

ANNUAL REPORT

2021 - 2022





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 41-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. (This is an exciting phase for the Aboriginal Health Organisation and we work towards becoming a sustainable organisation for Aboriginal people across South Australia into the future.)

AHCSA MEMBERS

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, women's health, children's health, immunisation, eye health and mental health.

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

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

Access, equity and the overall appalling state of health in the Aboriginal Community was raised with the Commonwealth in 1996 and was the conduit to the establishment of the Nunyara Wellbeing Centre in Whyalla in 2003. This was a partnership between Health, Housing, the Aboriginal Community and the Commonwealth; however, the 'in-reach' model, whereby mainstream services visited to deliver services from Nunyara, did not meet Community expectations or achieve improved health outcomes.

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

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

TULLAWON HEALTH SERVICE INC.

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

By the late 1990s, Oak Valley was ready to establish its own health service called Oak Valley (Maralinga) Health Service (OV(M)) based on two principles: that the Anangu people of Yalata and Oak Valley are one people, and both YMHS and OV(M) should have cooperative and 'seamless' arrangements for Anangu between the services. On 31 May 2001 the YMHS Constitution was amended and the name of the organisation changed to Tullawon Health Service Inc with the significance of the two principles remaining in the Constitution. Tullawon Health Service currently employs 45 staff, who provide comprehensive services to the Yalata community and surrounding area.

UMOONA TJUTAGKU HEALTH SERVICE ABORIGINAL CORPORATION

Umoona Tjutagku Health Service Aboriginal Corporation (UTHSAC) provides primary health care services to Aboriginal people in and around Coober Pedy and also auspices the Dunjiba Substance Misuse Program in Oodnadatta. Established in 2005, UTHSAC has expanded steadily over the past ten years to provide a comprehensive range of high quality services including medical, dental and social services for the community as well as an increasing number of transient clients.

OAK VALLEY (MARALINGA) ABORIGINAL CORPORATION

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

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

PANGULA MANNAMURNA ABORIGINAL CORPORATION

Pangula Mannamurna is located in Mount Gambier, the land of the Boandik people. Culture and language are being revitalised, and 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 wellbeing 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 the 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 2021-2022 Annual Report.

We have experienced another challenging year in 2021-2022 and I am proud to say that the Aboriginal Community Controlled Health Sector in South Australia has worked tirelessly to meet and overcome those challenges, while still providing exceptional health care services to Aboriginal communities across South Australia.

AHCSA's strong partnerships with our 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.

Although, once again, a large part of the year saw our organisation focusing on responding to the COVID-19 pandemic, AHCSA continued to successfully meet our project and program outcomes. 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.

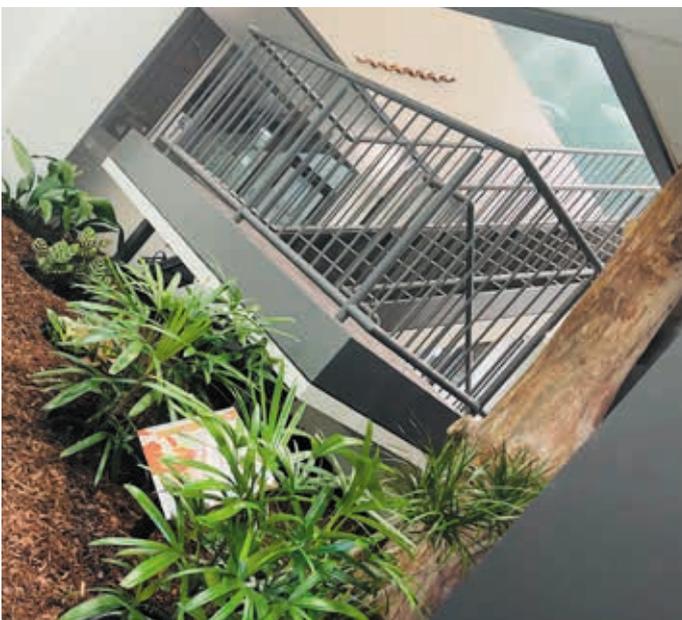
The AHCSA Secretariat has had another extremely busy year supporting our Members and representing AHCSA at a state and national level. On behalf of the Board of Directors, I would like to express our gratitude and appreciation for each and every staff member for the role they have played in assisting AHCSA to meet our organisational objectives and to work towards our Vision that all Aboriginal people will thrive, be healthy and culturally strong.

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

Finally, to our Board of Directors who volunteer their time to govern and guide the organisation. I would personally like to thank you all for your participation, input and guidance as we continue our work towards improved health outcomes and closing the gap for our Aboriginal communities.

I hope you enjoy reading our 2021-2022 Annual Report.

Polly Sumner-Dodd
Chairperson





CHIEF EXECUTIVE OFFICER'S REPORT

I am pleased to present the 2021-2022 Annual Report for the Aboriginal Health Council of SA Ltd (AHCSA).

Firstly, I would like to acknowledge and thank AHCSA's Chairperson and Board of Directors, who have continued to lead, guide and support the organisation through a year that has once again been heavily impacted by the COVID-19 pandemic.

During 2021-2022 we saw a number of staff leave AHCSA and 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. Even in uncertain periods, our staff continued to run health and education programs and services for our Member Services and the Community.

Throughout the year there was a strong focus on COVID-19 vaccination and vaccination mandates. Our COVID-19 Team supported our Member Services in responding to government directives and health advice. Our 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.

AHCSA's staff continued to be adaptive to alternative working arrangements, including working from home from January to mid-March 2022. The safety of our Members and Aboriginal Communities continued to be at the forefront of AHCSA program and service delivery and I commend the thoughtful planning, cooperation and flexibility demonstrated by our leadership team and staff.

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



Shane Mohor presenting Dr Nick Williams with his 20 Years' AHREC Service Recognition Plaque and Gift.

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 2021-2022 financial year.

Shane Mohor
Chief Executive Officer



AHCSA AND THE COVID-19 PANDEMIC

The COVID-19 pandemic continued to dominate the health and business space in the last twelve months, and AHCSA did not waver in supporting our member services and the SA Aboriginal communities.

In the previous year, the government's and public health authorities' focus was on preventing COVID-19 entry and containing its spread through measures such as border closures, lockdowns, rigorous contact tracing, mask mandates, and stringent isolation/quarantine requirements. From July 2021, additional measures such as COVID-19 vaccination mandates came into effect. The easing of restrictions in November 2021 heralded a change in focus from a "no COVID-19" to "COVID-19 normal" situation.

Key roles in the AHCSA COVID-19 Team included the AHCSA CEO, Pandemic Coordinator, COVID-19 Immunisation Project Officer, Public Health Medical Officers, Media and Communications Coordinator, and Sexual Health Clinical Support Officer who supported COVID-19 Point of Care testing.

Our COVID-19 Team and COVID-19 Clinical Working Group supported our member services in responding to changing government directives and emerging health advice. The team provided strong advocacy, clinical leadership, public health guidance and hands-on support to our member services.

Some of the more significant COVID-19-related activities undertaken by AHCSA in the 2021-2022 financial year included:

Workforce Advocacy and Support

Local outbreaks and COVID-19 vaccination delivery created significant workforce pressures for many of our Member Services. AHCSA advocated strongly to SA Health and the Commonwealth Government on their behalf.

AHCSA successfully lobbied SA Health to amend legislation so that Aboriginal and Torres Strait Islander Health Practitioners could administer COVID-19 vaccines under the Emergency Management Act provisions.

Pandemic Preparedness and Response

AHCSA continued to provide relevant support to Member Services in developing or refining their pandemic plans. We lobbied SA Health Aboriginal Health for better communications, information sharing, and working relationships between our member services, the Local Health Networks they operate in, and designated Aboriginal community councils.

Vaccination Support and Advocacy

The COVID-19 Team supported Member Services with access to the vaccines, understanding evolving eligibility criteria, and community promotion through several means:

- a) Individual visits to the services. These were largely for the purpose of providing information to and addressing vaccine-related concerns from community and staff members.
- b) Providing information during the regular AHCSA – Member CEO COVID-19 meetings
- c) AHCSA COVID-19 vaccination rate reports were provided on a monthly basis to our Member Services using dashboards

- d) Relevant and useful vaccination-related resources were collated and made available via the website and direct communication. Where gaps were reported to AHCSA, the rest of the team worked with the AHCSA Media and Communications Coordinator to develop communication material.

COVID-19 Testing

AHCSA continued to partner with the Kirby Institute and Flinders University to support GeneXpert SARS-COV-2 point-of-care PCR testing (POCT). POCT is a vital tool for testing and the surveillance of COVID-19 in the communities. AHCSA supported the training, establishment and quality control process requirements for POCT in five Member Services. More recently we supported the planning for the rollout through the program of a similar point-of-care-test that also detects other respiratory viruses.

We were also able to negotiate to obtain COVID-19 Rapid Antigen Test kits from SA Health for Member Services for staff and clients, and we continued to support access for community to standard PCR testing through SA Pathology.

Access to Personal Protective Equipment (PPE) and other clinical resources

The COVID Team provided information and resources regarding infection control/PPE use, with information made available on the AHCSA website. The COVID Team was also involved in N95 respirator mask 'fit testing' in communities. In addition, member services were supported to access other related equipment, for example pulse oximeters.

Access to COVID-19 oral therapies

The PHMOs facilitated a webinar for Member Services on therapies for COVID-19, and provided information about access to these therapies. This work has been ongoing, with the expansion of access to antivirals under the Pharmaceutical Benefits Scheme, as well as via the National Medical Stockpile.

Internal advice to AHCSA

The PHMOs and COVID-19 Immunisation Project Officer provided public health guidance to support a COVID-safe workplace. This included interpreting SA Health directives, and then making more tailored recommendations with the ending of South Australia's Emergency Declaration.

The advice included the following areas:

- COVID-19 and Influenza vaccination promotion
- A safe return to the workplace after prolonged 'work-from-home' provisions
- Staff travel to member services and communities
- Infection control practices in the workplace
- Support for staff impacted by COVID-19
- How to conduct gatherings and meetings in accordance with current SA Health guidance and best practice

The AHCSA COVID-19 Team would like to acknowledge the commitment, hard work, resourcefulness and adaptability of Member Services in responding to the evolving challenges of the COVID-19 pandemic to keep their staff and communities informed and safe.



MEDIA AND COMMUNICATIONS

Across the 2021-2022 period, the Media Communications objectives at AHCSA remained focused on the COVID-19 pandemic/vaccination support to the Member Services, with the completion of large-scale projects such as the website and exciting brand refresh achievements.



AHCSA Logo and Brand Refresh

The AHCSA logo and brand refresh was central to creating stronger brand familiarity and presence with the Member Services, external stakeholders and community.

The refresh of the logo aimed to 'update' the look and feel of the AHCSA brand, while remaining true to the roots of the organisation, the Aboriginal Community and South Australian Aboriginal Community Controlled Services by keeping the seedpod and colour tones central to the design.

The uniformity and continuity of using the brand design also contributes to strengthening AHCSA's brand presence across the South Australian community.

