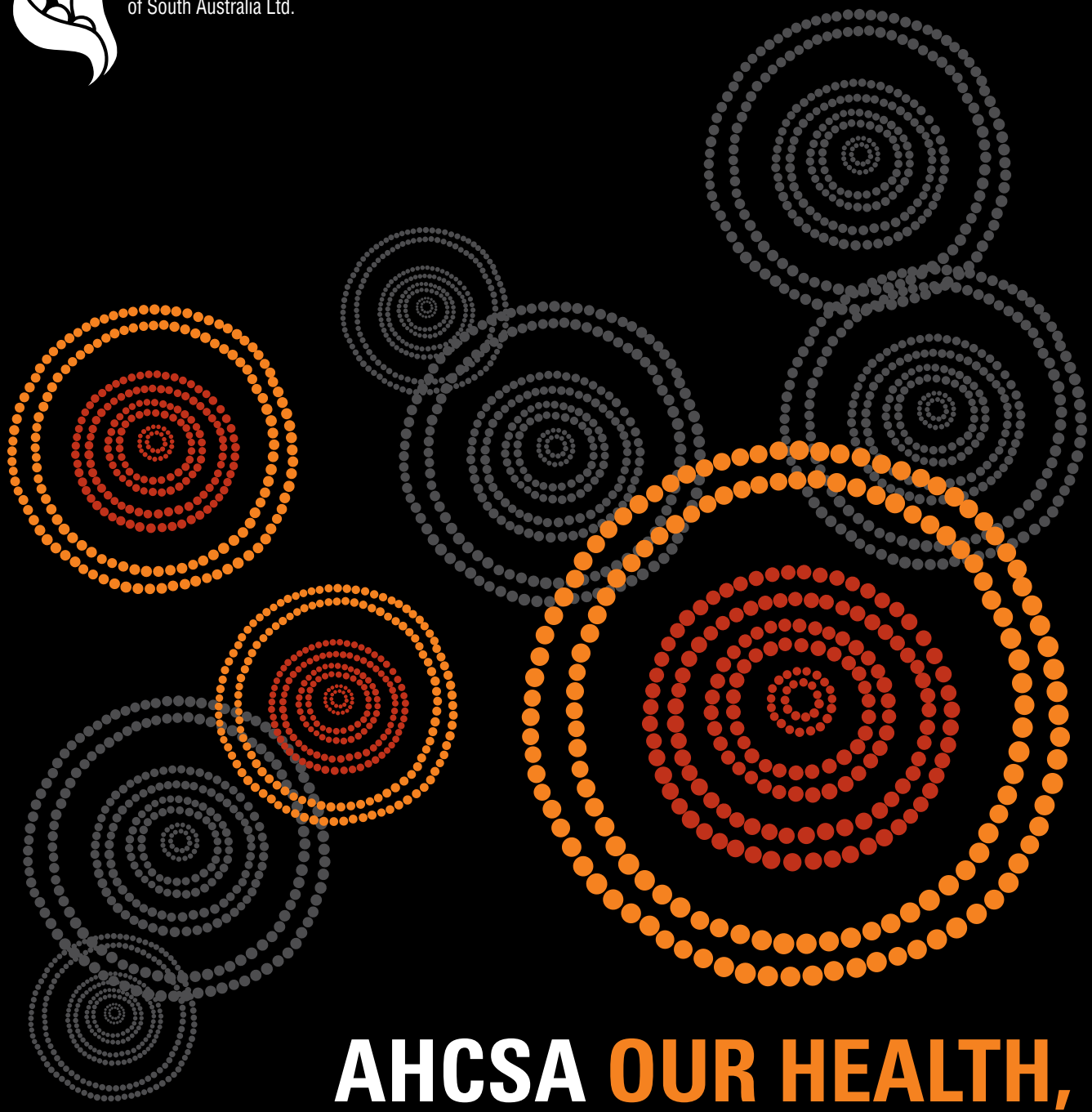
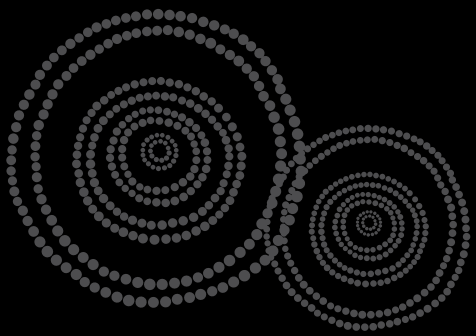
Aboriginal Health Council
of South Australia Ltd.



AHCSA OUR HEALTH, OUR CHOICE, OUR WAY

ANNUAL REPORT 2018-2019



OUR MEMBERS

Aboriginal Health Council of South Australia Ltd.

Key

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

ANNUAL REPORT CONTENTS 2018-2019

PROGRAM REPORTS

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

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 38 year history includes:

1981 Incorporated health unit under the South Australian Health Commission Act.

1999 Commissioned a review that recommended reincorporation under the Associations Incorporation Act, SA 1985, to increase effectiveness and representation.

2001 Reincorporated in October as an Aboriginal community controlled organisation, governed by a Board of Directors whose members represent Aboriginal Community Controlled Health and Substance Misuse Services and Aboriginal Health Advisory Committees/Groups (AHACs/AHAGs) throughout South Australia.

2011 AHCSA celebrated its 10th anniversary as an independent Aboriginal Community Controlled Health Organisation.

2014 AHCSA Inc. purchases land and building at 220 Franklin Street, Adelaide, South Australia.

2015 AHCSA Inc. submits an application for exemption to incorporate under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 with the Minister for Indigenous Affairs, the Honourable Nigel Scullion.

2016 Exemption is granted in February, and paperwork is completed for AHCSA to incorporate under the Australian Securities and Investments Commission (ASIC). AHCSA's Board of Directors updated its Constitution to meet ASIC requirements. In August, a Special General Meeting was held with AHCSA Members to endorse the revised Constitution for AHCSA Limited. Paperwork was submitted to ASIC to register as a company.

2017 In January, the Aboriginal Health Council of South Australia Incorporated became the Aboriginal Health Council of South Australia Limited. As such, it became a registered company under the Corporations Act 2001 and is a company limited by guarantee. This is an exciting new phase for the Aboriginal Health Organisation and we work towards becoming a sustainable organisation for Aboriginal people across South Australia into the future.

AHCSA MEMBERS

Aboriginal Health Council of South Australia Ltd.

PIKA WIYA HEALTH SERVICE ABORIGINAL CORPORATION

Established as Pika Wiya Health Services Inc. in the early 1970s to provide a medical service to the Aboriginal population in Port Augusta and Davenport, the organisation was incorporated in 1984 under the SA Health Commission (now Country Health SA Local Health Network Inc.). On 1 July 2011, the service transitioned to Aboriginal community control under the CATSI Act.

Now known as Pika Wiya Health Service Aboriginal Corporation, the organisation operates from premises in Port Augusta and also has clinics at Davenport, Copley and Nepabunna communities as well as provides services to the communities of Quorn, Hawker, Marree, Lyndhurst and Beltana.

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, which is home to almost 3,000 residents. The Anangu culture is still strong, and Pitjantjatjara/Yankunytjatjara is the first language. NHC programs include aged care, sexual health, environmental health (UPK), dental, women's health, male health, children's health, immunisation, eye health and mental health.

They have a national reputation for best practice clinical services, collaborative program research and development, and 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%. Completed health checks have increased from 84 in 2003/04 to over 1,400 in 2016/17. Antenatal visits in the first trimester have increased by 50% since 1992. Publication of the internationally recognized UPK report in 1987 and 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, which leads to 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 60,000 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 admin offices at Umuwa and Alice Springs.

PORT LINCOLN ABORIGINAL HEALTH SERVICE INC.

The Aboriginal community was integral to the establishment of the Port Lincoln Aboriginal Health Service (PLAHS). It developed as a result of Reports and Submissions put to the Commonwealth and State Governments from the mid 1980's onwards. In May 1992, Paul Ashe was appointed Health Service Co-ordinator 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, and Iris Burgoyne was elected as the Inaugural Chairperson. 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 programme 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 and equity issues raised by the Community in 1996, and the overall appalling state of health in the broader Aboriginal Community, were the conduit to the establishment of 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 service providers visited Nunyara did not meet Community expectations or deliver improved health outcomes.

After the granting of Commonwealth Healthy for Life funding in 2008, Nunyara was able to independently deliver comprehensive primary health care to the Community. By 2012, Nunyara transitioned to full Aboriginal Community Control and became Nunyara Aboriginal Health Service Inc. Today Nunyara delivers services to over 1,100 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 importance of the two principles remaining in the Constitution.

UMOONA TJUTAGKU HEALTH SERVICE ABORIGINAL CORPORATION

Umoona Tjutagku Health Service Aboriginal Corporation (UTHSAC) provides primary health care services to Aboriginal people in and around Coober Pedy and also auspices the Dunjiba Substance Misuse Program in Oodnadatta. Established in 2005, UTHSAC has expanded steadily over the past 10 years to provide a comprehensive range of high quality services including medical, dental and social services for the community as well as an increasing number of transient clients.

OAK VALLEY HEALTH SERVICE

Oak Valley Health Service was established in 1985 as a community outstation for Anangu people displaced from the Maralinga Lands for the British atomic tests. Oak Valley (Maralinga) Inc. managed the establishment of the community including housing, roads and other infrastructure. Now serviced with a store, mechanics garage, health clinic, aged care centre, a new school and an airstrip, a CDEP program and arts workshop is also available.

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

PANGULA MANNAMURNA ABORIGINAL CORPORATION

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

ABORIGINAL SOBRIETY GROUP INDIGENOUS CORPORATION

The Aboriginal Sobriety Group Indigenous Corporation (ASG) has been operating since 1973, as a voluntary self-help group for people wanting to regain their sobriety. ASG provides complete alcohol and drug substance misuse recovery pathway. This includes Crisis Intervention with a Mobile Assistance Patrol. The Substance Misuse Team establishes individual's needs and provides referrals for rehabilitation and health. Rehabilitation (Monarto) provides a holistic program for men at Lakalinjeri Tumbetin Waal (LTW), and Leila Rankine House of Hope for women, and The Homelessness Program (Woodville Gardens) is at Cyril Lindsay House for men and Annie Koolmatrie House for women. The Disability Program (Ottoway) is at Arkaringa House for women.

ASG is also based at Berri, which also include a Mobile Assistance Patrol, Substance Misuse Team, Social and Emotional Well Being and Mental Health Support Team. Their purpose is to provide holistic healing pathways away from grief, loss, trauma, and abusive lives. Their values include practicing Aboriginal culture, custom, tradition, and spirituality for a sober and healthy lifestyle.

CEDUNA KOONIBBA ABORIGINAL HEALTH SERVICE ABORIGINAL CORPORATION

First established as the Ceduna Koonibba Aboriginal Health Service, the organisation was designed to meet the health needs of Aboriginal people within the Ceduna district of South Australia including Scotdesco, Koonibba, Tia Tuckia, Munda and Wanna Mar homelands.

Incorporated in 1986 under the SAHC Act, on 1 July 2011 the organisation transitioned from the SA Government to Aboriginal community control and became known as Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation.

MOORUNDI ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICE INC.

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

In Ngarrindjeri, the word 'Moorundi' means river and refers directly to the 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.

CHAIRPERSON'S REPORT 2018-2019

Welcome to our 2018-2019 Annual Report. It has been a whirlwind 12 months with many exciting and rewarding achievements by both the AHCSA Board and Secretariat.

In July 2018, we held our first NAIDOC Open Day Shed Party in the AHCSA car park. Many people attended, including the Minister for Health and Wellbeing the Hon Stephen Wade. It was amazing to see the car park transformed into a fun community hub, filled with soft furnishings, party lights, a stage and live music. It was a welcoming family gathering.

Thank you to AHCSA staff who planned the event and made the day possible, and to the wonderful sponsors: Bunnings, the Primary Health Networks, CoLLECT Design, the Rural Doctors Workforce Agency, and the Department of Prime Minister and Cabinet. We have a lot to live up to for our next NAIDOC Open Day.

Along with other Directors and AHCSA staff, I had the opportunity to attend our peak body conference with the National Aboriginal Community Controlled Health Organisation (NACCHO), held in Brisbane in November last year. The theme for the conference was Investing in What Works, which saw many inspirational speakers from the Aboriginal Community Controlled Health Sector, including Dr Paul Torzillo, who presented the Housing for Health initiative at the Nganampa Health Council through their UPK Environmental Health Program. There were many such speakers over the two days, ending on the third day with the NACCHO Annual General Meeting. Prior to the NACCHO AGM, the Youth Conference was held. AHCSA looks forward to attending the 2019 conference in Darwin: Because of Them, We Must! Improving health outcomes for 0-to-29-year-olds.

