drugs Treatment Services Initiative" which is being driven by The National Indigenous Australians Agency (NIAA). They are working with stakeholders to identify First Nations AOD Workforce challenges and opportunities in SA. NIAA will invest up to \$66 million to support Aboriginal and Torres Strait Islander AOD treatment services. One stream of this is Workforce support, data and reporting. AHCSA greatly appreciates the continued support and consultation with our partner organisations in relation to this as the process comes to an end.

Looking to the future, this program hopes to be able to include in its scope of registration, as a Registered Training Organisation (RTO), the Certificate 4 in Alcohol and Other Drugs or similar qualification. The Project Officer is currently completing a Certificate 4 in Training and Assessment which is due for completion by the end of August.



# FINANCIAL SUMMARY

## Statement of Surplus or Deficit and Other Comprehensive Income for the Year Ended 30 June 2023

	2023	2022	2021
<b>REVENUE</b>			
Grant revenue	\$9,297,031	\$10,193,921	\$9,995,334
Other revenues	\$1,084,496	\$318,075	\$399,430
<b>TOTAL REVENUE</b>	<b>\$10,381,527</b>	<b>\$10,511,996</b>	<b>\$10,394,764</b>
<b>EXPENSES</b>			
Employee benefits expenses	\$4,623,762	\$5,330,244	\$5,144,791
Goods and services expenses	\$2,311,691	\$2,520,764	\$2,612,099
Finance costs	\$4,579	\$8,001	\$77,381
Depreciation expenses	\$144,193	\$126,898	\$118,352
Amortisation on intangibles	\$16,763	\$93,881	\$125,731
<b>TOTAL EXPENSES</b>	<b>\$7,100,988</b>	<b>\$8,079,788</b>	<b>\$8,078,354</b>
<b>TOTAL COMPREHENSIVE INCOME FOR THE PERIOD</b>	<b>\$3,280,539</b>	<b>\$2,432,208</b>	<b>\$2,316,410</b>

## Statement of Financial Position for the Year Ended 30 June 2023

	2023	2022	2021
<b>ASSETS</b>			
Cash & Cash equivalents	\$6,528,821	\$3,994,198	\$1,880,157
Property, plant and equipment	\$11,147,121	\$11,265,119	\$7,418,291
Trade and other receivables	\$387,761	\$30,369	\$397,795
Other assets	\$65,804	\$94,618	\$183,660
<b>TOTAL ASSETS</b>	<b>\$18,129,507</b>	<b>\$15,384,304</b>	<b>\$9,879,903</b>
<b>LIABILITIES</b>			
Borrowings	\$-	\$-	\$5,278
Employee benefits	\$380,580	\$639,241	\$685,807
Trade and other payables	\$394,849	\$511,444	\$492,238
Other liabilities	\$1,473,993	\$1,634,072	\$2,377,762
<b>TOTAL LIABILITIES</b>	<b>\$2,249,422</b>	<b>\$2,784,757</b>	<b>\$3,561,085</b>
<b>NET ASSETS</b>	<b>\$15,880,085</b>	<b>\$12,599,547</b>	<b>\$6,318,818</b>
<b>EQUITY</b>			
Asset revaluation	\$5,471,831	\$5,471,831	\$1,623,312
Retained funds	\$10,408,254	\$7,127,716	\$4,695,507
<b>TOTAL EQUITY</b>	<b>\$15,880,085</b>	<b>\$12,599,547</b>	<b>\$6,318,819</b>

# DIRECTORS' REPORT

AHCSA Board of Directors submit the financial summary of the Aboriginal Health Council of South Australia Limited for the period 1 July 2022 to 30 June 2023.

## Board of Directors

Full voting membership of the Aboriginal Health Council of South Australia Limited (the 'Company') is made up of eleven independently constituted Aboriginal community controlled health services and one Aboriginal community controlled substance misuse service.

### From 1 July 2022 to 30 November 2022:

**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 Nyangu**

Nganampa Health Council

**Basil Sumner | Vacant from August 2022**

Aboriginal Sobriety Group

**Roderick Day**

Tullawon Health Service

**Robert Larking**

Yadu Health Aboriginal Corporation

**Vacant | Susan Dodd from August 2022**

Pika Wiya Health Service Aboriginal Corporation

**Chris Warrior (Treasurer until August 2022) |**

**Gary Crombie | Patrick Larkins**

Umoona Tjutagku Health Service Aboriginal Corporation

**Valda Rigney**

Moorundi Aboriginal Community Controlled Health Service

**Hilary Williams (to October 2022) | Vacant**

Oak Valley (Maralinga) Aboriginal Corporation

**Kenneth Medcraft**

Pangula Mannamurna Aboriginal Corporation

### From 1 December 2022 to 30 June 2023:

**David Dudley (to March 2023) | Wilhelmine Lieberwirth (from April 2023) (Chairperson)**

Independent Chair

**Tim Agius (Secretary)**

Nunkuwarrin Yunti of South Australia Inc

**Wilhelmine Lieberwirth (Deputy Chairperson to April 2023)**

**Vacant from April 2023**

Nunyarra Aboriginal Health Service Inc

**Vacant | David Dudley (from April 2023)**

Port Lincoln Aboriginal Health Service

**Jamie Nyangu**

Nganampa Health Council

**Polly Sumner-Dodd (Treasurer to February 2023)**

Aboriginal Sobriety Group

**Roderick Day (to March 2023) | Joanne Badke (from March 2023) (Treasurer)**

Tullawon Health Service

**Robert Larking (to March 2023) | Warren Miller (from March 2023) (Deputy Chairperson from April 2023)**

Yadu Health Aboriginal Corporation

**Susan Dodd**

Pika Wiya Health Service Aboriginal Corporation

**Patrick Larkins (Fifth Executive Board Director from April 2023)**

Umoona Tjutagku Health Service Aboriginal Corporation

**Valda Rigney (to February 2023) | Errol Blucher (February 2023) Vacant from February 2023**

Moorundi Aboriginal Community Controlled Health Service

**Kenneth Medcraft (Fifth Executive Board Director) (to March 2023) Sharen A'Hang (from March 2023)**

Pangula Mannamurna Aboriginal Corporation

**Vacant**

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.

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

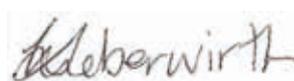
## FINANCIAL SUMMARY

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 2022-2023 financial year, AHCSA posts a statutory surplus of \$3,280,539 (2022: \$2,432,208 surplus). There were no abnormal items.

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



**Wilhelmine Lieberwirth**  
Director



**Joanne Badke**  
Director

Signed at Adelaide, SA this 19th day of October 2023.



# AHCSA MEMBERS

## DIRECTORY 2022-2023

### 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

1Eyre 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  
[www.oakvalley.com.au](http://www.oakvalley.com.au)

#### 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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