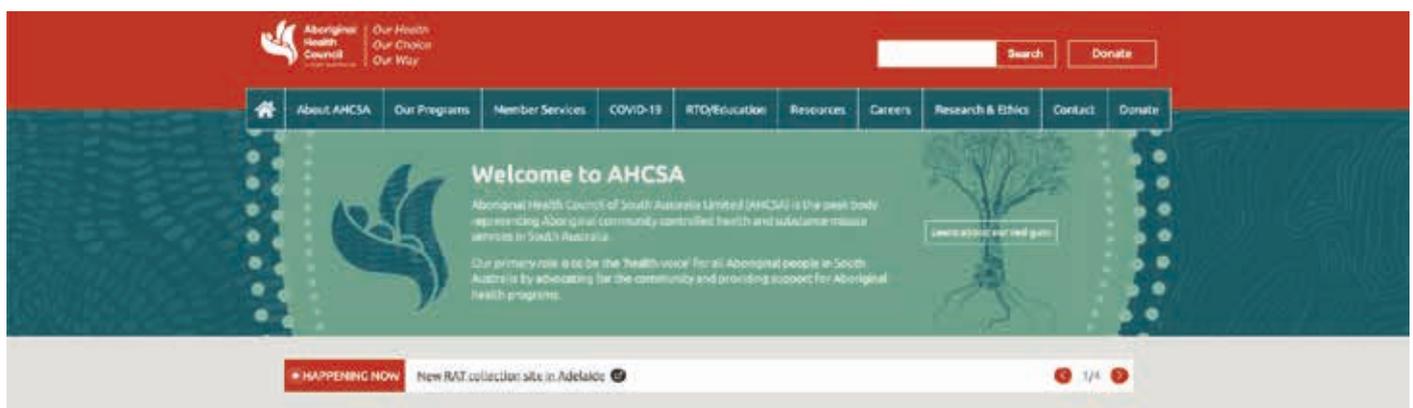
Rebuild of the AHCSA website

Creating a new AHCSA website began prior to the onset of the COVID-19 pandemic and was placed on hold until late November 2020.

Now in 2022, AHCSA has a fully functioning, accessible and culturally appropriate website which enables users to find the most up-to-date information about our organisation, AHCSA programs, the COVID-19 pandemic and Member Services.

Not only this, but the website allows for us to house a blog, events calendar, resources, feed from our Instagram page and provides access straight to our numerous social media platforms and the Puyu Blasters external website.

The website also allows AHCSA to have greater online visibility and storytelling abilities as well as conveying the most up-to-date information to the general public and community.



COVID-19 Pandemic/Vaccination

The objectives of the Media Communications activities were largely focussed on increasing the uptake of COVID-19 vaccinations across communities in South Australia over the last twelve months.

The ongoing spread of misinformation, hesitation to trust the Federal and State Governments as well as the lacking presence of COVID in the community prior to the borders opening, were all contributing factors to a low uptake in vaccinations across Aboriginal communities in SA.

As a result, the messaging and communication resources that were collated in response to this aimed to specifically address the concerns in the community and provide factual information that was supported by AHCSA's Public Health Medical Officers, Wellbeing SA and SA Health.

Social media assets, video content, posters and brochures were produced to provide key messages around specific areas of concern and address barriers that were preventing community from being vaccinated.

Direct contact with services across meetings, in-person visits and events, where possible, were also important communication tools that encouraged the sharing of factual information, ultimately leading to a self-determined decision to get vaccinated against COVID-19.

AHCSA also supported Member Services on an individual basis to create video content, host events and hold information sessions with staff to upskill and inform them about the impacts of the COVID-19 virus and the subsequent importance of vaccination. Some of these services included Yadu Health, Nunkuwarrin Yunti, Moorundi, Port Lincoln Aboriginal Health Service and Umoona Tjtagku Health Service.



Ongoing Media Communications activities

The management of our social media platforms including:

- Instagram (AHCSA and Puyu Blasters)
- Facebook (AHCSA and Puyu Blasters)
- LinkedIn (AHCSA)

have all continued to be strategically worked into the communications activities of AHCSA. By using these platforms to share good news stories, important information, COVID-19 messages, student achievements and events/visits out to community and services, we have been able to reach a wider audience and a variety of stakeholders.

Ongoing communication support was provided to each of the program areas and the RTO, as well as the management of and response to media enquiries from various media outlets relating to Aboriginal Health in South Australia.

After a very busy year, the Media Communications objectives for the next twelve months provide welcome and exciting challenges to better the organisation and to contribute to our advocacy for, and continued work in, the Aboriginal Community Controlled Health sector.



ORGANISATIONAL STRUCTURE

AHCSA BOARD OF DIRECTORS

SHANE MOHOR

Chief Executive Officer (C)

EXECUTIVE

Mandy Green

Executive Officer (C)

Julian Snook

Human Resources Manager (C)

Debra Stead

Manager Finance and Procurement (C)

Marjo Stroud

Accreditation and Compliance Officer (AHCSA OP)

Alice Brooks

Media Communications Coordinator (C)

Konstantin Cherepanov

IT Manager (AHCSA Op)

ADMINISTRATION

Belinda Lock

Administration and Finance Support Officer (AHCSA OP)

Angel Woolsey

Reception and Travel Officer (AHCSA OP)

Emily Green

Reception and Travel Officer (AHCSA OP)

Ian Thurnwald

Library and Archiving Officer (AHCSA OP)

RESEARCH

Aboriginal Health Research and Ethics Committee (AHREC)

Gokhan Ayturk

Research and Ethics Manager (C)

PUBLIC HEALTH AND PRIMARY HEALTH CARE

Julia Vnuk

Public Health Medical Officer (NACCHO)

Annapurna Nori

Public Health Medical Officer (NACCHO)

Megan Sexton | Kirsten Kennington

COVID Pandemic Coordinator (C)

Geri Malone

COVID Immunisation Coordinator (NACCHO)

Sarah Betts

Program Coordinator, Sexual Health/BBV (DASSA)

Catherine Carroll

Clinical Support Officer, Sexual Health/BBV (DHW)

Josh Riessen

Program Officer, Sexual Health/BBV (DASSA)

Bianca Mark

Program Officer, Sexual Health/BBV (DHW)

Emily Duivesteyn

Sexual Health/BBV Data Support Officer (SHINE SA)

Leanne Quirino

Project Coordinator, Ear Health (DoH)

Robyn Cooper

Coordinator, Trachoma Elimination
Program (EFNLHN)

Chris Reksinis

Project Officer, Eye Health (NACCHO)

Emma Tahuri

NDIS Project Officer (NACCHO)

Sarah Davey

Diabetes Project Coordinator (SAHMRI)

QUALITY SYSTEMS

Michael Larkin

Manager Public Health and Primary Health Care (NACCHO)

Shelagh Woods

Health Policy and Grants Coordinator (NACCHO)

Isaac Hill

Health Informatics Coordinator (NACCHO)

Nick Williams

GP Supervisor (GPEx)

Dan Kyr

Digital Health Coordinator (ADHA)

Melani Jayasinghe

Patient Information Management Systems Coordinator
(NACCHO)

Vendula Corston

Clinical Systems Improvement Coordinator (NACCHO)

TACKLING INDIGENOUS SMOKING PROGRAMME

Benjamin Stewart

Planning and Evaluation Officer | TIS Manager (DoH)

Trevor Wingard

Project Officer (DoH)

Grant Day

Project Officer (DoH)

Tim Lawrence

Project Officer (DoH)

EDUCATION, TRAINING AND WORKFORCE

Annie-Rose Thurnwald

Manager

Trent Wingard

Workforce Coordinator (RDWA)

Christine Fraser

Senior Clinical Educator

Lena-Pearl Bridgland

Clinical Educator

James Bisset

Educator

Dominic Guerrero

Educator Assistant

Tallulah Bilney

Training and Compliance Coordinator

Holli Nicholas

Administration Officer, Travel and Systems

Hayley Johncock

Administration Officer, Contracts and Enrolments

Sophie Beshara

Administration, Contracts and Enrolments Officer

Tennelle Richards

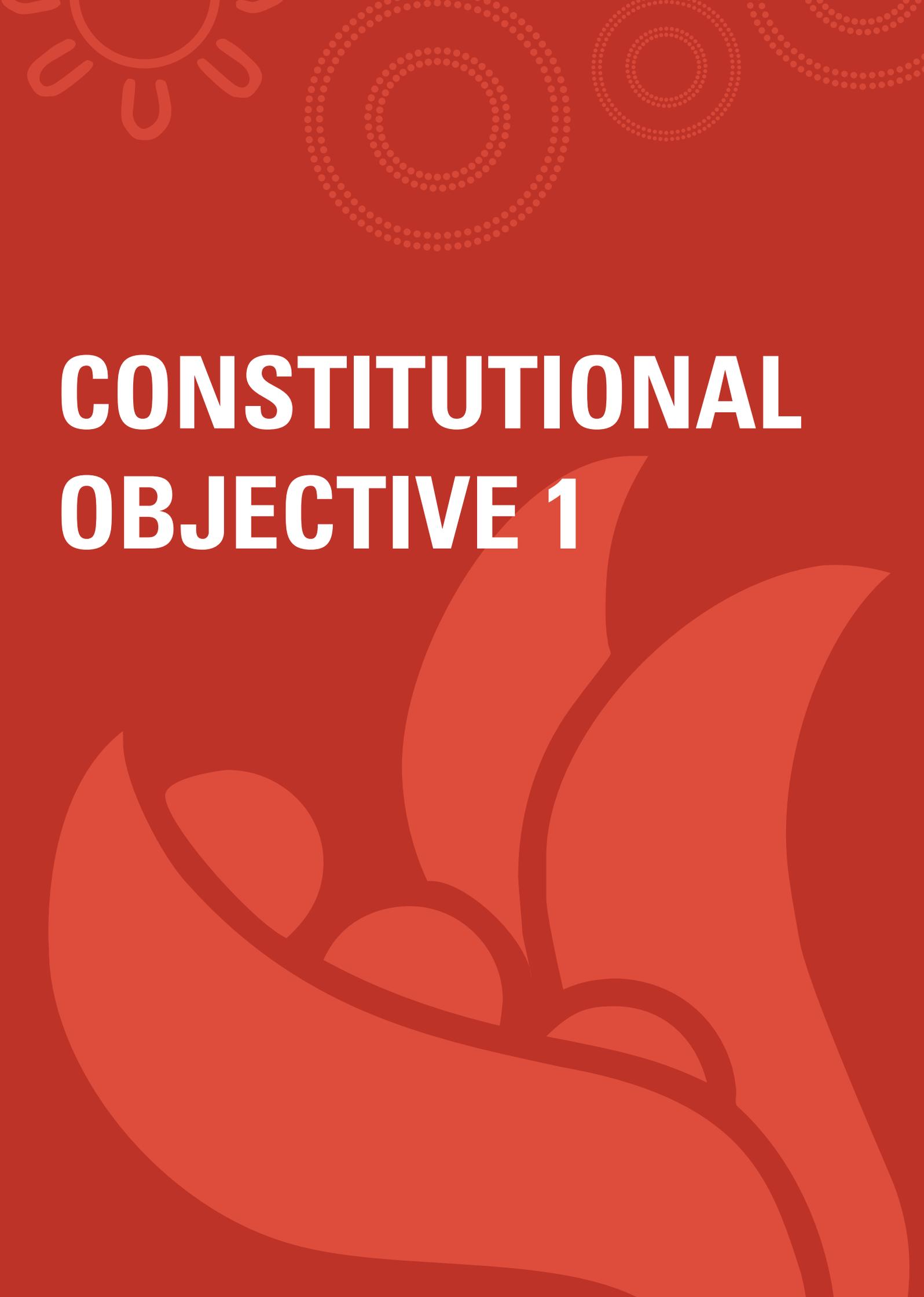
AMIC Project Lead (SHINE SA)

Mariam Hi

AMIC Project Officer (SHINE SA)

KEY

C	Core Agreement - Peak Body for ACCHOs Partnership Agreement
DHW	Department for Health and Wellbeing
DoH	Department of Health
NACCHO	National Aboriginal Community Controlled Health Organisation
EFNLHN	Eyre and Far North Local Health Network
DASSA	Drug and Alcohol Services of South Australia
AHCSA OP	AHCSA Operational
ADHA	Australian Digital Health Agency
GPEX	General Practice Training
RDWA	Rural Doctors Workforce Agency



CONSTITUTIONAL OBJECTIVE 1

QUALITY, ACCREDITATION AND COMPLIANCE

AHCSA has conducted an investigation into our accreditation options beyond QIP, QIC Health and Community Services accreditation. The assessment captured three different accreditation options: Health and Community Services, QIP (QIC) (Current), Australian Service Excellence Standards (ASES) and International Organization for Standardization, ISO.