Completed during this reporting period, we were fortunate to receive funding through the Lowitja Institute for three projects, including the Aboriginal Gender Study. This involved AHCSA being a part of the Advisory Group, which was very rewarding. Particularly since we were able to provide support from beginning to end.

The team has done amazing work, which involved them meeting with key people in a number of communities to gather information on what is an under-researched area of Aboriginal health. The study presented great outcomes, which was documented in a Final Report, as well as in a Community Report. Thank you to all who have been involved, to the research team and to all community participants.

In December 2018, I felt very privileged to attend the AHCSA Registered Training Organisation (RTO) Graduation. That night also marked 35 years since the first Aboriginal Health Worker graduation in 1983, through our predecessor, the Aboriginal Health Organisation. It was amazing to see the level of professionalism within this important industry and how AHCSA has played such an integral role in elevating the level of training since we became an RTO in 2005. Congratulations again to the students and staff in the Education, Training and Workforce team for this achievement.

The Board has been working very hard over the past 12 months to develop the new *AHCSA Strategic Direction 2019-2024*, holding several workshops throughout this time to plan for the future and reflect on our last Strategic Direction document. Our five Constitutional Objectives form the foundation of our organisation and play a major role in how we direct the business of AHCSA. This foundation continues to provide stability for our new document, *Strategic Direction 2019-2024*, with the addition of our new Constitutional Objective 4: Provide and deliver chronic disease care services and programs. This important document was launched in March 2019, with the commissioned cover artwork created by renowned Aboriginal artist Anna Dowling, hanging proudly in our building for all to see.

As the Closing The Gap refresh occurs at national level, I have attended meetings of the newly formed South Australian Aboriginal

Community Control Organisations Network (SAACCON), which is the South Australian peak body through which the Coalition of Peaks will share and seek information under a Closing the Gap Partnership Agreement.

The Coalition of Peaks is made up of nearly 40 members of national, state and territory Aboriginal and Torres Strait Islander peak bodies within various sectors across the country. It has come together to be a formal partner with the Council of Australian Governments (COAG) in the next phase of Closing the Gap. The way we work together is set out in the Partnership Agreement on Closing the Gap (Partnership Agreement) of March 2019. The new National Agreement will set out how governments and the Coalition of Peaks will work together over the next 10 years to improve the lives of Aboriginal and Torres Strait Islander people across Australia.

Here in South Australia, meetings on the new National Agreement will be held across the state. South Australia, through the Aboriginal Legal Rights Movement, is the lead convener of these meetings and is the Coalition of Peaks representative on Joint Council for Closing the Gap. The CEO and I represent AHCSA on this body and an invitation has been extended to all of the AHCSA Members and other Aboriginal peaks across South Australia to become involved.

The AHCSA Secretariat has had an extremely busy year supporting our Members and representing AHCSA at a state and national level. On behalf of the Board of Directors I would like to express our gratitude and appreciation for your continued hard work and dedication to AHCSA. There are many exciting projects scheduled for the upcoming financial year and we look forward to hearing the updates at our next Board meeting.

Thank you once again to our funders: SA Health; the Drug and Alcohol Services of South Australia; Department of Health; the Lowitja Institute; University of Sydney; the Brien Holden Institute; the Rural Doctors Workforce Agency; and the Department of Prime Minister and Cabinet.

Finally, to our Board of Directors, I extend a big and heartfelt thank you for your participation, input and guidance. To our Chief Executive Officer, Team Leaders, and AHCSA staff, without whose contribution, valuable input and facilitation would make the operational success of our organisation impossible and unachievable, thank you for all that you do.

Polly Sumner-Dodd
Chairperson

CHIEF EXECUTIVE OFFICER'S REPORT 2018-2019

We have once again experienced a very busy, challenging and rewarding year. I would firstly like to acknowledge our staff who have continued in their commitment to our Members through many and varied programs and support mechanisms. I would also like to thank AHCSA's Board for their on-going guidance, direction and support.

Being the peak body for Aboriginal health in South Australia, AHCSA as an organisation has participated in a wide range of meetings, forums and conferences to provide input and advocate on behalf of our Members and Aboriginal communities. This has included strongly advocating on a number of key legislative matters, including the Controlled Substances (Youth Treatment Orders) Amendment Bill 2018 and Health Practitioner Regulation National Law South Australia Remote Area Attendance (Gayle's Law).

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

Over the last twelve months, the AHCSA Board and staff have been developing our strategic direction for the next five years. I would like to thank the Board for their commitment and contribution to this important document, which will guide the work of AHCSA over the next five years.

Our *AHCSA Strategic Direction 2019-2024* was launched in March this year and this resource can be found on AHCSA's website. We look forward to working with our Members on implementing new initiatives as part of our Strategic Direction, including eight key strategies that will support AHCSA's Organisation Plan, Community Engagement Plan and Partnership Plan. We will ensure that the outcomes of our key strategies and initiatives are shared with our stakeholders via future AHCSA publications.

In December 2018, we celebrated the graduation of over 50 students, through our Registered Training Organisation, with a range of qualifications. This was coupled with an AHCSA Health Awards ceremony. Both the students and the health award winners should be very proud of their achievements and the contribution they have already made and will continue to make in Aboriginal health.

Our research programs and partnerships have expanded in recent years and it is pleasing that Aboriginal research is being driven, owned and lead by Aboriginal researchers and the Aboriginal community, for the benefit of the Aboriginal community. We look forward to continuing to strongly contribute to this key area of Aboriginal health.

AHCSA recently went through our Quality Innovation Performance Ltd (QIP) Accreditation process against the QIC Health and Community Services Standards 7th Edition and we would like to thank our Member representatives, key stakeholders and all staff who contributed to the audit process. Your participation and input is greatly valued.

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 2018-2019 financial year. I would like to sincerely thank the AHCSA Board, staff and Members for their continued support and commitment to AHCSA, which ensures that our organisation can continue to fulfil the role of peak body for Aboriginal health in South Australia.

Shane Mohor
Chief Executive Officer


AHCSA as an organisation has participated in a wide range of meetings, forums and conferences to provide input and advocate on behalf of our Members and Aboriginal communities

DEPUTY CHIEF EXECUTIVE OFFICER'S REPORT 2018-2019

The AHCSA Secretariat has been working tirelessly over the past year, continuing to produce high quality work and resources to support our Members and the Sector, as well as continuing to provide training, advice and visits to the communities for capacity-building and hands-on support.

Research continues to be high on AHCSA's agenda and by June this year, we will have four projects coming to an end. The three studies funded by the Lowitja Institute: Aboriginal Gender Study; Strong Dads Strong Futures; and Understanding Stress in the Workforce. The Shedding the Smokes Programme was funded by the Department of Health. All were highly beneficial projects, which involved working with our Members and communities. They also strengthened our partnerships and relationships with the Tullawon Health Service and Umoona Tjutagku Health Service Aboriginal Corporation, the University of Canberra, University of South Australia, Wardliparingga Aboriginal Health Unit, as well as the South Australian Health and Medical Research Institute (SAHMRI).

This year, the Quality Systems team held their first Quality Forum with our Members, which included guests from Aboriginal Health Council of Western Australia (AHCWA) and Victorian Aboriginal Community Controlled Health Organisation (VACCHO). Over the two days, the team showcased what the Sector has been doing with clinical governance, chronic disease systems, My Health Record, accreditation and Communicare. The Forum also showcased case studies from the Members and visitors. It was a huge success, with another Forum planned for 2020. The team engaged a digital storyteller to capture the two days in a visual format and a Case Study Report is amongst the projects the team will be working on later in the year.

I would like to acknowledge the hard work of our Accreditation Working Group through our AHCSA Accreditation and Compliance Officer. All involved have been working tirelessly over the past few years to enable us to meet our accreditation requirements and achieve reaccreditation. Through regular meetings, including separate working group meetings on risk and compliance, and policy development and updates, it has enabled AHCSA to meet all of the accreditation standards, demonstrate best practice and continuous quality improvement.

The Tacking Indigenous Smoking team continues to support our Members who don't receive funding for this Programme, as well as Aboriginal communities in the Riverland, Yorke Peninsula and Oodnadatta. The focus for this financial year has been providing training and awareness for smoking cessation through the health workforce, visits to schools and with existing male/female support groups, community events and planning colour fun runs in communities. The team continues to be very popular and in high demand amongst the community, and in partnership with the Maternal Health Tackling Smoking Program, they are targeting all Aboriginal people from the growth of the baby through to Elder care.

The student graduation in December was definitely a highlight for the year. It was great to witness so many people who we have seen pass through the doors at AHCSA over the years, and who we see out on the ground in the services and in the hospitals, walk on stage to receive their graduation certificates. It was an extravaganza from the minute attendees walked into the room, from the venue, the robes, the family and friends to the entertainment. The Education, Training and Workforce team did an amazing job in planning and facilitating the event.

It was also a tremendous honour to see the graduates from the class of 1983, who were able to attend on the night. This was the first group of graduate Aboriginal Health Workers, who are now strong Aboriginal leaders and Elders in our communities. I would like to acknowledge my Aunty, Olive Glink who was one of these first AHWs who went on to become a Registered Nurse and work at the Pika Wiya Heath Service

for many years until her retirement. We have since lost Aunty Ollie, however, many people in Port Augusta remember and validate the work she did throughout her life, as well as others from this first group of Aboriginal Heath Workers, who have since passed.

The Public Health and Primary Health Care team continues to provide support to the Services from the Ear, Eye and Trachoma Programs to the Sexual Health and Blood Borne Virus Programs. Building the capacity of the health services to enable them to deliver comprehensive primary health care as well as the connection to allied health and key stakeholders has always been a high priority for the team.

The Sexual Health team continued to support our Members with education and training, and a sexually transmitted infection screening period. This year included the introduction of the enhanced syphilis outreach program, providing support across key regions, as well as liaising with the Kirby Institute with point-of-care machine testing and training.

The Blood Borne Virus Program Coordinator has been working with Members and the Patient Information Management Systems (PIMS) Officer on a viral hepatitis continuous quality improvement project. This supports services with screening and management of viral hepatitis through strengthening patient information management systems, and the undertaking of clinical audits. While this has been gruelling work, the results and improvements will be very rewarding for the health services and the Program, as well as the receivers of the Program – the community.

Thanks to all of our partners, key stakeholders and funders for your on-going support, which enables us to do the work we do.

Finally, thank you to the AHCSA Board of Directors, staff and Members for your continued commitment to AHCSA and the work we do as a collective. I look forward to working with you all over the next financial year. We exist to support our Members and Aboriginal communities across the state, because at AHCSA, we are our Members.

Amanda Mitchell
Deputy Chief Executive Officer

STRATEGIC DIRECTION
OFFICIAL LAUNCH

In March this year, our Board of Directors launched the *AHCSA Strategic Direction 2019-2024*. After a number of workshops undertaken from March 2018 through to this financial year, the Board were very happy to share the final document with AHCSA staff, Members, key partners and stakeholders.

The *AHCSA Strategic Direction 2019-2024* builds on the themes of the previous Strategic Direction document, maintaining the AHCSA Constitution as the foundation of the organisation. The new document now includes an updated Constitutional Objective from the Constitution revised in 2017: 'Provide and deliver chronic disease care services and programs'. This becomes the fourth Constitutional Objective, with: 'Contribute to the development of a well-qualified, and trained Aboriginal health sector workforce', becoming the fifth.

Our Consultant, Dana Shen guided the Board, CEO and senior staff to update and develop the 23 key directions that will drive the action of the five Constitutional Objectives. A new initiative for the organisation to progress the strategic direction, will be the development and implementation of The AHCSA Organisational Plan, with the support and direction of The AHCSA Community Engagement Plan and The AHCSA Partnership Plan.

The eight mechanisms for change strategies to support the implementation of this work are as follows:

1. The AHCSA Research Strategy
2. The AHCSA Pathway to Aboriginal Community Control Strategy
3. The AHCSA Education Hub Strategy
4. The AHCSA Communication Strategy
5. The AHCSA Workforce Strategy
6. The AHCSA Business Development and Wealth Creation Strategy
7. The AHCSA Youth Strategy
8. The AHCSA Health Leadership Strategy

We commissioned artist Anna Dowling to produce an artwork that would reflect the vision of the Board and AHCSA that would sit proudly on the front cover. Anna produced the beautiful red gum tree 'ink on paper' that adorns the front cover, with the original illustration hanging proudly in our building. Thank you to Anna for capturing the essence of AHCSA in your beautiful artwork.

Thank you to CoLLECT Design for shaping the artwork, the words and vision into this unique document. We look forward to working with you to develop the eight mechanisms for change strategies and three key plans mentioned above.

AHCSA exists to support our Members and Aboriginal communities across the State. Together, we aim to be the 'difference makers'. We are one and the same. AHCSA is its Members and we have high aspirations for our Communities as outlined in this document.

'AHCSA has great ambitions for our Community and we will aim high in order to achieve these through working to improve the health of Aboriginal people holistically.'