The outcome of the assessment deemed Australian Service Excellence Standards (ASES) as the most appropriate. AHCSA will work with an external consultant to conduct and coordinate the accreditation process. The consultant has worked previously with AHCSA on our Rainbow Tick accreditation and has also worked with our Member Services with ASES accreditation.

Upon the successful completion of the ASES accreditation, AHCSA will be accredited for a three year period.

AHCSA will continue to maintain our Rainbow Tick accreditation, a national accreditation program for organisations that are committed to safe and inclusive practice for the LGBTIQ+ community. In addition to supporting organisations to understand and implement LGBTIQ+ inclusive service delivery, the Rainbow Tick accreditation program provides national recognition that meet the Rainbow Tick standards.



EXECUTIVE - HUMAN RESOURCES

The Human Resources function was vacant for a period of time and was filled in December 2021. Since then the function has been investigating process improvements options and seeking solutions to challenges in the space. Additionally the organisation has faced, and is facing, the changing space of COVID-19 and the impacts it has had on staffing and the organisation.

HR Priorities and Achievements:

- The creation of a reliable HR data management system, looking at options to integrate a workable live document utilising SharePoint
- Implement and refine Position Descriptions across the organisation with standardised pro-forma
- Enterprise Bargaining process has commenced in partnership with an external provider; this will be completed prior to Christmas 2022
- Organisational Structure review and implementation project is underway, post full Board endorsement
- On-boarding review and implemented changes have commenced with standardisation and consolidation of information for all new staff
- The introduction of an Employee Value Proposition
- Recruitment resource update with the introduction of new materials and resources
- Supporting the Accreditation and Compliance position

2021-2022 STAFF RECRUITMENT

- AMIC Project Lead
- Clinical Systems Improvement Coordinator
- COVID-19 Pandemic Coordinator
- HR Manager
- IT Manager
- Junior Project Officer
- NDIS Project Officer
- Public Health Medical Officer
- Receptionist and Travel Officer
- RTO Compliance Support Officer
- Sexual Health and BBV Data Support Officer
- CTG Maternal and Child Health Project Officer

Recruitment

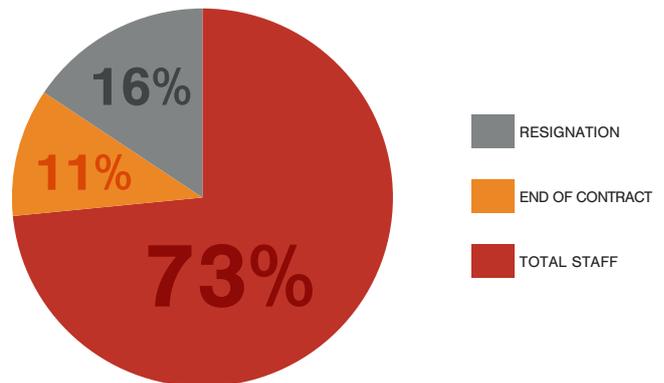
Advertisement and reach have been reviewed and revised to ensure that AHCSA is seen as an employer of choice, with the incorporation of banner advertising that captures people's attention on both desktop/laptop and mobile devices.

Our advertising campaigns have attracted high quality candidates from a diverse pool; this has ensured that AHCSA is best placed for selecting the most suitable applicants. AHCSA has also engaged social platforms as well as AHCSA's own website to attract talent to the organisation. In conjunction with these approaches we also share expressions of interest with staff's connections to ensure reaching candidates otherwise not engaged in traditional advertising and attraction methods.

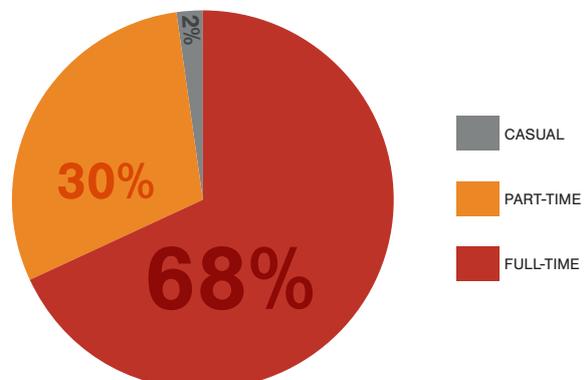
Staff Metrics

Within the 2021–2022 financial year AHCSA's workforce was comprised of 49 employees, 33 full-time, 15 part-time and 1 casual.

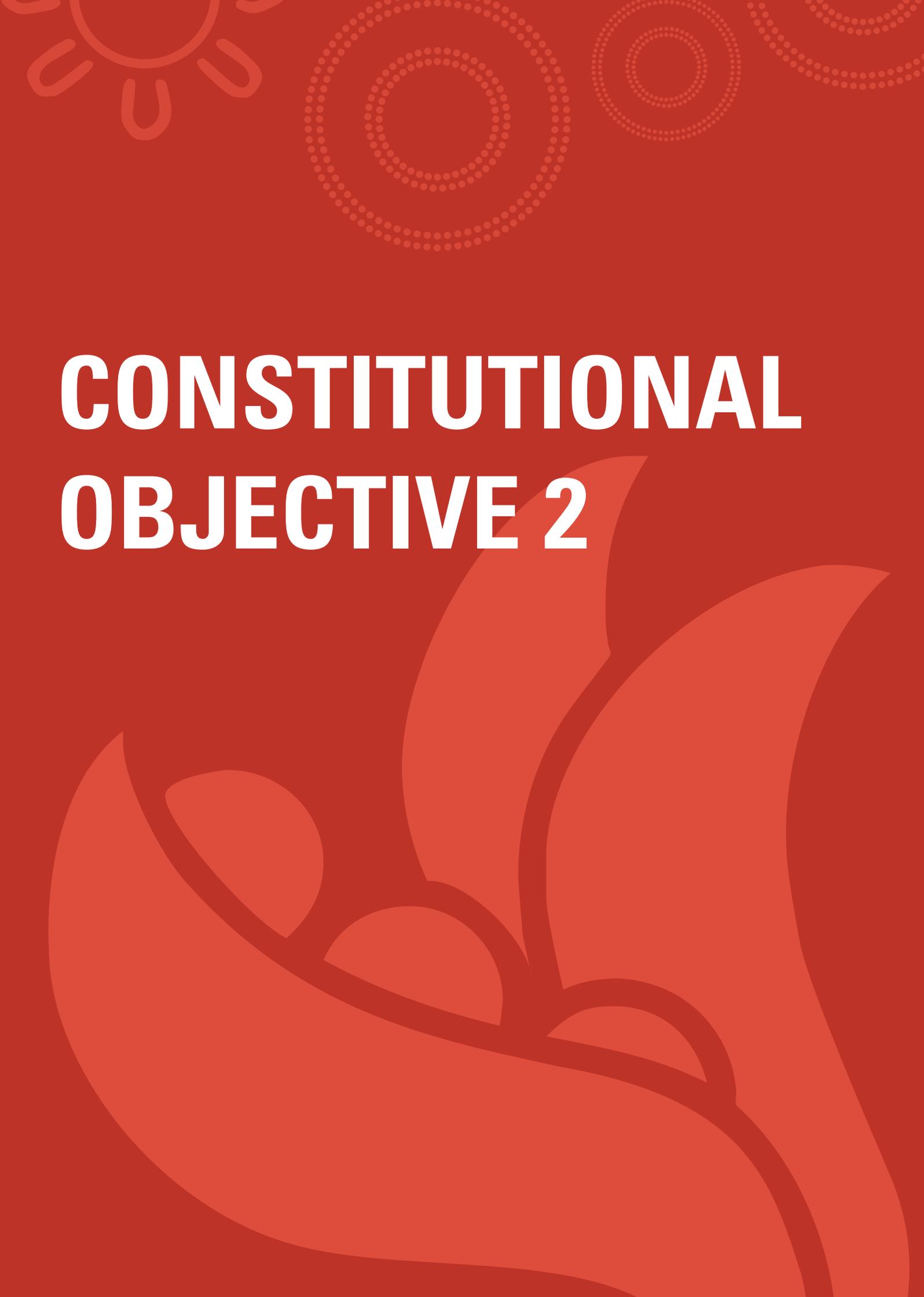
Turnover



Within the 2021–2022 financial year AHCSA's turnover was negatively affected by COVID-19. Unfortunately the attrition captured some negative effects of COVID on the organisation but also captured natural end of contracts by the virtue of time. 16% of turnover was attributed to resignation and 11% was attributed to end of contract by virtue of time.







CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE

PUBLIC HEALTH MEDICAL OFFICERS

The Aboriginal Health Council of SA has had a Public Health Medical Officer position for many years. The role provides support to the CEO and all Public Health/Primary Health Care-related programs in the organisation in the areas of advocacy, public health guidance, clinical advice, research and education, and stakeholder engagement. Dr Julia Vnuk and Dr Annapurna Nori shared the role and were joined in February 2022 by Dr Jessica Leonard.

The PHMOs continued to be heavily involved in supporting AHCSA's COVID-19 response, including advocacy at a State and National level, advice and support to member services during local outbreak responses, point of care testing and the vaccine roll-out. The PHMOs supported member services with staff and community education sessions and resources, and Dr Nori also represented AHCSA in several media interviews and information videos.

Support for the Sexual Health Program included advice around data collection and translation, guideline development and supporting STI and BBV prevention and management strategies within member services. Along with members of the Sexual Health Team, the PHMOs contributed to the review and development of a number of SA Health Perinatal Practice Guidelines. This work supports pregnant people to receive culturally appropriate care.

The PHMOs also worked closely with the Quality Systems Team, providing public health advice and support as required.

The PHMOs have advocated for Aboriginal Health Practitioners to be able to work to their full scope of practice, including the right to lawfully administer medications within member services. This work included contributing to an 'Aboriginal and Torres Strait Islander Health Practitioner Clinical Governance Framework and Minimum Scope of Practice' for the SA Aboriginal Community Controlled Health Sector. This framework was finalised in early 2022. Member health services that endorse this framework can apply an amendment to their pharmacy licence that allows AHPs to administer medication.

The PHMOs supervise a Public Health Medicine Registrar (a doctor undertaking specialty training in public health). Dr Kate Murton was the Public Health Registrar from June 2021 to February 2022. Dr Tuong-Vi Phan commenced in February 2022 for a 12 month duration. The PHMOs appreciate the contributions of the registrars, especially in Sexual Health and COVID-19 Program activities.

The PHMOs made a significant contribution to a number of groups and committees, including:

- National Aboriginal and Torres Strait Islander Advisory group on COVID-19
- SA COVID-19 Aboriginal Response Management Group
- Wellbeing SA Vaccine Hesitancy Advisory Group, and Aboriginal Working Group
- SA Health Non-Acute and Community COVID Response Executive
- SA COVID-19 Primary Care Taskforce
- SA Living with COVID Joint Steering Committee
- SA Health COVID-19 Situation Updates (Aboriginal Health Branch, SA Health)
- COVID-19 Point of Care Test Program meeting (SA)
- SA ACCHS COVID-19 POCT Operators Support Network
- AHCSA and Members COVID-19 group
- Department of Premier and Cabinet - Aboriginal Affairs and Reconciliation Community Leaders COVID-19 meeting
- Remote and Vulnerable Communities Committee
- SA Aboriginal Ear Health Reference Group
- SA Aboriginal Eye Health Working Group
- Aboriginal Health Research Ethics Committee
- AHCSA Member Health Network
- SA Rheumatic Heart Disease Program Advisory Group
- SA Oral Health Plan Monitoring Group
- SA STI and Blood Borne Viruses Advisory Committee
- Multijurisdictional Syphilis Outbreak Working Group
- SA Syphilis Outbreak Working Group/Enhanced Syphilis Response Committee
- SA Viral Hepatitis Model of Care Reference Group
- ATLAS Surveillance Network Clinical Hub Meeting
- New Women's and Children's Hospital Aboriginal Advisory Group
- Supporting Alcohol Care in ACCHS Chief Investigators meeting
- SA Health Disease Prevention, Health Promotion and Public Health Advisory Committee

Despite the challenges of COVID-19 and workforce shortages, Member Services have continued to adapt in order to respond appropriately to the changing environments and care for their clients and communities. The PHMOs have appreciated the opportunity to work with Member Services to support their work.