***AHCSA Strategic Direction 2019-2024*. 2019**

AHCSA 2018 NAIDOC OPEN DAY SHED PARTY

The NAIDOC Open Day was themed 'Because of Her We Can'. We wanted to do something different and exciting, so we held a Shed Party in our Franklin Street car park.

The space was transformed from a concrete shell, to a cosy carnival with rugs, lights, live music, face painting, basket weaving, artists in residence, stalls, show bags and mini health checks on offer in our clinical rooms.

The festivities kicked off with a Welcome to Country by Uncle Lewis O'Brien, who shared with us a story about a very special Aunty in his life and reflected on how important she had been to him and his family throughout their lives. Thank you, Uncle Lewis.

AHCSA Chairperson, Aunty Polly Sumner-Dodd welcomed everyone to our special day of celebration and acknowledgement to all of the special women in our lives. She especially acknowledged the contribution they have made to our communities and our families. Those who have enabled us to grow, learn and become the people we are today.

Aunty Polly also delivered a special tribute to our former CEO, Mrs Mary Buckskin, honouring her work and dedication to AHCSA and her commitment to achieving what we have to date – 'Because of Her We Can'.

We were fortunate to have Natasha Wanganeen as our MC, and as always, Natasha brought fun and laughter to the occasion, as she introduced and thanked all of our musicians, guests and contributors throughout the day. Minister for Health and Wellbeing Hon. Stephen Wade was able to attend and visited the clinic rooms to have a mini health check with our Aboriginal Health Practitioner students, which was a highlight for them. It was great to see the Minister participate in our event, meeting with staff, students and community members.

Our line-up of musicians included Eddie Peters, Katie Aspel, Ellie Lovegrove, and Corey and Gemma. In between the music, face painting and basket weaving, staff and guests were able to enjoy a beautiful hot roast from the team at Texas Bull Machine, with take home packs available for our community members attending.

Thank you to Aunty Janice Rigney and the Southern Elders Weaving Group and Audrey Brumby for your attendance and sharing your weaving and painting experiences with us all.

A huge thank you to our event sponsors who made the day possible:

- Department of Prime Minister and Cabinet
- Rural Doctors Workforce Agency
- Adelaide Primary Health Network
- Country SA Primary Health Network
- CoLLECT Design
- Commonwealth Bank of Australia
- Bunnings Warehouse

Thank you to all of the AHCSA staff for their contribution over months of planning, through to support leading up to the event and of course for their attendance on the day. It is your teamwork, dedication and pride in AHCSA that makes these events a worthwhile and wonderful experience.

AHCSA STRATEGIC DIRECTIONS 2018-2019

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

OUR VISION

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

OUR MISSION

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

- Community participation
- Community ownership
- Community empowerment

OUR VALUES

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

- Cultural diversity
- Community history and knowledge
- Community strength

AHCSA'S CONSTITUTIONAL OBJECTIVES

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

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

1. Operate as the peak body for Aboriginal health in South Australia, including by:
   i. Being the peak organisation consulted by Governments in relation to issues of Aboriginal Health;
   ii. Providing leadership in the development of policy affecting Aboriginal Communities and their health needs;
   iii. Advocating on behalf of Members and those Communities without representation;
   iv. Providing regulatory assistance and enforcement for Members; and
   v. Developing leadership within the South Australian Aboriginal Community, including developing youth leaders;
2. Provide support to Members to improve health outcomes for all Aboriginal people of South Australia, promoting and advancing the Community's commitment to physical, social and emotional wellbeing and quality of life;
3. Provide support to Members to build their capacity to create a strong and enduring Aboriginal Community Controlled Health Sector and contribute to improving the capacity of mainstream health services to respond appropriately to the health needs of the Aboriginal Community within South Australia;
4. Provide and deliver chronic disease care services and programs; and
5. Contribute to the development of a well qualified, and trained Aboriginal health sector workforce.

For tens of thousands of years, the Red Gum has provided physical and spiritual sustenance to Aboriginal people. We see this tree as a representation of AHCSA, and everything that we stand for

ORGANISATIONAL STRUCTURE 2018-2019

AHCSA BOARD OF DIRECTORS

SHANE MOHOR
Chief Executive Officer (C)

AMANDA MITCHELL
Deputy Chief Executive Officer (C)

Aboriginal Health Research and Ethics Committee (AHREC)

EXECUTIVE

Mandy Green
Executive Assistant (C)

Laura Azar
Human Resources Business Partner (C)

Debra Stead
Senior Finance Officer (C)

Angela Brougham
Strategic and Business Executive (C)

Marjo Stroud
Accreditation and Compliance Officer (AHCSA OP)

Belinda Lock
Administration and Finance Support Officer (AHCSA OP)

Angel Woolsey
Reception and Travel Officer (AHCSA OP)

Louise Hickford
Reception and Travel Officer (AHCSA OP)

Kaylene O'Toole
Trainee Reception Officer (AHCSA OP)

PUBLIC HEALTH AND PRIMARY HEALTH CARE

David Johnson
Team Leader, Public Health Medical Officer (NACCHO)

Raz Abdul-Rahim
Public Health Medical Support Officer (NACCHO)

Sarah Betts
Program Coordinator, Sexual Health (DHW)

Catherine Carroll
Clinical Support Officer, Sexual Health (DHW)

Josh Riessen
Junior Project Officer, Sexual Health (DHW)

Michael Larkin
Program Coordinator, Blood Borne Virus Program (DHW)

Leanne Quirino
Project Officer, Ear Health (DoH)

Robyn Cooper
Project Officer, Trachoma Elimination Program (CHSALHN)

Chris Rektsinis
Project Officer, Eye Health (NACCHO)

TACKLING INDIGENOUS SMOKING PROGRAMME

Ngara Keeler
Team Leader, Coordinator (DoH)

Trent Wingard
Youth Project Officer (DoH)

Jessica Stevens
Evaluation and Communication Project Officer (DoH)

Trevor Wingard
Project Officer (DoH)

Grant Day
Project Officer (DoH)

Tim Lawrence
Project Officer (DoH)

Jenaya Hall
Project Officer (DoH)

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

RESEARCH

Gokhan Ayturk
Team Leader, Senior Research and Ethics Coordinator (C)

Beth Hummerston
Research Officer, Alcohol Management Project (Uni Of Sydney)

QUALITY SYSTEMS

Polly Paerata
Statewide CQI Coordinator (NACCHO)

Isaac Hill
Health Informatics Coordinator (NACCHO)

Sarah Fraser
Practice Managers' Support Officer (NACCHO)

Nick Williams
GP Supervisor (GPEx)

Lana Dyda
PIMS Officer (NACCHO)

Beth Hummerston
PIMS Officer (NACCHO)

Carly Clyant
Digital Health Coordinator (ADHA)

EDUCATION, TRAINING AND WORKFORCE

Annie-Rose Thurnwald
Team Leader, Accreditation and Compliance Officer (DPM&C)

Christine Fraser
Senior Clinical Educator (DPM&C)

Annabella Marshall
Clinical Educator

James Bisset
Educator (DPM&C)

Dominic Guerrera
Educator Assistant (DPM&C)

Hannah Keain
Compliance and Material Support Officer (DPM&C)

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

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

KEY

C	Core
DHW	Department for Health and Wellbeing
DoH	Department of Health
DPM&C	Department of Prime Minister and Cabinet
NACCHO	National Aboriginal Community Controlled Health Organisation
CHSALHN	Country Health SA Local Health Network
DASSA	Drug and Alcohol Services of South Australia
AHCSA OP	AHCSA Operational
ADHA	Australian Digital Health Agency

CONSTITUTIONAL OBJECTIVE 1

Operate as the peak body for Aboriginal Health in South Australia

QUALITY, ACCREDITATION AND COMPLIANCE

In June this year, AHCSA underwent the final stage to become Quality Innovation Performance Ltd (QIP) accredited against the QIC Health and Community Services Standard 7th Edition. This stage involved a two-day on-site assessment by QIP assessors. As with an earlier document submission stage, this assessment was against 93 indicators of the following standards:

- Governance
- Management systems
- Consumer and community engagement
- Diversity and cultural appropriateness
- Service delivery

The final accreditation report has now been issued with AHCSA's total compliance with all requirements. AHCSA is now QIP accredited for the next three years until 15 June 2022. This accreditation will assure funders and consumers that AHCSA is committed to safety and systematically ensures the highest quality of service and performance.

Summary of QIP Quality Innovation and Accreditation Report 2019

Governance

The AHCSA Board of Directors is committed to ensuring Aboriginal people across the state have access to high quality health services through their local Aboriginal Community Controlled Health Service (ACCHS) in a culturally safe environment, and that any unmet needs are identified and addressed. The vision and values of the organisation provide the basis for all decisions and strategic development.

The governance system is supported by delegations of authority, policies, procedures, and review processes. The Board, CEO, managers, and staff work diligently on behalf of the AHCSA Members to implement the objectives of the organisation.

Human Resources

The organisation has effective systems for human resource management. Staff travel across the state as well as providing Member-based services and training out of the Adelaide office. AHCSA endeavours to employ Aboriginal staff to provide valuable cultural experience and skills in working with Members and other services. Staff are encouraged and actively supported to develop their professional skills and knowledge on an on-going basis.

Finance

There are effective processes for budget planning and review of expenditure and variances to ensure AHCSA meets the requirements of the funding bodies and is financially sound. AHCSA has comprehensive systems for records management, and the collection and analysis of data to inform service development.

Culture

Ensuring cultural safety is central to the development of all systems and processes at AHCSA, which has enabled the achievement of outstanding health outcomes. The Assessment Team were very impressed with how the organisation sees itself as serving and supporting the Members in each region to excel and develop health services and promotion. This was also reflected in Member's feedback to the Assessment team, which expressed their appreciation of this supportive role. The CEO Forums were especially viewed as a very valuable opportunity to learn and network by the Members.

Collaboration

The Assessment team noted strengths in the way AHCSA collaborates with other services; advocates on behalf of Aboriginal health issues; strategically positions itself to ensure viability; incorporates better practice into service development and HR; and contributes to sector development through collaborative capacity building initiatives.

Training

The training facilities are impressive and there are sufficient resources to provide highly professional training and learning experiences with the latest equipment available in health practice and promotion.

Feedback from the Report

Commendations

- AHCSA's unique understanding of local cultural and social contexts of tobacco use and the major motivators for changing smoking behaviours is critical to the success of the Tackling Indigenous Smoking (TIS) Programme. The Assessment team would like to recognise the enthusiasm and commitment of the TIS team and the importance of this Programme in reducing the harms related to smoking and environmental smoke.

CONSTITUTIONAL OBJECTIVE 1

QUALITY, ACCREDITATION AND COMPLIANCE

- The regular CEO Forum provides an opportunity for Members to meet in a relaxed and informal setting to exchange ideas and discuss issues and relevant topics with peers. These forums were considered to be very important to connect, inform and enable leaders to build more successful health services.
- Interviews with staff, Executive Management and the Board of Directors found that the organisation has been successful in re-establishing a positive workplace culture. The Executive Management has worked hard to build a trusting environment in which the qualification and experience of the staff is recognised and proper delegation of tasks occurs. The introduction of team leaders has helped to facilitate on-going and open communication between managers and employees. Staff report that knowledge and experience is shared and individuals are recognised and valued for their expertise in different areas. Employee achievements and milestones are celebrated, which has helped to strengthen relationships and encourage employee engagement.
- The CEO demonstrates a willingness to accommodate each employee's family responsibilities and to explore alternative strategies to meet business objectives, where required. There is a clear understanding that what happens in an individual's home life will affect how they act and interact at work. The organisation has made significant investment into their employee wellbeing program to protect and improve the physical, social and emotional wellbeing of their staff. Both Aboriginal and non-Aboriginal staff report that the organisation has a 'family' approach to business that has helped to bridge organisational and interpersonal differences.

General Comments

- Considerable effort has been made by the organisation in recent years to focus on supporting each Member organisation to achieve their own vision and mission, whilst supporting the values of AHCSA, which are cultural diversity, community history and knowledge, and community strength.
- Review of the organisation's service and program plans and relevant documents and records shows that plans are documented, implemented, communicated, reviewed and reported on. These plans include performance measures and are linked to the strategic plan. The Ear Health Project is such an example among many others. Stakeholders spoke highly of the professional and diligent approach to program planning by AHCSA.
- Review of MoUs/service and/or partnership agreements shows that the organisation negotiates agreements and/or partnerships that are fair, legal, aligned with strategic directions and have mechanisms in place to resolve disputes. The Aboriginal Viral Hepatitis Program Agreement is an example of these processes being effectively demonstrated.
- The organisation is aware of the high dependence on government funding and is exploring ways to increase revenue from other sources.
- Review of human resource documents and records, and staff file audit results shows that all staff are appropriately qualified, demonstrated competency in their roles and have clearly defined roles and responsibilities that are reviewed and evaluated.
- The NetSuite software has enabled the organisation to store all key documents in one place. Staff reported positively on their experience with NetSuite.
- Review of records management policies, procedures, access protocols and Member organisation information demonstrates that AHCSA maintains appropriate records for the role of a peak body.
- AHCSA has made considerable effort to provide Members with relevant information on their operations and legislative changes. The Member portal is an example of this and valued by Member organisations.
- Site inspection shows that the work health and safety processes are implemented, communicated and reviewed, and meet regulatory requirements.
- A review of the partnership agreement between AHCSA and state-based primary health networks finds that the key objective of this partnership is to adopt a shared and coordinated approach in seeking to address the health needs of the Aboriginal and Torres Strait Islander people and their Communities in the most efficient and effective manner possible.
- AHCSA is committed to working with each of its Member organisations to strengthen the capacity of the Aboriginal Community Controlled health sector and mainstream health services to respond to the health needs of the Aboriginal Community of South Australia.
- Review of data collection and analysis processes, and service and program plans demonstrates the organisation's systematic data collection informs

needs assessment, analysis and planning. For example, the service agreement for the Provision of Aboriginal Blood Borne Virus (BBV) Prevention Project sets out the reporting requirements for project outcomes, outputs and key performance indicators to the Sexually Transmitted Infection (STI) and BBV Section of SA Health.

- Review of consumer feedback documents and records shows that needs assessment and planning process and outcomes are evaluated. For example, consumer feedback was sought following the pilot workshop of the Medicare Access Improvement Program, designed to assist Members to increase Medicare revenue. The data was collated and analysed and the results presented at the NACCHO 2018 Members Conference. The feedback from the pilot program was very positive and further sessions are planned.
- Review of consumer and community engagement documents and records demonstrates that the organisation has consumer and community engagement processes that are documented, implemented, communicated and reviewed.

For example, the partnership agreement between AHCSA, the Adelaide Primary Health Network (APHN) and the Country South Australia Primary Health Network (CSAPHN) requires all parties to prioritise and commit to community and stakeholder engagement mechanisms and to share and/or jointly participate in these mechanisms.

Recommendations for Improvement

The QIP Assessment team also identified a number of opportunities for improvement at AHCSA. These opportunities include suggestions, which the AHCSA Quality and Accreditation Working Group will embed in a Quality Improvement Plan to be submitted to QIP six months after achieving accreditation. This will assist AHCSA with the on-going development of its quality and management processes.

Recommendations

- Regular testing and improving of the Business Continuity Plan is recommended.
- Set a time frame and action plan to complete all outstanding policy reviews by December 2019.
- Improve system for capturing feedback in the form of verbal exchanges.
- Seek best practice guidance for applying version control to different types of documents, including community engagement plans and records, and ensure consumer review results are noted.
- Finalise and implement a Cultural Safety Policy and Diversity Policy with input from consumers. In statements regarding diversity, ensure specific reference to how AHCSA supports LGBTI workplace inclusion.
- Review and endorse Access and Equity Policy.
- Update Registered Training Organisation (RTO) Training Program Information Booklet with information about how people with disability can access the RTO and participate on an equal basis.
- Review and update the RTO Complaints, Compliments and Appeals Policy as well as the RTO Stakeholder Consultation and Feedback Policy.

The Assessment team noted strengths in the way AHCSA collaborates with other services, advocates on behalf of Aboriginal health issues and strategically positions itself to ensure viability

CONSTITUTIONAL OBJECTIVE 1

EXECUTIVE

HUMAN RESOURCES

After a handover transition plan and a temporary job sharing arrangement with Jeff Mountford (former Human Resources Officer), Laura Azar has now fully taken on the Human Resources role as a Human Resources Business Partner.

The Human Resources plan for the upcoming year is to promote AHCSA as an employer of choice by ensuring that the benefits of being employed at AHCSA are well communicated in our recruitment advertisements and on-boarding of new staff.

We plan to improve efficiency within the organisation by introducing more flexibility and automation into HR processes, particularly with relation to recruitment, staff on-boarding, induction and performance reviews. All HR folders and forms will be converted into electronic files for ease of access and improved security.

Further to that, we will ensure that staff are receiving appropriate training in workplace-related matters and behaviours, as well as provide day-to-day support and advice to staff and Managers/Team Leaders to keep AHCSA abreast of changes in employment legislation and industrial relations.

Positions advertised since the last reporting period as at 30 June 2019 were:

2018 STAFF RECRUITMENTS

Reception and Travel Officers x 2 (Job Share Arrangement)
Ear Health Project Officer
Digital Health Coordinator
AHCSA Accreditation and Compliance Officer
Human Resources Business Partner (Outsourced Recruitment)
Strategic and Business Executive (Outsourced Recruitment)

2019 STAFF RECRUITMENTS

Student Travel and Administration Officer
TIS Evaluation and Communication Project Officer
TIS Project Officer (Internal)

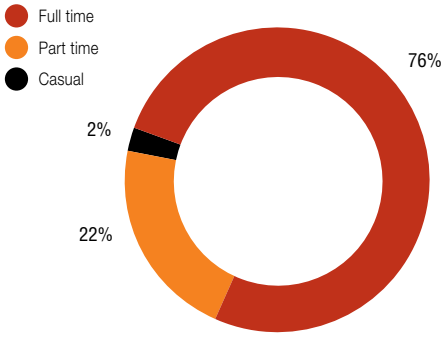
Recruitment Metrics

From January this year, AHCSA advertised staff vacancies via Seek, LinkedIn and AHCSA's networks. The average time to fill, which is the time needed to fill the positions from the date they were advertised to the date an offer of employment was accepted, has been 33 days. This is a significant achievement compared to the average time to fill of 42 days, and compared to the 53.67 days reported in the last Annual Report.

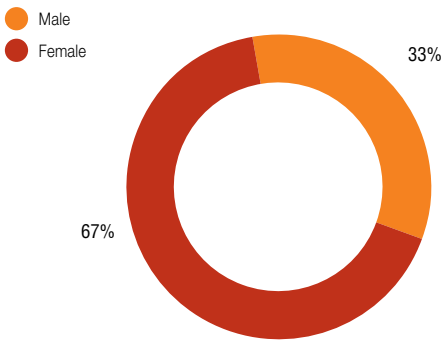
This result is mainly due to the nature of the advertised positions and to the fact that all the recruitments so far have been managed directly by AHCSA rather than being outsourced, which makes the recruitment process more efficient and cost effective.

Total AHCSA Employees – 42 Staff

As at 30 June 2019



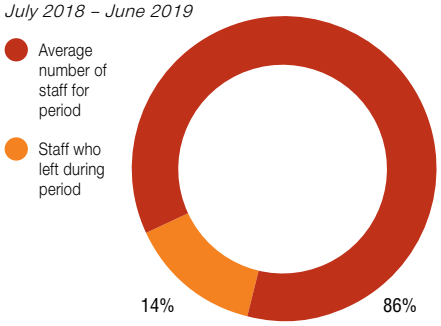
Gender



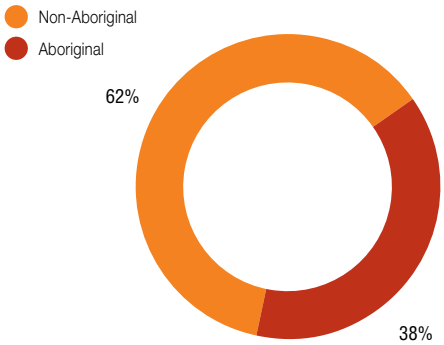
Improving efficiency within the organisation by introducing more flexibility and automation into our human resources processes

Staff Turnover – 16.67%

July 2018 – June 2019



Aboriginal or non-Aboriginal



AHCSA has implemented i-induct, which is an online induction system that Human Resources will be using as a tool to welcome new recruits

Staff Metrics

As at 30 June 2019, AHCSA's workforce comprised of 32 full-time employees, nine part-time and one casual. Of those employees, 28 are female and 14 male. Part-time status has increased since the last reporting period due to more staff requesting flexible work arrangements and AHCSA approving their requests. Of the total number of employees at AHCSA, 16 are Aboriginal, and 26 are non-Aboriginal.

Staff Turnover

Staff turnover is at around 16.67% with seven staff departing in the last 12 months out of a total average of 42 staff across the year. The turnover ratio has decreased compared to that of the previous reporting period (18.69%). Departures were mainly due to funding coming to an end on 30 June 2019 and other reasons personal to departing staff, such as moving interstate or overseas.

Current Projects

AHCSA has implemented i-induct, which is an online induction system that Human Resources will be using as a tool to welcome new recruits. It will provide them with an overview of AHCSA's mission, values, main policies and processes.

The purpose of the system is to improve staff on-boarding experience and assist with retention and engagement, particularly within the first six months. The first draft of the online content is currently being reviewed and should be ready to go live soon.

Staff Training

AHCSA staff attended training on De-escalating Challenging Situations and Alcohol & Other Drugs in the Workplace to provide them with tools to manage challenging situations and avoid escalation. They were also given an overview of AHCSA's policy on alcohol and other drugs, which is now included in the HR induction of new starters. AHCSA staff also attended the Child Safe Environments training, which is compulsory to all AHCSA staff.

CONSTITUTIONAL OBJECTIVE 2

Provide support to Members to improve health outcomes for all Aboriginal people of South Australia, promoting and advancing the Community's commitment to physical, social and emotional wellbeing and quality of life

PUBLIC HEALTH AND PRIMARY HEALTH CARE

PUBLIC HEALTH

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

Sector Advocacy

The PHMO played a key role in establishing the recently formed SA Aboriginal Environmental Health Working Group, which brings together key state government departments, NGOs and Aboriginal Community Controlled Health Services (ACCHSs) to identify, develop and advocate for responses to the poor environmental living conditions experienced by many Aboriginal people in South Australia.

Addressing these issues is critical to achieving the sustainable elimination of trachoma, along with reducing the impact of a range of other infectious diseases.

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

The PHMO was part of the writing group for the National End Rheumatic Heart Disease (RHD) Roadmap, which was endorsed at the Council of Australian Governments (COAG) Health Council meeting in March 2019.

Importantly, the Roadmap highlights the need to address the cultural, social and environmental determinants of Aboriginal and Torres Strait Islander health, which will bring benefits beyond RHD. It also recognises the crucial role of ACCHSs and the delivery of comprehensive, responsive primary health care.

Led by the PHMO, AHCSA has continued to advocate for Aboriginal Health Practitioners (AHPs) to be able to independently vaccinate under the SA Vaccine Administration Code (SA Controlled Substances legislation), with additional training and appropriate supervision.

Over the past 12 months, the PHMO has been working closely with the SA Health immunisation section to make this change to the Code, and AHCSA has now signed an agreement to develop and deliver a training program for AHPs to enable them to meet the competency standards to vaccinate under the Code. This is a pilot, which will be evaluated with the aim of providing the course over the next five years.

Public Health Coordination

The PHMO continues to convene a monthly AHCSA Public Health Network teleconference between all ACCHSs in SA and AHCSA. These meetings, chaired by the AHCSA PHMO, enable communication between AHCSA and ACCHS staff to strengthen primary health care systems and support a focus on prevention and public health activities in ACCHSs.

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

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

This Program aims to improve the early detection and treatment of hearing loss for Aboriginal and Torres Strait Islander children aged 0 to 5 years through better access to comprehensive hearing assessments and follow-up treatment.

The PHMO oversaw the development the *Deadly Sights Communicare and MBS Guide* in collaboration with the AHCSA Quality Systems team and the Eye Health Project Officer

The AHCSA PHMO and Ear Health Project Officer have been consulting with two ACCHSs to ensure that SA is involved in the first phase of the Program implementation.

Support for AHCSA Programs

The PHMO oversaw a major rewrite and update of the AHCSA *Sexually Transmitted Infection & Blood-Borne Viruses* handbook, which has now been distributed to all ACCHSs. This resource facilitates a standardised evidence-based approach for local STI and BBV control programs. Dr Razlyn Abdul Rahim ably supported this update.

AHCSA's STI Data Program has been operating for nearly five years, and involves AHCSA receiving de-identified STI data from SA Pathology on behalf of ACCHSs in SA. This data is then analysed and reports prepared to be fed back to ACCHSs for quality improvement activities and health service planning.

SA Pathology moved to a new data platform mid-2018 and this has resulted in the need for AHCSA to undertake a large piece of work to migrate the AHCSA report to the new platform. The new system has been extensively tested and validated and STI reporting to ACCHSs has recommenced in a new format for easier interpretation. The ability to provide more timely reports on syphilis testing rates is also close to being finalised.

The PHMO oversaw the development of the *Deadly Sights Communicare and MBS Guide* in collaboration with the AHCSA Quality Systems team and the Eye Health Project Officer.

The aim of the Guide is to support strengthening local ACCHSs' capacity to identify eye conditions early, have referral pathways in place for those who need specialist care as well as supporting eye specialist visits to ACCHSs. It will also support the roll out of new retinal cameras in SA ACCHSs.