The PHMOs also acknowledge the hard work and commitment of AHCSA program staff. Further activities and initiatives are outlined in the comprehensive Public Health and Primary Health Care Team and the Sexual Health and Blood Borne Virus Program reports.

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

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

The PH&PHC Team works across a wide range of health issues, with some programs focusing on specific diseases such as trachoma and diabetes, while others focus on areas such as accreditation, patient information management, and health policy. Across 2021-2022 the Public and Primary Health Care team has included the following programs:

- Diabetes Foot Complications
- Ear Health
- Trachoma Elimination
- Eye Health
- Clinical Systems
- Patient Information Management and Health Informatics
- Digital Health
- Health Policy and Grants

DIABETES FOOT COMPLICATIONS

This past year has been productive in area of diabetes foot care and preventing diabetes-related foot complications.

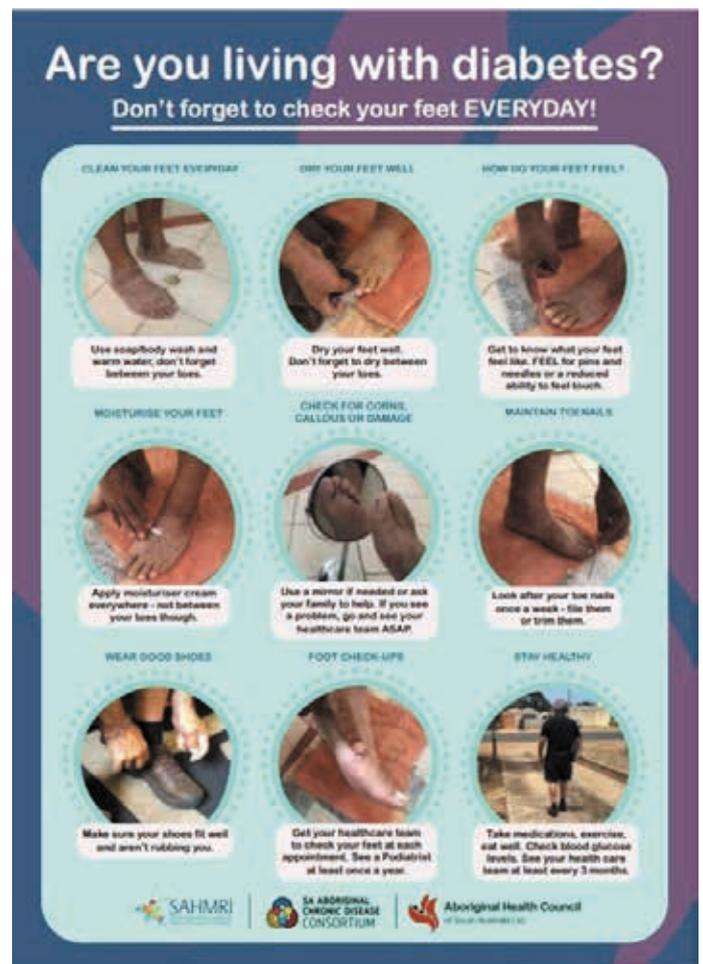
AHCSA has worked on developing two new clinical items; initial foot check and podiatry foot check. The initial foot check questions have already been embedded into member sites’ Communicare programs and into existing clinical items such as the Diabetes Annual Cycle of Care, Chronic Disease Assessment and Adult Health Check. The podiatry clinical item is a stand-alone item used by podiatrists or other clinicians upskilled in comprehensive foot checks.

Within the EFN-LHN region a screening and assessment care pathway has been developed. The development of pathways within the remaining LHN will continue.

There has been strong and effective collaboration between all six South Australian projects, both formally and informally. The Foot Alliance Project has brought together ACCHS, EFN-LHN, CoBH and provides practice podiatrists who meet monthly and ensure that people receive coordinated care. If this project is successful it has potential to be implemented in other LHN regions in time.

AHCSA has supported the University of SA’s “Look At Me” training package. It has been fantastic to get out to ACCHS sites and meet clinicians and see how other sites are working together to provide care to their communities. AHCSA will continue to collaborate with University of SA to complete a revision of the Foot Book clinician guide which sites will receive once completed.

AHCSA has also developed a clinic poster on foot self-care. This poster has been distributed to all ACCHS.



EAR HEALTH

AHCSA's Ear Health Program is known as the Deadly Sounds Program and prides itself on working with communities to increase ear health awareness by providing education and support to both Member Services and community. Otitis media is a major source of ear disease in Aboriginal children aged 0-5 years and is caused by bacteria or a virus which can lead to severe ear pain, headaches and hearing trouble. Management of ear disease and hearing loss can make a significant positive difference to not only children's health outcomes but educational, social and employment outcomes too. The Deadly Sounds Program aims to support Aboriginal Community Controlled Health Services in South Australia to maintain best practice and to offer support, training and upskilling to staff members in ear and hearing health. Program activity has included:

- Facilitated training with Hearing Australia at AHCSA for 15 people in Plum and Hats
- Supported an Audiologist from the HAP-EE program to attend a school screening where 17 children were seen by an Aboriginal Health Practitioner and then consequently seen by the Audiologist for Ear Health and Hearing services
- Partnered with Flinders University on a research project to determine the effectiveness of performing OAE in the diagnosis and treatment of 0-6 year old Aboriginal children
- Three Titans (ear health screening tool) were provided to ACCHSs to improve and close the gap in ear health for our young Aboriginal children. The funding for the Titan machines was secured through the research partnership with Flinders University.
- Supported the AHCSA RTO with ear health training and education for Certificate III and Certificate IV students
- All ACCHS were given the Menzies National Guide for management of Otitis Media and ear and hearing health app on their devices
- Established networks with Australia Hearing and their outreach screening services, working in partnership with the ACCHSs



EYE HEALTH

Everyone deserves the right to clear vision, and over 94% of vision loss among Aboriginal people is either preventable or treatable.

Around two thirds of Aboriginal adults tend to have some form of refractive error (blurred vision correctable with glasses), while the leading cause of age-related vision loss is cataract, and the leading cause of preventable vision loss is diabetic retinopathy.

The Eye Health Program continues with its overarching goal of improving all eye health and vision outcomes for Aboriginal people across SA, and eliminating the inequities that lie within.

The Eye Health Project Officer (EHPO) pivots between:

- On-the-ground support to AHCSA’s Member health services (ACCHOs), their communities, and visiting eye health provider services
- Addressing local/regional/sector-wide issues affecting Aboriginal eye health outcomes
- Facilitating the South Australian Aboriginal Eye Health Working Group (SAAEHWG)
- Active stakeholder collaborations and partnerships
- Other non-recurrent initiatives or side projects



Support to AHCSA’s Member health services (ACCHOs)

The EHPO provides hands-on support and guidance to ACCHOs, and collaborates to co-design effective management of primary and secondary eye health and vision care, strengthening pathways to tertiary level care. Functions of the EHPO include:

- Training and mentoring to ACCHO staff in primary eye health care, vision testing, performing retinal photography
- Training to visiting eye care providers and/or ACCHO staff in how to document/retrieve eye health information and history in the patient records system (Communicare)
- Education on diabetes eye complications, including diabetic retinopathy
- Enhancing clinic or systems capacity to best facilitate eye health care and visiting services
- Attending the eye clinics where possible, and providing support to the visiting eye health practitioners
- Broadening or improving access to low or no cost spectacles
- Procurement and maintenance of specialty eye health equipment, and associated operator training where necessary
- Provide ACCHO and community advocacy to State or National platforms for address



South Australian Aboriginal Eye Health Working Group (SAAEHWG)

This stakeholder working group has been in operation for little over a year, and already making great strides in sparking broad reforms and system change to improve sector outcomes.

The SAAEHWG is comprised of relevant key players in Aboriginal eye health service delivery, working together as a very actions-driven committee of individuals that waste no time in brainstorming solutions to the commonly identified big ticket issues. Part of the approach is to break into sub-groups of the main Working Group to tackle identified areas one at a time, and then feed back to the main group for finalising or further developments.

The AHCSA Eye Program and SAAEHWG recently won this year's NATSIEHC award in the category of Leadership in Aboriginal Eye Health, which is proudly attributed to the collective efforts of all involved, with the AHCSA EHPO at the helm.



Stakeholder collaborations and partnerships

The EHPO is the primary AHCSA representative and an active participant on the following State and National committees and stakeholder groups:

- NACCHO National Aboriginal and Torres Strait Islander Committee
- Vision 2020 Aboriginal and Torres Strait Islander Committee
- Vision 2020 'Strong Eyes, Strong Communities' (SESC) Implementation Working Group
- IEHU Roadmap to Close The Gap for Eye Health - Co-Design and Regional Implementation Working Group
- Australian Eye and Ear Health Survey (AEEHS) – Aboriginal and Torres Strait Islander Advisory Committee

The EHPO also works closely with IEHU in a number of local/regional stakeholder meetings to address issues with key players at the local level – eg Limestone Coast, Hills Murray Mallee, Yorke Peninsula.



PUBLIC HEALTH AND PRIMARY HEALTH CARE

Recent developments, new initiatives and other projects

- Created linkages, and assisted the initiation of monthly visiting optometrist services to mainstream Aboriginal Health Services (AMSs) in Adelaide metro – eg SAHLNs Noarlunga Aboriginal Family Clinic, and NALHNs Gawler Health Clinic
- Received non-recurrent funding to complete SA component of a joint venture with NACCHO and Vision 2020's (SESC) to improve promotion and uptake of State-based subsidised glasses scheme (for SA this is GlassesSA)
- In planning phase of expanding the scope of ACCHO staff training to include optical dispensing (fitting and ordering of glasses)
- Invited onto Aboriginal and Torres Strait Islander Advisory Committee for the Australian Eye and Ear Health Survey (AEEHS)
- Invited onto Optometry VIC/SA's conference planning committee for O=MEGA 23 International Optometry Conference and Trade Fair (planned for Melbourne in September 2023)

TRACHOMA ELIMINATION

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

The Trachoma Elimination Program provides:

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

NDIS READY

The NDIS Ready Program is funded by the Department of Social Services through the National Aboriginal Community Controlled Health Organisation (NACCHO), to increase access, as well as choice and control of NDIS services, for Aboriginal and Torres Strait Islander people with disability living across Australia.

The NDIS Ready Project Officer works with our Member Services to explore ways to:

- Increase Aboriginal and Torres Strait Islander NDIS registered providers
- Expand existing ACCHO services to include NDIS services
- Increase community awareness within Aboriginal communities of the NDIS and increase participant registration

The NDIS Project Officer is part of a network across Australia who support ACCHOs to become NDIS providers, and provide ongoing advice, support and training. The Program supports our Members Services to understand the NDIS and the compliance obligations with the NDIS Quality and Safeguards framework and standards that will support the long-term sustainability of ACCHOs as providers of the NDIS.

NDIS

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

The NDIS is for people 0-65 with permanent and significant disability.

- Permanent means the disability will not go away
- Significant means the disability affects how you live everyday

The NDIS Quarterly Report June 2022, shows there are now over 530,000 participants across Australia receiving individualised funding packages for disability-related supports.