The PHMO continues to provide team leadership and support to the AHCSA Sexual Health Program, Blood Borne Virus Program, the Eye Health Programme, Trachoma Control Program, Ear Health Programme and the Rheumatic Heart Disease Program.

Medicine Registrar Supervision

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

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

CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE

BLOOD BORNE VIRUS

The AHCSA Blood Borne Virus (BBV) Program works with Aboriginal health services and the broader health sector across South Australia, supporting the prevention and treatment of viral hepatitis.

Continuous Quality Improvement

Program activity over the 2018-2019 period has included a viral hepatitis continuous quality improvement project working with eight Aboriginal Community Controlled Health Services (ACCHSs). The BBV Program Coordinator and Patient Information Management Systems (PIMS) Officer are undertaking this project, which supports services with screening and management of viral hepatitis through strengthening patient information management systems, and undertaking clinical audits.

Across the eight participating ACCHSs, 892 clinical records were audited, with 503 recommendations provided back to services.

Committee Representation

Over the past financial year, the BBV Program has had representation on the following committees:

- SA Aboriginal Sexually Transmitted Infection (STI) and BBV Action Plan Project Steering Group (Co-chair)
- Hepatitis B Action Plan Implementation Group
- Hepatitis C Action Plan Implementation Group
- Peer Supported Clean Needle Program – Post Release Prisoners

Achievements

The past year has seen the BBV team supporting viral research through the South Australian Health and Medical Research Institute (SAHMRI) Centre for Research Excellence in Aboriginal Sexual Health and Blood Borne Viruses. They have also supported the establishment of new clean needle programs at regional ACCHSs.

The successful securing of a grant with Hepatitis SA from the Department for Correctional Services has been another significant coup for the team. The grant provided the opportunity to bring to South Australia ILBIJERRI Theatre Company's production VIRAL– Are you the cure? ILBIJERRI is one of Australia's leading theatre companies creating innovative works by First Nation artists. The performance focused on increasing awareness of hepatitis C treatment. The tour included six shows at the youth training centre, Yatala Labour Prison, Mobilong Prison, and a performance at Tauondi Aboriginal College.

Viral hepatitis and harm reduction education was delivered to AHCSA Certificate III and Certificate IV students studying Aboriginal and Torres Strait Islander Primary Health Care. Similar education has been developed for ACCHSs and delivered at events such as the AHCSA SHINE SA FRESH X TABOO workshop, and the AHCSA Quality Forum.

The team has also developed a presentation on viral hepatitis and the Aboriginal community, which they have been invited to deliver at the closing plenary of the 11th Australasian Viral Hepatitis Conference, to be held in Adelaide in August this year.

Partnerships

AHCSA would like to acknowledge their partners who have supported the objectives of the BBV program over 2018-2019. These include: SA ACCHSs, Kakarrara Wilurrara Health Alliance, SA Health Communicable Disease Branch and Viral Hepatitis Nursing Workforce, Drug and Alcohol Services SA, Hepatitis SA, Hepatitis Australia, Aboriginal Drug and Alcohol Council, Relationships Australia South Australia, SAHMRI, SHINE SA, Department for Correctional Services, and the Australasian Society for HIV Medicine, Viral Hepatitis and Sexual Health Medicine.

Across the eight participating Aboriginal Community Controlled Health Services, 892 clinical records were audited, with 503 recommendations provided back to services

SEXUAL HEALTH

AHCSA's Sexual Health Program (SHP) supports ACCHSs and other services working with young Aboriginal people in the promotion of and improved access to opportunistic and voluntary sexually transmitted infection (STI) screening for people aged between 16 and 35 years.

To ensure that the ACCHS workforce in SA is prepared to deliver STI and Blood Borne Virus (BBV) screening, the team works in partnership with Program partners to provide educational updates and skills development through an annual two-day workshop held in Adelaide. SHINE SA and AHCSA collaborated this year to present FRESH X TABOO, a two-day workshop for 20 Aboriginal Health Workers in May 2019.

Workforce Development

This remains a priority for the Program, including the delivery of the Sexual Health Module, which has been introduced as an elective into AHCSA's Registered Training Organisation (RTO) Certificate IV Aboriginal Health Worker and Practitioners program.

In September 2018 and February 2019, the SHP team coordinated the delivery of the Sexual Health Module to 26 Aboriginal Health Worker and Practitioner Students in collaboration with AHCSA's RTO and program partner organisations. These include the Adelaide Sexual Health Centre, SHINE SA and SAMESH, Yarrow Place, SA Sex Industry Network (SIN), Hepatitis SA and DASSA.

The Handbook has been developed by AHCSA to facilitate a standardised evidence-based approach to control programs for STIs and BBVs at the comprehensive primary health care level within ACCHSs in SA

Grant Support

Community Engagement Health Promotion Grants awarded to AHCSA Members and assisted with a variety of activities and incentive programs to increase young people's participation in the Annual STI Screening.

The grants supported Women's Pamper Days at the Pika Wiya Health Service Aboriginal Corporation in Port Augusta and Umoona Tjutagku Health Service Aboriginal Corporation (UTHSAC) in Coober Pedy. UTHSAC also organised a Men's Bush Trip and Pika Wiya organised a Men's Health Day at Davenport Community Outreach Clinic, which also included support from Aboriginal Drug and Alcohol Council (ADAC) and male workers from AHCSA's Tackling Indigenous Smoking team.

Some ACCHSs organised raffles for those who participated in screening, with prizes drawn at the end of the screening period, while other ACCHSs offered gifts or vouchers for young people participating. Port Lincoln Aboriginal Health Service ran an updated commercial for local television to promote the enhanced STI screening period.

Updated Resource

This year also saw the publication of an updated *Sexually Transmissible Infections & Blood-Borne Viruses* Handbook for SA ACCHSs in collaboration with AHCSA's Quality Systems team, BBV Program and other partners including Adelaide Sexual Health Centre. Hard copies have been distributed to all ACCHSs and are also available electronically on AHCSA's SHP web page: https://ahcsa.org.au/app/uploads/mp/files/resources/files/ahcsa-sti-bbv-handbook-2019-online-version.pdf

PROTECTING OUR COMMUNITY

VACCINATING OUR CHILDREN

AHCSA's Public Health Medical Officer, David Johnson has been advocating for Aboriginal Health Practitioners to be able to independently vaccinate under the SA Vaccine Administration Code (SA Controlled Substances legislation). These practitioners would be given additional training and appropriate supervision if the legislation allows for it.

In the mean time, AHCSA doctors and nurses have been travelling to Members to administer vaccinations periodically. One such occasion was when AHCSA's Tackling Indigenous Smoking Maternal Health Project Officer, Mary-Anne Williams travelled to Nunyara Health Service in Whyalla to administer Meningococcal W (Menveo) vaccinations.

These vaccination days were organised in response to recent outbreaks of Meningococcal across South Australia, with the Aboriginal Community being at higher risk of the illness. The day focused on the immunisation of children and young adults between the ages of 12 months and 19 years.

One of the children who attended was nine-year-old Joyisha, who was comforted by her mum, Melissa Stewart on the day. Melissa explains that Joyisha didn't know that she was going for her needles, 'so she was very shocked when we told her.' She adds that, 'she doesn't like needles... like me'.

Before the needle was given, Melissa explained to her daughter why it was important for them to come to the clinic and although Joyisha kept saying that she didn't want to go in, from the information provided by the clinic, Melissa was able to reassure her that even though it was scary, it was to protect her. 'I explained to her that it was for her health and that there are nasty diseases in the world. She cried a bit, but she was fine once they were done.'

Melissa says that, 'the people at Nunyara had explained that it was good to get it done for the kids, and to keep the Community safe.' She added that there are always different people who come out to do the needles, but that Mary-Anne was really good. 'I know the clinic well, because I grew up in the area, and my children know it.' Melissa said, adding, 'It's really good that they're expanding. It's good that we have our own Health Centre.'

A large-scale letter drop was done prior to the event, to get as many children as possible to attend. Over the two days, about 40 people were vaccinated, with more responding to the letters and booking their appointments to ensure that they get their immunisations completed.

'I know the clinic well, because I grew up in the area, and my children know it.' Melissa said, adding, 'It's really good that they're expanding. It's good that we have our own Health Centre.'

CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE

DEADLY SOUNDS

The Deadly Sounds Programme continues to support ACCHSs in South Australia. Its main focus is to develop clinic systems and ear health models of care. This will strengthen activity directed at the early identification and management of young people with middle ear disease.

Early Detection

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

Repeated ear infections, which are often undiagnosed and untreated, are substantially and significantly associated with hearing problems at a later stage. Between the ages of two and 20, an Indigenous child or young person is likely to experience hearing loss from middle ear infections for at least 32 months, compared with three months for non-Indigenous children or young people.

While the Programme continues to include young people aged 0 to 21 years, there has now been a particular focus on children aged 0 to four years, recognising the need for identification and management of ear disease and associated hearing loss at this age.

Data Collection and Continuous Quality Improvement

AHCSA's South Australian Quality Improvement Data (SQID) Cycles Program supported the implementation of the Deadly Sounds Guide, which looks at improving Communicare documentation of clinical information and referral pathways.

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

SQID Cycle 2 focused on improving otoscopy screening rates in Aboriginal children under five years of age. Nine AHCSA Members participated in this Cycle. Data extracted at the beginning of the Cycle (June 2018) showed that SA ACCHSs had an average screening rate of 39.4%. At the end of the Cycle, the sector achieved an average increase of 7.9% with the average child otoscopy screening rate at 47.3%. Over the past 12 months, Members that participated in the Program documented an ear examination for 378 children.

Workshops

This year, the ACCHSs and Government organisations have been involved in training sessions and workshops at AHCSA and within their organisations. AHCSA has partnered with the Rural Doctors Workforce Agency (RDWA) and Benchmarque Training Group to facilitate training workshops in ear health and hearing. The two training sessions are accredited courses in Otitis Media Management and Tympanometry. Up to the end of the reporting period, four training sessions were held, with four more to be held by September 2019.

March 2019

- Two-day workshop at AHCSA: Otitis Media Training and Systems
  - 17 attendees from government and non-government organisations

June 2019

- Royal Adelaide Hospital (RAH) Aboriginal Health Unit: Otitis Media Management
  - 16 attendees from government and non-government organisations
- Muna Paiendi Aboriginal Health Service: Otitis Media Management
  - 5 attendees from government and non-government organisations
- Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation: Tympanometry Training
  - 10 attendees from the ACCHSs

Stakeholder Relationships

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

This has included working with the RDWA to strengthen the capacity of ACCHSs to support and utilise visiting specialist and allied ear health services.

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

Members that participated in the SQID Cycle 2 Program documented an ear examination for 378 children

DEADLY SIGHTS

Despite being born with on-average better vision, Aboriginal Australians over the age of 40 have approximately three times the rate of blindness than that of non-Aboriginal Australians. Yet approximately 94% of vision loss in Aboriginal people can either be prevented or treated.

Through the Eye Health Project Officer (EHPO), AHCSA's Eye Health Programme, Deadly Sights, continues its aim to improve and sustain eye health outcomes for the Aboriginal community controlled health sector across the state.

Efforts are largely focused on continual support and capacity building of AHCSA Member health services, and frontline support to outreach eye health practitioner community visits.

Capacity Building

This is about strengthening Primary Health Care (PHC) workforce skills sets and knowledge in eye health and vision, better incorporating eye health into standard work practice, and actively engaging in eye health practitioner visits and resulting patient pathways.

The EHPO is working with AHCSA Members, the Aboriginal Community Controlled Health Services (ACCHSs) by:

- Delivering periodic staff training and mentoring in primary eye health care, vision testing, and screening for diabetic retinopathy.
- Helping combat diabetic retinopathy from within the PHC interface since the provision of retinal cameras and operator training.
- Providing on-going mentorship and support for ACCHSs to embed in-house retinal screening into routine care practice for patients with diabetes.

Support Remote Community Visits

The EHPO has frontline involvement in delivery of visiting eye health services, which includes scheduling, coordinating, and facilitating optometrist and ophthalmologist visits. Community consultation, and local level support to PHC staff before, during, and after visits has also been given.

Monitoring and assisting patient pathways from primary to secondary and tertiary eye health care, including access to low cost prescription glasses, has been integral to the support provided.

The three most common eye conditions found were:

Refractive Error

- Blurred vision, when the shape of the eye doesn't bend light correctly
- Treatment/Action: Corrective eyewear (glasses or contact lenses)

Cataracts

- Clouding of the eye lens which inhibits or reduces clear vision
- Treatment/Action: Day surgery procedure, with local anaesthetic

Diabetic Retinopathy

- A diabetes complication, causing reduced blood supply and deterioration to the retina, causing preventable vision loss
- Treatment/Action: Retinal lasering, intravitreal injections, vitrectomy surgery

Remote Visit Service Delivery

This model is currently under review for change through the collaborative efforts of AHCSA and its Members, the Rural Doctors Workforce Agency and relevant visiting practitioners.