- The total number of Indigenous participants nationally is 38,846 (7.3%)
- In South Australia, 2815 (6.0%) of NDIS participants identify as Aboriginal and Torres Strait Islander

Aboriginal and Torres Strait Islander peoples are twice as likely to experience a disability as other Australians (9% with a severe condition compared to 4% for non-Indigenous). (Aboriginal and Torres Strait Islander Health Performance Framework 2017 report, section 1.14 Disability). However, as the latest Quarterly Reports show, Aboriginal people are still underrepresented in the NDIS.

The NDIS Ready Project aims to address some of the challenges and barriers faced by Aboriginal people living with disability.

Partnerships and Collaborations

The NDIS Ready Program works closely with a range of stakeholders across the disability sector, both nationally and locally and include: The First Peoples Disability Network, the National Disability Insurance Agency (NDIA), the Building Local Care Workforce (BLCW), the Partners in Community and other Aboriginal NDIS providers.

NDIS Ready Working Group Meetings

Our NDIS Ready Working Group was established in December 2021. It provides a central point of contact for all NDIS business and brings our members together from across the State, to build relationships, share their NDIS stories, progress, experiences and lessons learnt. Working collaboratively across the sector allows organisations to share their diverse experiences, strengths and knowledge.

The group has a Terms of Reference and meetings are held monthly. A number of guest speakers have attended the meetings including:

- NDIA – Access training
- Partners in Community - Baptcare, Feros and Mission
- Kudos – presentation on Early Childhood
- Building Local Care Workforce (BLCW)
- NACCHO

The group provides a wonderful opportunity to share learned experiences and provide support to one another.

NDIS ready networking event

Planning is underway for AHCSA to host a two-day NDIS Ready 2 event in August, as an opportunity to bring together our members from across South Australia. There will be an invitation to contribute on the day and share ideas for topics and guest speakers.

This will be an exciting opportunity for members to meet in person, undertake NDIS training, workshop NDIS opportunities for Aboriginal organisations and communities and engage with a variety of Aboriginal and disability stakeholders.



Photo of Margie Betts and worker at the NDIS Ready Yarning Circle in Darwin

Resource Development

A range of culturally appropriate NDIS communication materials are being developed through national, regional and local strategies. AHCSA is working with members to make our own local resources that will be available in a range of accessible formats, including brochures, posters and social media posts. These will be available for all members to access by late 2022.

NDIS Yarning Circle

The NDIS Ready Yarning Circle for Remote and Very Remote ACCHOs was held in Darwin 7-9 June and hosted by NACCHO. The Yarning Circle brought together 63 representatives from over 30 ACCHOs from remote communities across Australia. Eighteen disability stakeholders and organisations attended, including the National Disability Insurance Agency, First Peoples Disability Network, Dept of Social Services, and National Disability Services.

The event was a wonderful opportunity to bring everyone together over three days to discuss the challenges of the NDIS in remote communities and develop solutions together. Representatives, disability stakeholders and Aboriginal and Torres Strait Islander people with disabilities from remote areas all presented on key topics of interest.

We also heard presentations from five remote ACCHOs who are successfully delivering NDIS services in their local community who kindly shared their stories and practical solutions, including the South Australian West Coast ACCHO Network (SAWCAN).

Our NDIS Ready Project Officer, Emma Tahuri represented AHCSA and a number of our remote members also attended the event, including staff from Umoona Tjutagku Health Services, Port Lincoln Aboriginal Health Service, Tullawon Health Service, Yadu Health and Nunyara Aboriginal Health Service.

It was a wonderful opportunity to share experiences and learnings, find solutions, network and build relationships with stakeholders and other ACCHOs across Australia.



Photo of Sharon Manhire (AMSANT) and Emma Tahuri NDIS Ready Project Officer (AHCSA)

SEXUAL HEALTH AND BLOOD BORNE VIRUS PROGRAM

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

The Sexual Health and Blood Borne Virus Program team currently includes:

- **Sarah Betts** as Program Coordinator
- **Josh Riessen** as Sexual Health and BBV Program Officer
- **Bianca Mark** as Sexual Health and BBV Project Officer (0.6fte)
- **Catherine Carroll** as Sexual Health and BBV Clinical Support Officer (0.6fte)
- **Emily Duivesteyn**, commenced in September 2021, as Data Support Officer STI/BBV (0.6fte)

Central to the program is the coordination of the annual six week STI and BBV screening. This program focuses on supporting sexually active Aboriginal and Torres Strait Islander people aged 16-35 years 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.

The majority consensus of SA's ACCHSs was to continue to run the STI screening from 13 September to 22 October 2021.

Community Engagement grants were offered and funded through the program to ten SA ACCHSs 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.

The COVID-19 pandemic response continued to have STI and BBV team members involved in AHCSA's COVID-19 response throughout 2021 and 2022. The impact of this was significant across all Aboriginal Community Controlled Health Services, especially when border restrictions lifted in December 2021 which resulted in a surge in the numbers of COVID-19 infections in the community. This increased the workload for everyone working in healthcare services and as a consequence the Sexual Health team assisted with on-the-ground support to ACCHO's across South Australia in a response to the COVID-19 outbreak within Aboriginal Communities.

Despite these challenges, the Program made a number of significant achievements in 2021-2022. These included:

- Onsite education for six of ten ACCHSs during the 2021 six-week STI screening, providing an overview of STI/BBVs, including testing, data, documenting in Communicare, management of infections, contact tracing and follow up, prevention through community engagement, health promotion, and barriers to testing and addressing stigma
- Conducted staff training remotely to all SA ACCHOs (including Nganampa Health Council staff) in Rapid Antigen Testing and the use of SA Pathology Application for community members and staff surveillance recording of results and notification of positive results
- Ongoing coordination of the Aboriginal sexual health network (ASHN), bringing together sexual health workforce from across the state. The ASHN connects through teleconference and emails, providing an opportunity to discuss challenges and share learnings from our services and communities.
- Significant contributions to AHCSA's new webpage, in addition to an increased presence across AHCSA's social media platforms from the team
- Team members visited some communities by invitation and with permission to provide practical support to workforce via community engagement activities, staff education and clinical aspects of the screening, including Point of Care testing for chlamydia, gonorrhoea and trichomonas at TTANGO 2/3 sites
- Continued presence and support at community health events, Women's and Men's Health Day events, health promotion events, and resource provision and distribution
- LGBTIQ+ Inclusion Training, initially developed for AHCSA staff during Rainbow Tick Accreditation, was delivered to one member service
- Considerable work has been done towards updating the AHCSA STI and BBV Handbook, including adding a section on STIs in pregnancy, expanding the information about specimen collection, and developing scenario-based clinical scripts as requested by ACCHS staff. The updated Handbook is due to be completed by the end of 2022.
- Continued partnership with Hepatitis SA to develop peer-led engagement in communities with Clean Needle Programs (CNPs), to provide education about CNPs and BBV transmission and prevention. Additionally, several resources promoting CNP awareness are currently in development. Funding for this project has been extended to 2023, and further community trips have been planned.

The SH&BBV program would like to acknowledge all of our external partners who have supported the objectives of the program over 2021-2022. These include: All SA ACCHSs, NACCHO, SA Health Communicable Disease Branch, Aboriginal Health Branch, Viral Hepatitis Nursing Workforce, Drug and Alcohol Services SA, Kirby Institute, SHINE SA, Hepatitis SA, Aboriginal Drug and Alcohol Council, SAHMRI, Adelaide Sexual Health Clinic, Yarrow Place, SIN, Flinders University and Adelaide University.



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

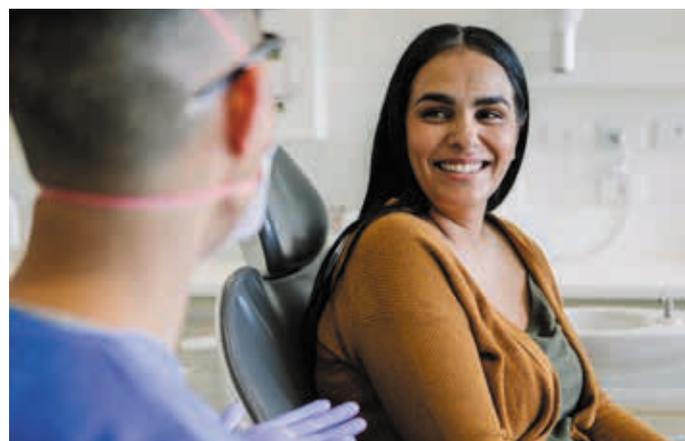
The Aboriginal Dental Scheme (ADS) forms part of the SA Dental Aboriginal Oral Health Program (AOHP) which provides general and emergency care to Aboriginal people and may include restorative and preventive care, extractions, dentures and other services. The AOHP provided through SA Dental has both increased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

Key Features

- The ADS only operates where clients cannot access the Aboriginal Liaison Program (ALP) through a local SA Dental Service Clinic, eg rural and remote areas
- Increasing numbers of Aboriginal clients are accessing mainstream SA Dental services through the ALP
- Priority (ie: no waiting list or waiting time) access to general dental care
- Benefits of Care under ADS or ALP
- Immediate access to emergency care
- Priority access to dentures
- Pathway facilitated through the local ACCHS/AHW in some cases
- No client fees

Areas Covered

Far West country - including Ceduna, Streaky Bay, Cowell
 Northern country - including Yorketown, Peterborough
 Northern Remote - including Coober Pedy, Roxby Downs
 South and South East country - including Kingscote, Kingston (SE)



ABORIGINAL DENTAL

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

TACKLING INDIGENOUS SMOKING (TIS PROGRAMME)

The Tackling Indigenous Smoking (TIS) Programme is funded by the Australian Government under the Indigenous Australians' Health Programme (IAHP). AHCSA is among 37 Regional Tobacco Control Grant (RTCG) recipients across Australia.

The funding for the current contract period ends as of 30 June 2022, and a further commitment was made in December 2021 to extend the programme for a further four years until June 2026.

AHCSA's programme will continue to have a focus on priority groups and regional and remote Aboriginal communities in South Australia for the next 12 months (July 2022 to June 2023) with the anticipation of being awarded a further three years funding until June 30 2026.

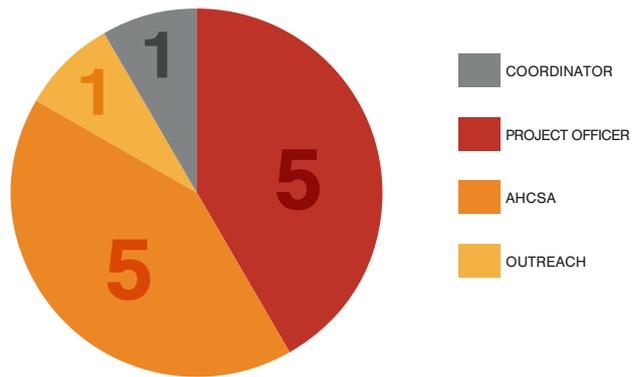
REGIONS

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



TIS TEAM

AHCSA's TIS Team has been funded for 7.0 Full-Time Equivalency (FTE) positions (5.0 FTE TIS Project Officers, 1.0 FTE TIS Coordinator and 1.0 FTE TIS Outreach Project Officer). As at June 30 2022, there were 2.0 FTE vacancies.



A regional-based Outreach Project Officer position (1.0 FTE) is supported by an MOU between AHCSA and Nunyara Aboriginal Health Service in Whyalla. As of June 30 2022 this MOU will end and the Outreach Project Officer will cease working from Whyalla and will become an additional Project Officer in AHCSA's FTE.

EVENTS and ACTIVITIES

A total of 77 Population Health Promotion activities/ events were delivered by AHCSA's TIS team in 2021-2022. Activities in regional and remote areas were significantly impacted by COVID-19 lockdowns which limited the number of community gatherings/events and required a cautious approach when engaging with vulnerable people from the health and substance misuse support services.