Proposed changes include uncoupling optometrist from ophthalmologist visits, increased frequency of optometrist visits, and the introduction of fixed ophthalmology treatment hubs in up to three rural or remote SA locations.

The aims of these changes are to improve the timely detection and diagnosis of eye and vision issues through increasing the percentage of in-need clients that attend optometrist visits, and optimise visiting ophthalmologist's time to deliver the required treatments, onsite wherever possible, or refer externally.

CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE

Remote Area Optometrist/ Ophthalmologist Visits

These visits currently run twice yearly to 12 communities including Ceduna, Yalata, Oak Valley, Tjunjtuntjara (WA), Coober Pedy, and seven communities within the APY Lands.

New Eye Health Resource Deadly Sights

Funded through RDWA, and collaboratively developed by the AHCSA Eye Heath Programme and Quality Systems team, *Deadly Sights* is a comprehensive Communicare and Medicare Benefits Schedule (MBS) Guide for eye health in the PHC setting. It is written specifically for ACCHSs on the Communicare patient record system, and also for visiting eye health practitioners to those ACCHSs.

It contains information on all things eye health at the PHC level, and proceeds to guide staff through the eye component of health checks, including visual acuity, trichiasis, retinal photography for diabetic retinopathy, and the rest of the retinal screening process.

These are complemented where possible with screenshots from Communicare and flowcharts for diabetic patient care and MBS claiming for retinal screening.

REMOTE AREA VISITS 2018-2019

Community	Total clients seen	Clients seen Aboriginal	Clients seen new	Clients seen diabetic	Retinal photos taken	Referrals for surgery or further treatment	On site treatments: eg: laser for retinopathy	Reading glasses issued on same day	Prescription glasses arranged
Fregon	31	31	2	18	19	9	1	22	4
Mimili	37	37	6	21	20	3	3	18	11
Iwantja	49	49	9	31	21	9	4	32	6
Pipalyatjara	41	36	3	26	24	4	3	17	16
Nyapari	15	15	1	10	11	4	2	9	7
Pukatja	97	92	11	64	27	13	5	48	21
Amata	84	84	8	62	36	12	4	40	29
Coober Pedy	69	52	25	34	16	12	4	15	30
Yalata	46	41	11	21	21	5	1	22	9
Oak Valley	24	24	3	18	0	4	1	13	2
Tjuntjuntjara	52	47	10	28	6	7	2	27	4
Ceduna	65	62	18	38	14	8	5	13	11
TOTAL	**610**	**570**	**107**	**371**	**196**	**90**	**35**	**276**	**150**

The Eye Health Programme continues its aim to improve and sustain eye health outcomes for the Aboriginal community-controlled health sector of SA

TRACHOMA ELIMINATION

AHCSA's Trachoma Elimination Program (TEP) continues to strive towards eliminating blinding trachoma in South Australia by 2020. Working with the health services, schools and communities in Ceduna, Copley, Koonibba, Leigh Creek, Nepabunna, Oak Valley, Oodnadatta, Port Augusta and Yalata, the team is on track to achieve this goal. The good news is that the overall prevalence of active trachoma in SA has decreased from 17% in 2010 to 1.6% in 2017.

Clean Faces, Strong Eyes

Trachoma is caused by bacteria and is completely preventable. It easily spreads from one person to another through infected eye and nose secretions. To stop the transmission of trachoma, facial cleanliness is essential.

Therefore an important part of the Program is providing comprehensive hygiene health promotion. The TEP promoted the clean faces, strong eyes message with resources created and provided by the Indigenous Eye Health Unit, Melbourne University.

Spotless Linen donated towels, face washers and blankets, which were distributed to those remote communities with less access to affordable linen. The SA Dental Aboriginal Oral Health Program, who supplied toothbrushes and toothpaste, also supported the Program.

The health promotion activities undertaken to encourage facial cleanliness and good general hygiene seem to be effective with the clean face rate improving from 51% in 2010 to 88% in 2017 across South Australia.

Advocacy Workshop

The TEP continues to advocate for environmental health improvements that will be critical to sustained trachoma elimination. An environmental health workshop was organised and hosted by AHCSA in October, in collaboration with the Department of Prime Minister and Cabinet, Indigenous Eye Health Unit, Country Health SA Local Health Network, Environmental Health Directorate SA, SA Housing Authority and Nganampa Health Council.

Over 50 people attended from AHCSA's Members, NGOs, various government departments and key agencies. The workshop resulted in a cross-sectoral South Australian Aboriginal Environmental Health Working Group (SAAEHWG) being established, with AHCSA as an active member. The SAAEHWG is now working on an Aboriginal Environmental Health Framework that will describe key priorities, action areas to address these priorities, and descriptions of who is responsible for addressing each action area.

The overall prevalence of active trachoma in SA has decreased from 17% in 2010 to 1.6% in 2017. This a reduction of 15.4% in seven years

15.4%

CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE

ABORIGINAL DENTAL

AHCSA receives funding from the Department of Health for the Aboriginal Dental Programme through the National Aboriginal Community Controlled Health Organisation (NACCHO) one funding agreement.

AHCSA administers this funding to the South Australian Dental Service through a memorandum of administrative arrangement, which assists in the provision of oral health programmes for Aboriginal and Torres Strait Islander children and eligible adults.

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

The Aboriginal Dental Programme provides general emergency and course of care to Aboriginal people, which can include extractions, restorative work, dentures and other services needed.

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

The Programme provides general emergency and course of care to Aboriginal people, which can include extractions, restorative work, dentures and other services needed

Key Features

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

Benefits of Care Under ADS or ALP

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

Areas Covered

- Balaklava
- Barossa Valley
- Ceduna
- Coober Pedy
- Fleurieu Peninsula
- Leigh Creek
- Meningie
- Murray Bridge
- Port Augusta
- Port Lincoln
- Port Pirie
- Riverland
- South East
- Streaky Bay
- Whyalla
- Yorke Peninsula

CONSTITUTIONAL OBJECTIVE 2

TACKLING INDIGENOUS SMOKING

AHCSA's Tackling Indigenous Smoking (TIS) Programme is supported by funding from the Australian Government under the Indigenous Australians' Health Programme. It is a dynamic community-driven Programme providing activities and support to Aboriginal populations in AHCSA's regional catchment area to reduce the gap in the prevalence of smoking among Aboriginal and Torres Strait Islander communities.

The TIS team achieves this by reducing the uptake of smoking, increasing smoking cessation and reducing exposure to second-hand smoke.

AHCSA's TIS Programme catchment regions include the Ceduna, Coober Pedy, Murray Bridge, Port Lincoln, the Riverland, Port Augusta, Whyalla, York Peninsula and surrounding areas.

Partnerships

Relationships and partnerships with Aboriginal communities are vital to the success of AHCSA's Tackling Indigenous Smoking Programme. These positive relationships direct the provision of support and activities to meet local needs. The TIS Programme objectives are to connect with, inspire and empower regional and remote communities to tackle tobacco in their own ways.

Key partnerships and collaborations with AHCSA Members and programs including the Shedding the Smokes, Maternal Health Tackling Smoking, Education and Workforce, Sexual Health and Quality Systems teams ensure that the TIS team provides a holistic approach to tackling smoking.

The team has also formed strong relationships and partnerships with regional health services and agencies to facilitate support for tobacco control and increase access to quit smoking supports. TIS Programme support is also provided by partner, Nunyara Aboriginal Health Service Inc.

With input from Community leaders, AHCSA continues to focus on providing leadership to organisations in their involvement in tobacco reduction, supporting community members to start and continue their quit smoking journey, celebrate smoke-free lifestyles, build capacity to support quitting and reduce exposure to second-hand smoke in communities within AHCSA's TIS Programme regional catchment areas.

The team has been fortunate to partner with the Aboriginal Basketball Academy, Adelaide Football Club – Aboriginal Programs, Port Adelaide Football Club – Aboriginal Community Programs, South Australian Aboriginal Sports Training Academy and many regional schools and youth hubs. These young people are striving for success for themselves, their families and communities.

Brighter Outlook

Indigenous youth continue to lead the way in staying smoke-free and are influential in their own communities, sharing the smoke-free lifestyle messages about the positive benefits of quitting smoking and staying smoke-free. The TIS team is proud to encourage Aboriginal youth to stay in school and make the most of the many positive educational, training pathways and opportunities available, while providing education on healthy and smoke-free lifestyles.

Community Reach

The TIS team has extended the geographical reach of the Programme through social marketing campaigns, development and distribution of resources. Community education sessions have included school and youth activities, capacity building workshops and in-service training. They have also included community engagements, population health promotion activities and smoke-free events.

Quit Support Referrals

Increased access to quit supports have been facilitated through capacity-building, community education, community events and direct referrals to the Quitline, health services and other TIS regional programs.

Reduced Exposure to Second-hand Smoke

The TIS Programme continues to provide support and advice to develop or strengthen smoke-free policies to organisations in our regional catchment, and provide assistance to support events to be smoke-free. The Programme has increased the number of smoke-free homes largely through the provision of information and resources including the Puyu Blasters smoke-free stickers.

Relationships and partnerships with Aboriginal communities are vital to the success of AHCSA's Tackling Indigenous Smoking Programme

CONSTITUTIONAL OBJECTIVE 2

TACKLING INDIGENOUS SMOKING

Programme Highlights

- The observation of World No Tobacco Day, 31 May, via a social media T-shirt Design Competition and Puyu Blasters Pledge Road Show. The team visited seven locations, including those in the mid North, Gawler and Riverland region.
- Collaboration with the Maternal Health Tackling Indigenous Smoking Project Officer on the Through the Eyes of Children campaign.
- Increased social media reach including the Puyu Blasters Facebook page, with 3,700 followers, Stickin' It Up the Smokes campaign on Facebook with 1,146 followers, AHCSA's twitter page with 1,028 followers, and the Puyu Blasters Instagram page with 339 followers.
- SAASTA Year 8 and 9 Schools Program.
- Aboriginal Power Cup.
- Involvement in the annual South Australian Aboriginal Football and Netball Carnival.
- Partnered with Drug and Alcohol Services South Australia on the Think Quit Campaign video series.
- Collaboration on capacity building resources, Smokerlyzer training video and information resources, and Maternal Health Tackling Smoking resources and campaign.
- Participation at the National TIS Workshop held in Alice Springs in April.
- Implementation of the Smoke-free Prison Puyu Blaster Program in Port Augusta, Port Lincoln, Cadell and Mobilong sites, in partnership with the Department of Correctional Services.
- Smoke-free Environment In-Service Training, Capacity Building and Policy Development with organisations.
- Nunyara Aboriginal Health Service, Tackling Indigenous Smoking Group in Whyalla.

MATERNAL HEALTH TACKLING SMOKING

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

This year AHCSA received additional funding to develop stage two of the Stickin' it Up the Smokes (SIUTS) campaign, titled Through the Eyes of Children.

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

The *SA Tobacco Control Strategy 2017-2020* has set a target to further reduce smoking during pregnancy among Aboriginal women to 35% by 2020. Last year, 41.6% of women who presented for their first antenatal visit were smoking during their pregnancy.

Through the Eyes of Children Campaign

The development and launch of Through the Eyes of Children campaign has been a significant accomplishment. The campaign posters feature children of mothers from the initial 2012 Stickin' it Up the Smokes promotion, delivering strong smoke-free messages, with tag lines including 'Mum and Dad Gave Up Smokes for Me' and 'I Breathe Easy' and 'My Mum Gave Up Smokes for Me, I Love to Run and I Love my Mum'. The posters have been well received by community and health professionals alike.

Information and Resources

The MHTS Program continues to focus on building the capacity of allied health professionals to promote smoke-free pregnancies and reduce second-hand smoke around pregnant women.

This year, the MHTS Program developed and produced a number of new resources, which included the Smokerlyzer training video and posters. The Bump to Bub – How your Baby Grows Flipchart for Allied Health Professionals adds to the existing collection of smoke-free messaging posters, stickers, signage and other comprehensive health promotion resources that are currently available.

The *SA Tobacco Control Strategy 2017-2020* has set a target to further reduce smoking during pregnancy among Aboriginal women to 35% by 2020

Pamper Days

Pamper Days continue to be a popular quit support option for Mums and Bubs groups and community events. The MHTS Project Officer worked with local women and community organisations to hold 26 Pamper Days across a number of South Australian locations, forming strong connections and relationships.

This year's highlight was a collaboration with Nganampa Health Council's TIS Programme, with the Project Officer travelling to the APY Lands to provide education and support, reaching staff and community women on Country.

The impact of these activities provides encouragement to women, their partners and families not to smoke whilst pregnant.

Other impacts include the reduction of exposure to second-hand smoke by hosting smoke-free programs, empowering families to encourage smoke-free communities, homes and cars and providing opportunities to connect with one another.