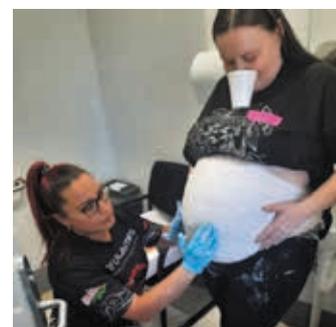
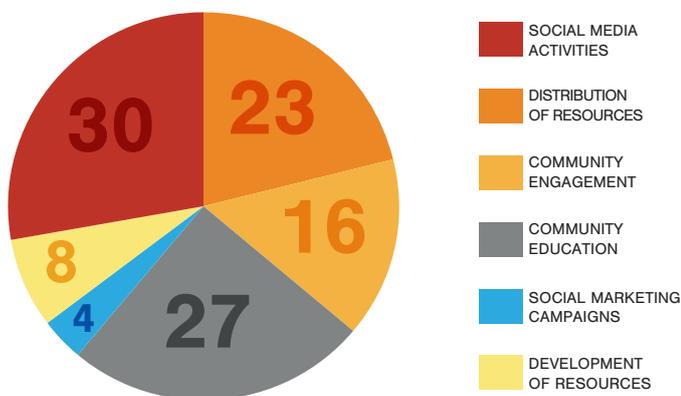


High Schools were a particular focus for AHCSA's TIS Programme. With the reported increase of youth engaging in e-cigarette and vape use there was a marked rise in the number of high schools reaching out for student education activities.



SAASTA – Aboriginal Basketball Academy E-cigarette and Vaping Education Session

Population Health Promotion Activities



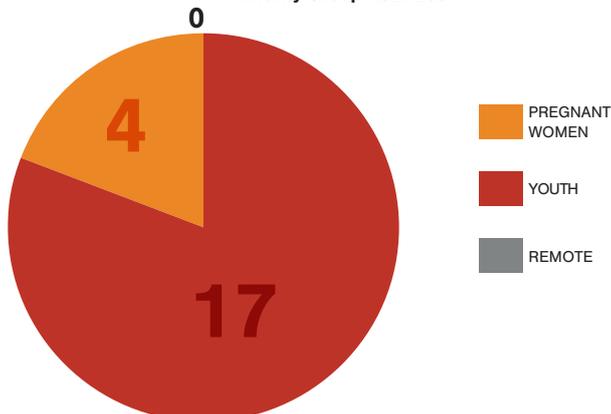
Pika Wiya Aboriginal Health Service Aboriginal Maternal Infant Care Program - TIS Maternal Education Session

PRIORITY GROUPS

The TIS Programme specifically targets priority groups, such as pregnant Aboriginal women, youth and people in remote Aboriginal communities.

Our program delivers education sessions to priority groups using interactive presentations and activities encouraging participation and collaboration from groups guided by feedback and evaluation.

Priority Group Activities

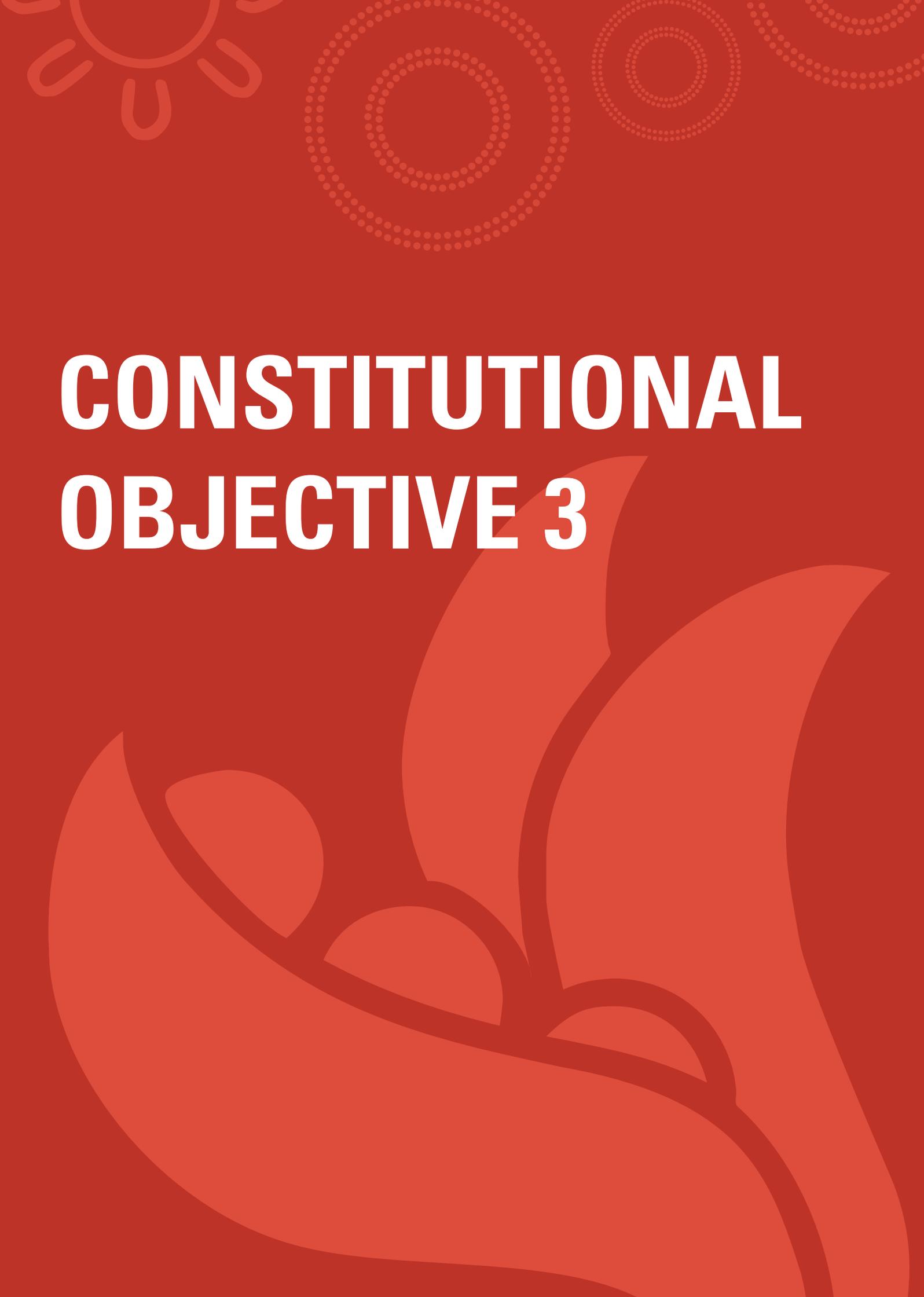


PARTNERSHIPS AND COLLABORATIONS

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

COMMUNICATION

In recent years community engagement was significantly disrupted by COVID-19 lockdowns and restrictions. The TIS Programme focused on its social media platforms to provide education to communities when it was not possible to travel and engage face to face. Through this process we were able to keep a focus on tackling smoking and stayed connected to our communities in new ways, and with increased support, as all of AHCSA’s program areas united to empower our mob to keep safe.



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 the 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 a 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:

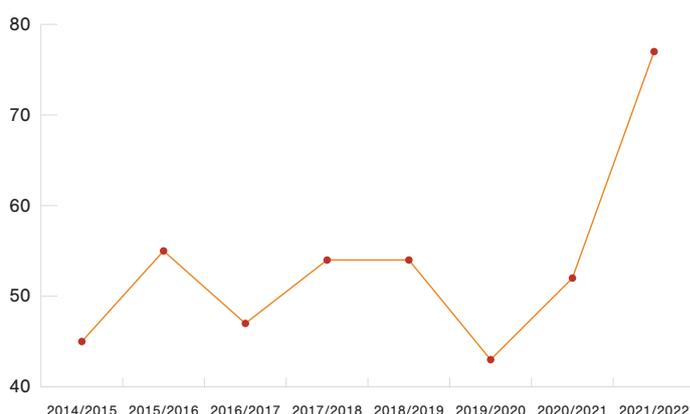
- Pre-submission triage, consultation and advice regarding ethical reviews ahead of submission deadlines
- Coordinating submission deadlines requiring confidential and specialist management of a high volume of correspondence with AHREC
- Convening AHREC meetings
- Executing AHREC’s decisions after each 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 ‘Corka Bubs’ – ACRA Deadly Mums Strong Families study
 - o Mayi Kuwayu National Study – member of Advisory Group
 - o National Indigenous Research Capacity Building Network
 - o Other ad hoc attendance at various meetings
- Ongoing monitoring and reporting activities
- Ongoing coordination of AHREC’s membership including the recruitment of new members
- Ongoing promotional activities

Applications submitted in 2021-2022

In addition to proposals that were awaiting decision or researchers’ response to concerns raised, a total of 77 new research proposals were submitted to AHREC this financial year, which represents a record number of applications in one financial year - a 48% increase compared to 52 applications in 2020-2021.



The most commonly queried issues in applications continued to include:

- Aboriginal governance and ownership, ensuring Aboriginal control and lens is incorporated in the entire spectrum of research activities from design, data collection, analysis to knowledge translation
- Cultural and linguistic considerations
- Study methodology vs goals
- Scope creep and feasibilities
- Recruitment
- Analysis and knowledge translation
- Free, prior and informed consent (FPIC)
- Waiver of consent
- Confidentiality, anonymity and the Privacy Act
- Data management and sovereignty
- Distress protocol
- Clarity and cultural safety of study tools
- 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

The 77 new proposals submitted to AHREC in 2021-2022 related to a wide range of health topics which significantly impact on Aboriginal health and wellbeing. With varied research methods, goals and target groups these included, but were not limited to:

- National health measures survey
- Experiences of Aboriginal staff in universities
- Human Papilloma Virus
- Dental care
- Nutrition and dietetics research
- Liver cancer
- Domestic and family violence
- Patient reported experience measures
- Mental health
- Glycaemic variability
- Smoking cessation
- Home care packages for the aged
- Methamphetamine
- Kidney care
- Sexual health
- Renal transplant survival
- Child and maternal health

- Ear disease
- End stage kidney disease
- Diabetes-related foot complications
- Health professionals working with LGBTIQ+ youth
- Prevention of risk factors during pregnancy
- HCV point-of-care testing
- Connection through a netball program
- Disability
- Colorectal cancer treatment
- Role of Aboriginal health workers in diabetes care
- Adolescent trauma
- Pandemic health messaging
- Driving under the influence
- HTLV surveillance
- Traumatic brain injury
- Healthy ageing
- Red cell transfusion
- Pancreatitis epidemiology and burden of disease
- Multi-omics investigation of type 2 diabetes
- Palliative care in prisons
- Training pathway of junior doctors

In 2021-2022 AHCSA was successful in winning the prestigious Aboriginal and Torres Strait Islander Studies (AIATSIS) Indigenous Research Exchange Grant for the 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 is a partnership between AHCSA and the Wardliparingga Aboriginal Health Equity Theme at SAHMRI, and aims to inform sector development to achieve equitable outcomes through Aboriginal-identified research priorities and principles that inform the conduct of research. The project was in planning during 2021-2022 and will be implemented in 2022-2023. The key research activities will include:

- o Audit of applications made to AHREC between 2014-2022
- o Survey with the research sector
- o Interviews with ethics committees in SA
- o Workshops with the research sector
- o Roadmap



QUALITY SYSTEMS

PATIENT INFORMATION MANAGEMENT AND HEALTH INFORMATICS

The Patient Information Management Systems Coordinator and Health Informatics Coordinator work collaboratively with Member ACCHSs as well as other AHCSA teams across a range of data-driven activities. With a focus on quality improvement systems, key activities have included:

Member Support

Member services were provided with ongoing support to improve their health information management systems with the aim of improving data entry and data analysis for improved health outcomes.