The success of the Pamper Days is due to a partnership with Share the Dignity, which is a charity that collects donations of second-hand handbags from various collection points across Adelaide.

The bags are filled with sanitary and beauty products as well as small gifts and these contributions are greatly appreciated by the MHTS Program, and women who receive them.

Workforce Development

The MHTS Program has provided workforce development workshops to students enrolled at AHCSA and staff from external organisations. The objective of these workshops is to increase knowledge on women's business, highlight the positive effects of not smoking, especially during pregnancy for mother, baby and families. The workshops have also provided coaching on engaging women and community members successfully through the use of the Smokerlyzer monitor.

Conference Presentations

The MHTS Project Officer launched stage two of the SIUTS campaign Through the Eyes of Children posters during her presentation at the National TIS conference in Alice Springs in April. Conference presentations were also made at the National Still Births Conference in Queensland and the National Rural Health Conference in Tasmania.

Data Snapshot

- 124 Aboriginal pregnant women were provided with individual or group quit support activities
- 48 participants were successfully contacted (post activity)
- 35 participants made a quit attempt
- 28 participants have reduced smoking
- 24 participants have quit smoking
- 111 staff provided with information through face-to-face engagement
- 19 events attended by the project officer to promote smoke-free pregnancy and the MHTS Program

A Fond Farewell

It is with sadness that AHCSA said farewell to Mary-Anne Williams, MHTS Project Officer at the end of June. After 9 years of working on the Program, Mary-Anne has moved interstate to explore other work and opportunities for herself and family. We take this opportunity to recognise Mary-Anne for her leadership in the MHTS Program and for her contribution to AHCSA. Mary-Anne has been a much respected, innovative member of the AHCSA staff and we wish her all the very best for her next adventure.

A PERSONAL APPROACH TO MAKING A DIFFERENCE

JENAYA FINDS HER PURPOSE

After four years with AHCSA, including the past three spent visiting Aboriginal communities and supporting them with smoking cessation education, working with the Tackling Indigenous Smoking (TIS) Programme is one of the most rewarding things Jenaya Hall has done.

She started her AHCSA journey in Reception as an Admin Assistant. At that stage, she hadn't imagined herself with a career in healthcare. However, when a Project Officer needed an assistant to travel with her, Jenaya jumped at the opportunity. That was her first taste of going out to remote communities. Thinking back, she says, 'I just loved it. Except for Raukkan, where my family is from, I'd never really been taken out to other communities when I was growing up.'

After heading out on a few trips to assist other staff, AHCSA offered her a Junior Project Officer position, on the condition that she undertook her Certificate IV in Aboriginal and Torres Strait Islander Primary Healthcare. That year was characterised by learning and growth with the support of her team.

When a Project Officer role came up, she'd gained the self-belief to apply, and has now been in that position for just over two years. Having completed her Certificate IV in Aboriginal and Torres Strait Islander Primary Healthcare, she is due to complete her Certificate IV in Practice by the end of this year, when she will become a fully certified Aboriginal Healthcare Practitioner.

'AHCSA has been so supportive of me... I'm forever grateful for the opportunities that they've given me. The training has helped me so much. Now I know so much more about cancers and chronic diseases which is such an important part of my role.'

Jenaya went on to share that after a classroom study on lungs, she realised that her own mum had symptoms of Chronic Obstructive Pulmonary Disease, just from listening to her breathe. This knowledge empowered her to encourage her mum to visit a doctor and get treatment. This personal experience, in conjunction with the fact that Jenaya used to be a smoker herself, makes it easier for her not to come across as judgemental in her work with the TIS team. By sharing stories of her personal struggle, it makes it easier for women in the communities to trust her.

Jenaya is now expecting her first baby, which has fuelled a passion for working with pregnant women. She also instinctively feels more strongly about protecting children. She admits that she can't make somebody quit smoking, but by pointing people in the right direction, it can help. She provides them with education and tools for smoke-free homes and cars, and gets them to keep their kids away from family members that are smoking. She feels that it empowers the women to reach smaller goals, which is a step in the right direction. 'I provide education to these communities, but it's more about building relationships. That's a really big thing with communities. You first have to find common ground to make a connection.'

'Being open and honest is the biggest thing you need to connect with people. I've gone into a lot of groups where I can see the people shutting me out as soon as I say who I am. But after spending time talking about family and how I have struggled to stay quit, they eventually start to ask me questions...' she adds, 'it's a pretty rewarding part of the job. Even if they were not planning to quit, I am inspiring them in one way or another.'

'I provide education to these communities, but it's more about building relationships. That's a really big thing with communities. You first have to find common ground to make a connection'

CONSTITUTIONAL OBJECTIVE 3

Provide support to Members to build their capacity to create a strong and enduring Aboriginal Community Controlled Health Sector and contribute to improving the capacity of mainstream health services to respond appropriately to the health needs of the Aboriginal Community within South Australia

RESEARCH

ABORIGINAL HEALTH RESEARCH ETHICS COMMITTEE

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

Each year, the Executive Officer of AHREC submits an annual report to the National Health and Medical Research Council (NHMRC) to demonstrate compliance with the NHMRC's ethical guidelines. Submitted in May 2019, the 2018 annual report presented stability in both the membership of the Committee and the number of research proposals reviewed.

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

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

AHREC's guidance to researchers continues to highlight the holistic and interconnected nature of Aboriginal health and for any research activity undertaken to yield benefit for the Aboriginal communities in SA, in partnerships with AHCSA's Members.

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

Research Applications Reviewed

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

AHREC continued to provide researchers with an opportunity to respond to concerns such as the appropriateness of the research methodology and data collection; partnership with Aboriginal people and organisations involved in the study and benefit to the Community. The areas of particular attention that the researchers were required to thoroughly justify included the potential benefits of research outcomes to Aboriginal people and the need to go through appropriate community consultation evidenced by support letters from services involved.

AHREC's guidance to researchers continues to highlight the holistic and interconnected nature of Aboriginal health for any research activity undertaken

The 48 new proposals that were reviewed and approved during 2018-2019 related to a wide range of health topics that significantly impact on Aboriginal health and wellbeing

Data Snapshot

Out of these 54 new research proposals that were reviewed in 2018-2019:

- 48 were granted ethical approval.
- Two were not approved. The reasons for the Committee's decision included poor application standards, lack of consultation, lack of rigour and scientific validity, and risks outweighing potential benefits.
- Two did not further respond to queries and were considered withdrawn.
- Two were not reviewed.

Research Topics

The 48 new proposals that were reviewed and approved during 2018-2019 related to a wide range of health topics that significantly impact on Aboriginal health and wellbeing. With varied research methods, goals and target groups these included, but were not limited to:

- Health promotion for Aboriginal children
- Home care
- Domestic and family violence
- Outreach programs for the homeless
- The role of Aboriginal fathers and what keeps them strong
- The role of Aboriginal health workers and liaison officers
- Clinical communication between Aboriginal communities and healthcare practitioners
- Aged care
- Prevention of falls in older Aboriginal people
- Social determinants of health
- Mental health
- Embedding Aboriginal and Torres Strait Islander knowledges in Australian undergraduate nursing curricula
- Dementia care
- Inclusive approaches for Aboriginal and Torres Strait Islander people with disabilities
- Primary and community health needs of Aboriginal and Torres Strait Islander people with disabilities
- Aboriginal kidney care
- Hepatitis C testing and treatment
- Sexual health knowledge and behaviour in young people
- Sleep safety for Aboriginal babies
- Child development measurement
- Rheumatic heart disease control
- Coronary heart disease
- Family support services
- Complex trauma
- Primary health care
- Methamphetamine use
- Pre-exposure prophylaxis trials
- Stillbirth risk and social determinants associated with stillbirth
- Practice of dieticians and nutritionists working in Aboriginal and Torres Strait Islander health
- Child protection
- Artificial intelligence to detect and refer diabetic retinopathy
- Cancer screening
- In-hospital treatment for patients with T2DM
- Leukemia presentation patterns in children
- End stage kidney disease
- Hepatitis B vaccination outcomes
- Hepatocellular Carcinoma within Aboriginal populations
- Dental health
- Measurement of institutional racism

CONSTITUTIONAL OBJECTIVE 3

RESEARCH

ABORIGINAL GENDER

Partnering with the University of Adelaide and South Australian Health and Medical Research Institute (SAHMRI), the Aboriginal Gender Study investigated contemporary understandings of gender, gender roles, and the concept of gender equity in three Aboriginal communities in South Australia.

The study applied Indigenous research methodologies, which privileged Aboriginal people as experts in their own lives, and centralised culturally safe approaches including yarning circles and on-going community engagement. Between 2017 and 2018, yarning circles were held with 49 community members across a diverse range of age (above 18 years) and gender identities in metropolitan and regional sites.

Key Findings From Yarning Circles

Understandings of Gender

These were diverse and ranged from biological to understanding gender as a complex, social and cultural concept. This diversity of understandings was apparent in all age groups. There was acknowledgment that understandings have changed over generations.

Strong Aboriginal men were described in terms of their knowledge of culture and identity, and their ability to share this knowledge with family and community. Other depictions of strong men included 'good fathers', 'hard workers', and 'providers'.

Strong Aboriginal women were portrayed as being connected to culture, and being influential in their families and the community. Women, and particularly older women, identified themselves as 'resilient' and 'survivors'.

Yarning circles were held with 49 adult community members across a diverse range of age and gender identities in metropolitan and regional sites

Participants also defined a strong cultural identity for men and women in terms of reciprocity, as well as sharing resources, caring for family and giving back to the community. Paid employment roles also constitute giving back to the community.

Parents, community members and peers were reported as having the strongest influence over children and young people when learning about gender roles and norms.

Gender Roles

Both men and women were seen as nurturers in the family, although there were contradictions around how this played out in everyday life. Some older and younger women expressed the view that women undertook the bulk of family responsibilities (child rearing, emotional support and domestic duties) whilst young men and some older women believe that child rearing is more shared among young parents.

Connection

Connection to family and culture was expressed as an important aspect of Aboriginal life and integral to maintaining resilience. Loss of connections or limited support networks was reported as problematic for both men and women. However, there was a consistent view that men had less sources of support available to them to foster these connections. Participants commonly referred to men's loss of a place in the community as a result of government policies, intergenerational trauma and other on-going effects of colonisation.

Emotion

Almost all participants recognised that the expression of emotions are gendered and acknowledged that this is particularly problematic for men in the community. It was often suggested that the development of spaces specific to men would allow for emotions to be expressed in a safe environment.

Discrimination

Participants commonly reported experiences of racism and these were gendered, reflected in stereotypes regarding men and women as well as episodes of transphobia and homophobia within and outside of the community.

Gender Equity

Although participants did not commonly use the language around 'gender equity', the principles of gender equity were widely accepted by the community. For example, when discussing fairness they spoke of equal partnerships between women and men, and the sharing and fulfilment of responsibilities to family and community.

Many agreed that the nature of these responsibilities might be different for women and men, such as in cultural activities. This conceptualisation of gender equity as partnerships and fulfilling responsibilities highlights the important role that reciprocity plays in many Aboriginal cultures and value systems, and the importance of instilling responsibility from an early age.

This is an important distinction to current Western understandings of gender equity, which focus on individual rights to access power and resources, and often employment issues (such as the gender pay gap).

While gender equity was thought of as equal partnerships, described as 'men and women walking side by side', in certain domains this appeared to only be aspirational. For example, there were contradictory findings regarding the degree of shared roles within the family.

Need for Further Research

As this research was a small scale, exploratory project, the conclusions require further exploration via a larger study. However, these findings do suggest that gendered experiences need to be considered in policy and programs that aim to improve the health and social and emotional wellbeing among Aboriginal and Torres Strait Islander people.

Similarly, the findings above are representative of the communities and groups we engaged with and may not be reflective of other Aboriginal communities. Further research across both Aboriginal and Torres Strait Islander communities is suggested to explore the diversity of views at a national level.

Presentation of Findings

These findings were presented at the following key conferences and meetings with health services and community members:

- The Lowitja Institute International Indigenous Health and Wellbeing Conference, June 2019
- Port Lincoln Aboriginal Health Service Inc. July 2019
- Moorundi Aboriginal Community Controlled Health Service Inc. August 2019
- Adelaide metropolitan Aboriginal community and stakeholders at AHCSA, August 2019

In the Media

The study received significant media attention, including a feature article in Indigenous: https://indigenousx.com.au/gender-and-our-mob/, and an interview with CAAMA radio https://caama.com.au/news/2019/new-study-explores-gender-in-aboriginal-communities.

Acknowledgements

We would like to acknowledge the Lowitja Institute for funding this research and thank the incredible participants who welcomed us into their communities and took the time to share their stories.