Key areas of support included:

- Services were supported with upgrading Communicare to version 21.3 which is compatible with Medicare Web Services and PRODA authentication, enabling services to continue to claim Medicare revenue and report to the AIR. Training was also provided alongside this process to upskill staff in the changes made to the system.
- General Communicare training was provided onsite and via MS Teams depending on the situation
- Liaising with Communicare Helpdesk to fast-track issues within member service systems
- Developed several clinical items to enable data entry for new procedures, new projects and funding avenues

The ACCHS Communicare Network

This platform brings together key Communicare and CQI staff across the SA ACCHS sector to discuss a number of Communicare and data-related issues and developments. The Network meets on a quarterly basis and provides Members with:

- Formal avenues for discussing Communicare
- Peer networking platform for sharing issues and ideas
- Open outlet for discussing Communicare-related data and quality improvement activities that are being undertaken by AHCSA with ACCHSs

In May 2022, the team hosted the first ACCHS Communicare Network meeting and so far, Member feedback has been positive. It is anticipated that this Network will also form the basis for development and evaluation of all data-related AHCSA projects into the future.

Medicare and Population Analysis using Power BI

Power BI Models is an interactive data visualisation tool that interfaces with data collected from Communicare. The Public Health and Primary Health Care Team have developed the following two Models to support Members across a range of program areas:

- Primary Health and Chronic Disease Management: provides comprehensive access to demographic information, chronic disease, ear, eye, child and maternal, and sexual health program data
- Medicare Analysis: presents claiming activity per financial year. Medicare billable items include health checks, GPMPs and TCAs and a number of follow-up items.

In collaboration with the Clinical Systems Improvement Coordinator, we have been supporting a number of Member Services to collect, review and analyse their health data. It is anticipated that this program will inform a number of activities, including project planning and evaluation, client pathway review and supporting data literacy.

The team plans to expand on these two Models over the coming 12 months to include other important health areas, such as cancer screening, AOD and hepatitis care.

Digital Health

The Digital Health program has supported a range of initiatives for ACCHS, including developing service plans covering NASH PKI and Site Certificates, My Health Record (MHR), PRODA and HPOS, healthcare identifiers, technical support across systems, telehealth, medical devices, ePIP, secure messaging delivery readiness, policy and procedural support. The program provides digital health leadership and advocacy to ensure Members' voices and experiences are central to digital health nationally. A major achievement of the program for 2021-2022 was the development of a two-year digital health work plan for the Aboriginal community controlled health sector.

Health Policy and Grants Coordinator

The purpose of this position is to strengthen the focus on health policy and grants and ensure that member Aboriginal Community Controlled Health Services are kept informed about health policy developments and funding opportunities.

The primary aims of the program are to:

- Strengthen the voice of Aboriginal Community Controlled Health Organisations and ensure their concerns and needs are heard
- Ensure that policy and advocacy activity align with Member priorities and needs
- Strengthen Member Aboriginal Community Controlled Health Organisations' ability to identify and access funding opportunities and funded programs

The Health Policy and Grants Coordinator supported members in South Australia with population health grants and policy requirements, ensuring Aboriginal Community Controlled Health Organisations are provided the opportunity to contribute toward policies that achieve better outcomes for Aboriginal and Torres Strait Islander people.

Key activities included:

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

The Health Policy and Grants Coordinator provided support and worked with members and stakeholders on:

- 21 policy submissions and inquiries
- 24 grant opportunities shared with members
- 4 program grant applications supported and submitted by member services

General Practice Supervisor Program

The GP Supervisor for Aboriginal Health provided direct clinical services to five rural and remote clinics and supervised six GP Registrars across eight locations in the 2021-2022 reporting period. Face to face visits continued throughout the COVID-19 pandemic, involving considerable extra travel. Roving registrar visits were re-established to Pika Wiya and commenced at Yadu. The position also provided AHPRA supervision for an IMG in Ceduna and supervision/mentoring for their ACRRM specialist pathway.

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

The program was originally State Government funded but since they withdrew funding it has been partly funded by GPEx and NACCHO on a tentative annual basis. There will be challenges in the coming years as the General Practice Colleges take over GP training.

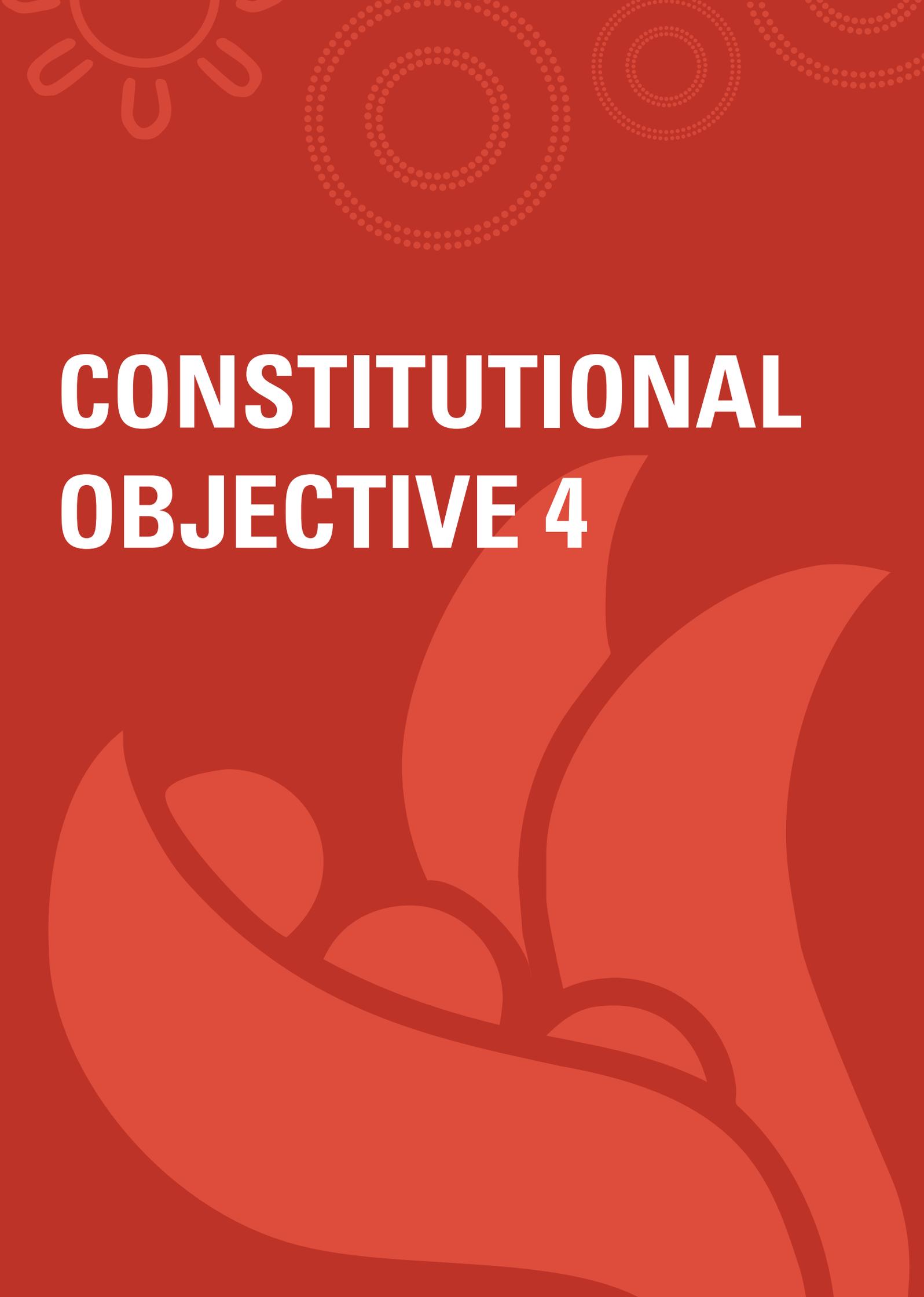
Data Snapshot

GP Workforce

- Additional six GP registrars residing or visiting eight rural ACCHS, plus GP Supervisor providing over 700 GP service days for reporting period
- GP Management Plans and Aboriginal Health Checks continue to be performed at increasing rates across all sites involved in the program
- Quality Management of chronic conditions across sites
- Over 90% of patients with diabetes have had an HBA1c performed in previous 12 months

GP Registrar Cultural Awareness Training - 100% of GP registrars in SA undergo a two-day intensive cultural awareness training as part of the program with GPEx.

The annual AHCSA GP Forum returned after missing a year due to COVID-19, attended by over 40 GPs working in Aboriginal health. This is an invaluable, ongoing professional development activity and networking opportunity.



CONSTITUTIONAL OBJECTIVE 4

CHRONIC DISEASE

Provide and deliver chronic disease care services and programs

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

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

Empowerment Process

Ultimately, AHCSA's goal is to do what we can to see our people live longer and happier lives. An important part of this is the establishment of trusted, high-quality and sustainable ACCHSs across all of our Communities, and AHCSA sees it as their role to work towards making this a reality.

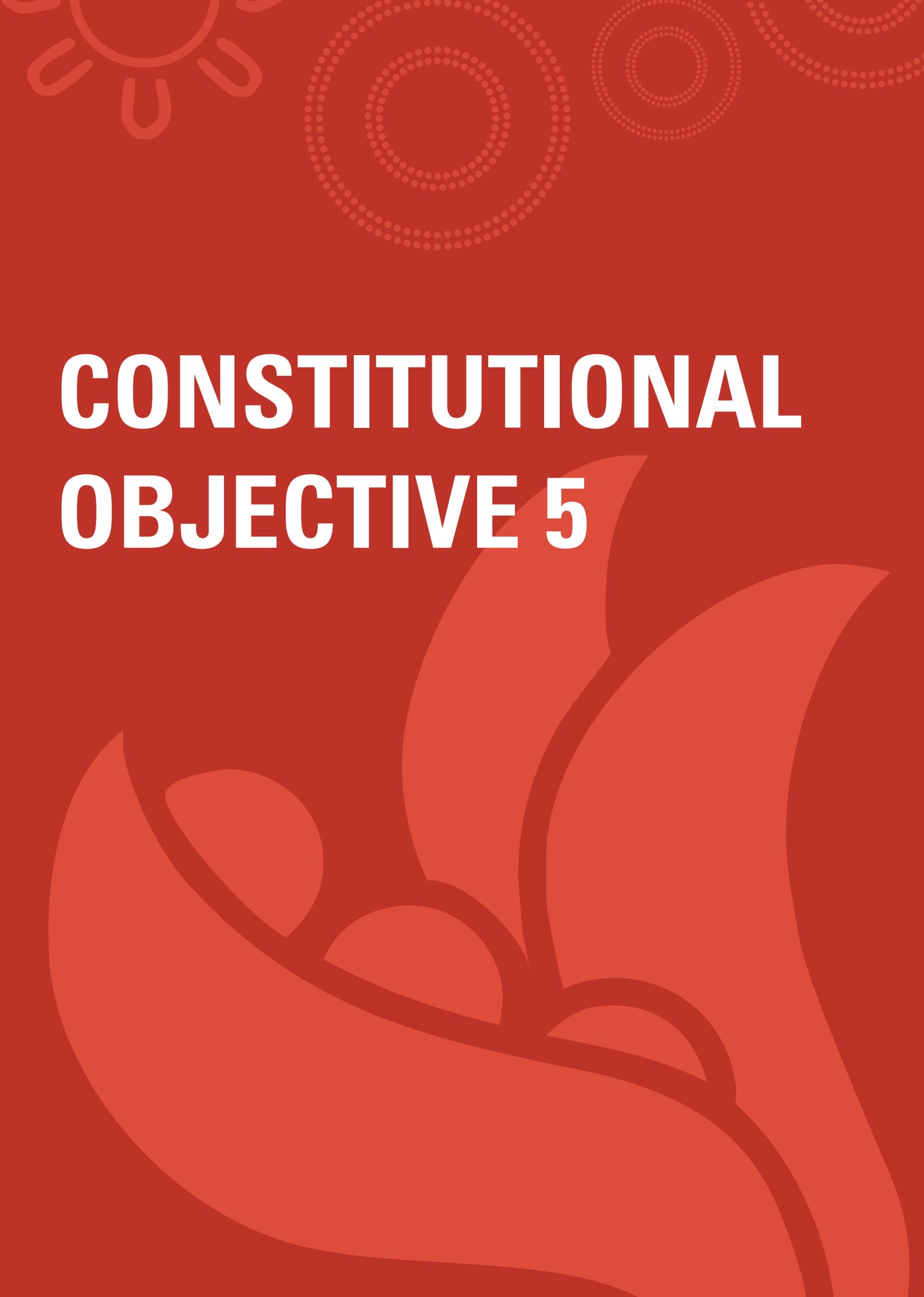
AHCSA endeavours to do this by supporting all Aboriginal Communities, when invited in to do so, and as the need arises. Through a process of empowerment, AHCSA will strive for the longer-term goal to build local, Aboriginal-led health services.

Key Directions

Over the next five years, AHCSA has set the following goals for this new Constitutional Objective:

- Contribute to closing the life expectancy gap for Aboriginal people in South Australia through comprehensive primary health care delivery
- Enable Aboriginal people and Communities to access comprehensive health care services where an immediate or specialised need is locally identified, including managing demand for services
- Develop a Pathway to Aboriginal Community Control strategy to establish further Aboriginal Community Controlled Health Services in South Australia
- Support workforce gaps where it is locally required by deploying support staff to manage leave or as recruitment processes are being implemented
- Advocate for specialised equipment for ACCHSs with appropriate support and training





CONSTITUTIONAL OBJECTIVE 5

EDUCATION, TRAINING AND WORKFORCE

REGISTERED TRAINING ORGANISATION (RTO)

The RTO provides accredited and non-accredited training and development opportunities to the Aboriginal health sector, with a key priority of training of Aboriginal Health Workers and Aboriginal Health Practitioners. The vision of the RTO is to provide training and professional development in a community space that is welcoming and reflects and centres Aboriginal culture.

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



Alfie Gollan and Hayley Johncock

AHCSA and Industry Support

The RTO continued to engage with industry stakeholders and programs both inside and outside of the organisation throughout 2021-2022. Education delivery was provided to RTO students by AHCSA’s Eye Health and Trachoma Elimination, Ear Health and Sexual Health programs. The RTO engaged with a variety of external partners who contribute their knowledge of health issues, including the following:

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

Training Programs

The RTO continued to provide nationally accredited training over the last twelve months in the following qualifications and skill sets:

- HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (“Certificate III”)
- HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (“Certificate IV Practice”)

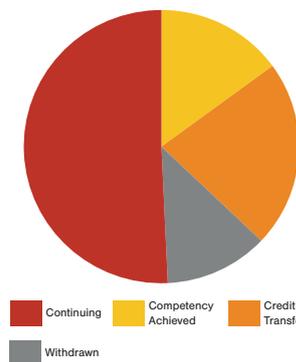
Year in numbers

88 Active Students during reporting period

- 13 Course Completions
- 45 Continuing Students
- 30 New Students Commenced
- 81 Units of Competency Achieved

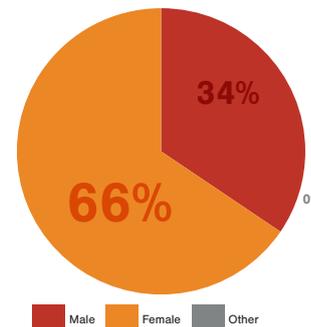
Unit of Competency Outcomes

2021-22



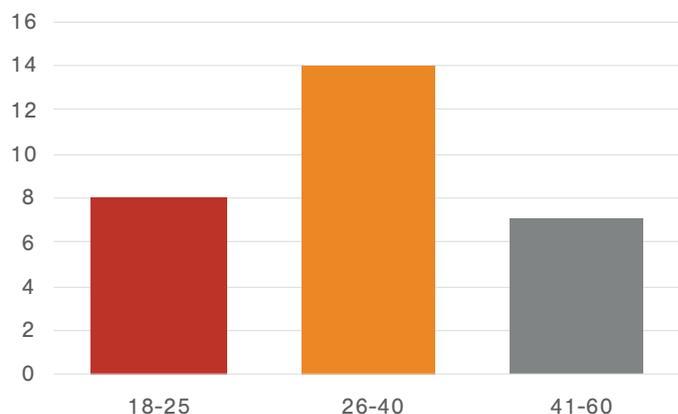
New Enrolments by Gender

2021-22



New Enrolments by Age Group

2021-22



WORKFORCE

AHCSA and Rural Doctors Workforce Agency (RDWA) have formed a partnership focussed on understanding the current and future needs of the Aboriginal Health Workforce. The partnership is a commitment to the long-term opportunities, capabilities and sustainability of the workforce into the future.

The project has delivered a Health Workforce Needs Analysis which included recommendations for future workforce development of the Aboriginal Community Controlled Health Sector in South Australia.

This report outlined the current workforce structures, the future service needs and identified areas for growth. In 2022-2023 AHCSA will initiate the development of a five-year workforce plan with each ACCHO, based on the findings and initial discussions from this past year.

In June 2022 the Aboriginal Health Workforce Coordinator (Trent Wingard) and the RTO Manager (Annie-Rose Thurnwald) developed and facilitated the “Building and Sustaining a Healthy + Empowered ACCHO Leadership Workforce” workshop. The workshop was off-site at the Living Kurna Centre, Warriparinga. The aim of the workshop was to give CEOs of ACCHOs an opportunity to shine a light on the key workforce challenges the ACCHS are facing and how AHCSA can support them going forward. There was a particular focus on how AHCSA and the ACCHS together can build sustainable Aboriginal leadership structures for our sector. Too often the CEO workforce is overlooked and it is vital to the sector.

The Aboriginal Health Workforce Coordinator is also facilitating six Aboriginal Health Career Expos across communities in South Australia, with the first one being hosted in Berri (Riverland) in November 2022. The Careers Expo will provide the opportunity to demonstrate the wide range of health careers to Aboriginal students and families in local communities and promote the health industry as a prospective career pathway option.

This work is being led by Trent Wingard, Aboriginal Health Workforce Coordinator.

RURAL ABORIGINAL HEALTH WORKER PROGRAMME

The Rural Aboriginal Health Worker Programme continued in its role of supporting the delivery of primary health in regional areas. AHCSA monitored and managed the funds associated with this program.

Funding Support

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

AHWs EMPLOYED

Nunyara Aboriginal Health Service - 2

Pangula Mannamurna Aboriginal Corporation - 1



FINANCIAL SUMMARY

Statement of Surplus or Deficit and Other Comprehensive Income for the Year Ended 30 June 2022

	2022	2021
REVENUE		
Grant revenue	\$10,193,921	\$9,995,334
Other revenues	\$318,075	\$399,430
TOTAL REVENUE	\$10,511,996	\$10,394,764
EXPENSES		
Employee benefits expenses	\$5,330,244	\$5,144,791
Goods and services expenses	\$2,520,764	\$2,612,099
Finance costs	\$8,001	\$77,381
Depreciation expenses	\$126,898	\$118,352
Amortisation on intangibles	\$93,881	\$125,731
TOTAL EXPENSES	\$8,079,788	\$8,078,354
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD	\$2,432,208	\$2,316,410

Statement of Financial Position for the Year Ended 30 June 2022

	2022	2021
ASSETS		
Cash & Cash equivalents	\$3,994,198	\$1,880,157
Property, plant and equipment	\$11,265,119	\$7,418,291
Trade and other receivables	\$30,369	\$397,795
Other assets	\$94,618	\$183,660
TOTAL ASSETS	\$15,384,304	\$9,879,903
LIABILITIES		
Borrowings	\$-	\$5,278
Employee benefits	\$639,241	\$685,807
Trade and other payables	\$511,444	\$492,238
Other liabilities	\$1,634,072	\$2,377,762
TOTAL LIABILITIES	\$2,784,757	\$3,561,085
NET ASSETS	\$12,599,547	\$6,318,818
EQUITY		
Asset revaluation	\$5,471,831	\$1,623,312
Retained funds	\$7,127,716	\$4,695,507
TOTAL EQUITY	\$12,599,547	\$6,318,819

DIRECTORS' REPORT

AHCSA Board of Directors submit the financial summary of the Aboriginal Health Council of South Australia Limited for the period 1 July 2021 to 30 June 2022.

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 2021 to 30 November 2021:

Polly Sumner-Dodd (Chairperson)

Independent Chair

Vicki Holmes (Deputy Chairperson)

Nunukuwarrin Yunti of SA Inc

Wilhelmine Lieberwirth (Executive Board Director)

Nunuyara Aboriginal Health Service Inc

David Dudley (Secretary)

Port Lincoln Aboriginal Health Service

Jamie Nyangu

Nganampa Health Council

Basil Sumner

Aboriginal Sobriety Group

Roderick Day

Tullawon Health Service

Kristy Richards | Kevina Ware

Yadu Health Aboriginal Corporation

Vacant

Pika Wiya Health Service Aboriginal Corporation

Chris Warrior

Umoona Tjutagku Health Service Aboriginal Corporation

Darryl Cameron (Treasurer to end July 2021) | Valda Rigney

Moorundi Aboriginal Community Controlled Health Service

Hilary Williams

Oak Valley (Maralinga) Aboriginal Corporation

Kenneth Medcraft

Pangula Mannamurna Aboriginal Corporation

From 1 December 2021 to 30 June 2022:

Vicki Holmes (Deputy Chairperson)

Nunukuwarrin Yunti of South Australia Inc

Wilhelmine Lieberwirth (Executive Board Director)

Nunuyara Aboriginal Health Service Inc

David Dudley (Secretary)

Port Lincoln Aboriginal Health Service

Jamie Nyangu

Nganampa Health Council

Basil Sumner

Aboriginal Sobriety Group

Roderick Day

Tullawon Health Service

Kevina Ware | Robert Larking

Yadu Health Aboriginal Corporation

Vacant

Pika Wiya Health Service Aboriginal Corporation

Chris Warrior (Treasurer)

Umoona Tjutagku Health Service Aboriginal Corporation

Valda Rigney

Moorundi Aboriginal Community Controlled Health Service

Kenneth Medcraft

Pangula Mannamurna Aboriginal Corporation

Hilary Williams

Oak Valley (Maralinga) Aboriginal Corporation

DIRECTORS' SUMMARY

Principal Activities

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

Since the review process and reincorporation as an independent community controlled organisation in September 2001, Secretariat positions have risen to 49.

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 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

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 2021-2022 financial year, AHCSA posts a statutory surplus of \$2,432,208 (2021: \$2,316,408) . There were no abnormal items.

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



Polly Sumner-Dodd
Director



Vicki Anne Holmes
Director

Signed at Adelaide, SA this 26th day of October 2022.



AHCSA MEMBERS

DIRECTORY 2021-2022

Aboriginal Community Controlled Health Services

NGANAMPA HEALTH COUNCIL

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

Postal

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Alice Springs NT 0871
www.nganampahealth.com.au

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Fax 08 8223 0949

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Hutt Street Adelaide SA 5000
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Fax 08 8724 7378

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Mount Gambier SA 5290
www.pangula.org.au

YADU HEALTH ABORIGINAL CORPORATION

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Fax 08 8626 2530

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PO Box 314
Ceduna SA 5690
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

OAK VALLEY (MARALINGA) ABORIGINAL CORPORATION

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

NUNYARA ABORIGINAL HEALTH SERVICE

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

Postal

PO Box 2253
Whyalla Norrie SA 5608
www.nunyara.org.au

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





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