We also thank the local Aboriginal health services and organisations that supported this study. *The Aboriginal Gender Study Final Report* and *The Aboriginal Gender Study Community Report* are available at https://aboriginalgenderstudy.ahcsa.org.au/

Further research across both Aboriginal and Torres Strait Islander communities is suggested to explore the diversity of views at a national level

CONSTITUTIONAL OBJECTIVE 3

RESEARCH

SHEDDING THE SMOKES

Funded by the Commonwealth Government Tackling Indigenous Smoking Innovation Grants, the Shedding the Smokes (STS) Programme continued to provide support to males in Yalata and Coober Pedy until the end of December 2018. The purpose of the Programme was to assist the males in these communities to quit smoking with a holistic health focus.

Influencing Factors

The impact of smoking on males, especially in terms of chronic disease and lowered life expectancy, is of great concern and a priority area because of significant barriers to health service engagement embedded in male behavioural dispositions. These include cultural factors such as valuing independence, fear of vulnerability, suppressing emotion and denial.

Attitudinal factors such as lack of overall interest in their own health, and a functional rather than preventative view of health, which means they tend to wait until something goes wrong, is taken into account.

Service factors, such as female-dominant staffing, operating hours, the audience of health promotion material being mostly women and children, lack of Aboriginal male health care providers and male-specific services are all contributing factors.

Innovative Approach

Although ACCHSs are the first place that Aboriginal males turn to for information, support and referrals, this is also often too late, infrequent or at later stages of illness. Novel and inherently community and male-driven approaches were identified as a need to engage Aboriginal males in health programs.

The males would paint and make artefacts, which not only brought fulfilment but also a chance to pass on knowledge to the younger males in the community

A growing body of evidence identifies Men's Sheds, where males organise social, art, cultural, woodwork-type activities, as safe and friendly places that can provide lesser social connectedness, and thereby, better health outcomes.

Empowering Outcomes

By having positive role models, such as Aboriginal males who have successfully quit smoking, the STS Programme proposed to adapt the Men's Shed concept to a Male Health Shed with support by the clinical services of a local ACCHS.

A Shed is a community-driven, safe and smoke-free place utilised for health promotion and capacity building activities. These are expected to result in better health outcomes by empowering males to improve their social, cultural, emotional and economic wellbeing and connection with community.

The STS Programme continued to run with their approach to engage with males through cultural activities, aiming to relay messages about smoking cessation in a culturally safe environment where social supports are made available to be encouraged to make a quit attempt. Josh Riessen ran the Programme from Adelaide and Walter Champion, who is based at Tullawon Health Service (THS) Inc. as an Aboriginal Health Practitioner, provided support to The Blue House at Yalata.

Education and Culture

The Blue House at Yalata saw enthusiastic participation not only from the males involved, but from the whole community. They often had 30 to 40 males at planned events, which included education sessions around smoking cessation, sexual health, nutrition and the financial impact of smoking cigarettes. The males would paint and make artefacts, which not only brought fulfilment but also a chance to pass on knowledge to the younger males in the community.

Having a GP based at the Blue House for one day each month was another great initiative initiated by THS. The males reported how much more comfortable they were in the Blue House environment. There was a great uptake of the GP services on those days, even by those who haven't had a health check at the service before.

Connect with Country

In Coober Pedy, the Programme partnered with Umoona Tjutagku Health Service Aboriginal Corporation's (UTHSAC) Drug and Alcohol Service team. This provided the opportunity for mutual support with activities and programs that meet the STS objectives. STS does not have a Blue House in Coober Pedy, but were able to make use of DAS's Activities Centre when needed.

The place for the males to feel comfortable isn't four walls in this case, but the red sand and blue sky of Central Australia. The males in this community preferred to get out of the town and go to significant places in the region, connect with Country, share stories, go hunting and cook marlu wilpa (kangaroo tail).

Potential Impact

Unfortunately, support for this Programme concluded at the end of last year. However, if sustainable funding could be sought, an improvement in the health status of so many males across remote Australia could be achieved. The Programme's purpose has such a transferable logic model, that the long-term effects could potentially be far reaching.

Acknowledgements

Shedding the Smokes would like to thank the following organisations and people for their support with the Programme:

- Department of Health
- Boards and CEOs of the Tullawon Health Service and Umoona Tjutagku Health Service Aboriginal Corporation
- Communities and Aboriginal males of Yalata and Coober Pedy
- Dr Margaret Cargo and Dr Mark Daniel from the University of Canberra
- Walter Champion, Aboriginal Health Practitioner, Tullawon Health Service Inc.
- Delesh Perera, Activities Coordinator, Umoona Tjutagku Health Service Aboriginal Corporation
- AHCSA staff: Tim Lawrence, Josh Riessen and Dr Gokhan Ayturk

STRONG DADS STRONG FUTURES

Highlighting the importance of family values, the Strong Dads Strong Futures Study aimed to showcase the significant role and responsibilities of Aboriginal and Torres Strait Islander male parents. It is anticipated that by privileging these men and their stories of parenting, future generations of Aboriginal and Torres Strait Islander male parents and their children will benefit.

However, it should be noted that although invited, as a result of the location and timing of the project, there were no Torres Strait Islander males available to participate in the focus groups.

Better Understanding

The study gained a better understanding of the roles and responsibilities of Aboriginal men through privileging their voices while concentrating on their cultural identity and cultural practices as parents.

The men were able to come together and discuss the importance of maintaining and instilling in their children cultural identity and cultural practices to keep them strong in mind, body and spirit. This strengths-based approach allowed for rich data collection and a mutual rapport being developed between the community and the research team.

Study Findings

The lack of published literature on Aboriginal and Torres Strait Islander parenting programs is reflective of the lack of programs and services delivered. The results of the Study correlate with the limited literature surrounding Aboriginal and Torres Strait Islander male parenting, highlighting the need for maternal and early years services to improve their understanding of the needs and desires of Aboriginal male parents and provide culturally appropriate services to these men.

The scarcity of appropriate education, support programs and services available for Aboriginal and Torres Strait Islander men is impeding them from engaging as parents, to the extent that they would like to, during pivotal times such as childbirth and early childhood.

The roles and responsibilities traditionally bestowed upon female parents from all sectors of society have led to male parents as a collective being largely excluded from the parenting conversation. Whilst there has been a rise in male parents in general wanting to be included in the parenting realm, the voices of Aboriginal and Torres Strait Islander men still remain on the margins and largely unheard.

The men discussed the importance of maintaining and instilling in their children cultural identity and practices to keep them strong in mind, body and spirit

CONSTITUTIONAL OBJECTIVE 3

RESEARCH

Need for Action

However, given the opportunity, Aboriginal and/or Torres Strait Islander male parents are interested and committed to their roles and responsibilities as parents.

Many Aboriginal and Torres Strait Islander male parents lack the necessary resources and support to navigate the realms of parenting in a beneficial way for their children and families. This Study uncovered the roles, responsibilities, wants and needs of Aboriginal male parents. Unfortunately, it also exposed the exclusion of Aboriginal and Torres Strait Islander men from the parenting domain and highlights a birthing and early years system that is broken. Without urgent correction, this will be to the detriment of these male parents, their children, families and communities.

Sharing of Outcomes

The team returned to Country and to the Yalata, Port Lincoln and Coober Pedy communities to communicate the findings of the Strong Dads Strong Futures Study, particularly from the perspective of their involvement in the study.

The outcomes of the Study were also presented at the Lowitja Institute's International Indigenous Health and Wellbeing Conference in Darwin. The presentation was greatly received, and the Strong Dads Strong Futures team received accolades for actually including dads in the Study. Interestingly, this feedback came mainly from the women at the Conference.

Radio interviews provided great exposure along with increased research visibility gained through the National Men's Health Forum website. This media attention allowed other men's groups and Aboriginal and Torres Strait Islander men's health researchers to better understand the work that is being done in South Australia.

A scoping review, which focussed on current programs being offered to Aboriginal and Torres Strait Islander male parents, was submitted for peer review publication. In addition to this, the team submitted a results paper of the Strong Dads Strong Futures project for peer review. This paper highlights the roles, responsibilities and challenges of parenting as described by the men themselves.

Recommendations

Maternal and early years services should acknowledge and understand the vital roles that Aboriginal and Torres Strait Islander male parents have in the healthy development of children and families. They should acknowledge and understand the local stigmas that exist and work with local Aboriginal and Torres Strait Islander men (particularly male parents) to find ways to make accessing and engaging with services more culturally appropriate.

These services should also radically rethink and reorientate the way their services and organisations invite Aboriginal and Torres Strait Islander male parents into the realms of parenting. They should acknowledge and not underestimate the importance of these male parents with regards to the value they can add to the lives of their children.

The team recommends that maternal and early years services consider translating the evidence in the Strong Dads Strong Futures Study into a practical solution, that would appeal to the Aboriginal and Torres Strait Islander male parents of their community.

Conclusion

The realm of male Aboriginal and Torres Strait Islander parenting remains underfunded and under-resourced. Changes in political will and societal perceptions will go a long way towards increasing and improving the number of appropriate parenting and early years services available for Aboriginal and Torres Strait Islander male parents.

The opportunity to perform their roles and responsibilities as parents is not only important because 'children need and love their dads, but also because of the significant impact that fathers have on the social, cognitive, emotional and physical well-being of children from infancy to adolescence and with lasting influences into their adult life' (Berlyn C, Wise S, Soriano G. Engaging fathers in child and family services: Participation, perceptions and good practice. *Family Matters*. 2008(80):37).

AHCSA would like to thank the Lowitja Institute and Professor Maria Makrides, SAHMRI Women and Kids Theme, for funding this project. We would like to acknowledge the work of Dr Kootsy Canuto, Kurt Towers, Shane Bond, Dudley Ah Chee and the Project reference group.

The study exposed the exclusion of Aboriginal and Torres Strait Islander men from the parenting domain and highlights a birthing and early years system that is broken

UNDERSTANDING STRESS AND STAYING STRONG

This project is a Lowitja Institute funded partnership between AHCSA and the South Australian Health and Medical Research Institute (SAHMRI). It explored challenges faced by the Aboriginal and Torres Strait Islander health and human services workforce and the individual and collective ways in which people stay strong in the presence of stressful working conditions.

Yarning with over 110 Aboriginal and Torres Strait Islander workers across metro, regional and remote Australia, the team explored contributors to stressful working conditions, unique challenges and strategies that enable workforce to stay strong.

Aboriginal-Led Research

The project was guided by a national governance panel of Aboriginal and Torres Strait Islander workforce representatives. The findings were interpreted through expert roundtable discussions. Understanding the key challenges and strengths of workforce informed the development of guidelines and recommendations for workers, managers and policy makers to drive improvements in the working lives of Aboriginal and Torres Strait Islander workforce and communities.

The project engaged a predominantly Aboriginal team of chief investigators and an Aboriginal Governance Panel with expertise including health, housing, corrections, education and mental health. These groups guided the project's methods, engagement, data interpretation and knowledge translation activities.

The team consisted of an Aboriginal man as Project Coordinator, who worked in partnership with the non-Indigenous members of the project team.

Strengths-Based Focus

Whilst the challenges and stresses in the workplace were explored in the research, discussions were centred on how workforce stayed strong and overcame challenges. Participants and researchers had a strengths-based focus when collecting, analysing and reporting findings by incorporating language and concepts that emphasised positive characteristics and strategies for staying strong.

Insights and Lessons

Multifaceted learnings have been shared in guides for workforce and managers, and a brief for policy makers. *Sharing Our Ways of Staying Strong* elaborates on ways in which Indigenous workers overcome challenges in the workforce. *Valuing and Strengthening* outlines examples of how workforce have been supported by organisations and managers. Insights from this project include recommendations to inform the development of supportive policies and workforce strategies.

The Guides will be launched at the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) 10 Year Anniversary Conference in Alice Springs in October and AHCSA's AGM in November 2019. They will also be available through AHCSA's website. In June, the study was presented at the Lowitja Institute International Indigenous Health and Wellbeing Conference and received significant attention.

Acknowledgements

The team thanks the Lowitja Institute for funding the study and the opportunity to share the generated knowledge.

This project was supported by Aboriginal and Torres Strait Islander workforce from across the country and a significant number of senior Aboriginal leaders across Aboriginal health and human services. Thanks and appreciation goes to all participants and organisations for entrusting their stories of how they stay strong with the team, and specifically NATSIHWA, for generously sharing their expert insights and guidance on numerous occasions.

DR NICK'S DEEP CONNECTION TO LAND AND THE COMMUNITY

Dr Nick Williams is most comfortable where there is chaos. Those who know him as AHCSA's GP Supervisor in Aboriginal health would not be surprised that he is genuinely most inspired by the helping others aspect of medicine.

Nick works extensively with AHCSA's Members, where his role over the past eight years has enabled an increase in the GP workforce within the ACCHSs. This has resulted in an expanded uptake of Aboriginal health checks and GP management plans, which leads to a more comprehensive provision of clinical services.

He provides direct GP work himself, as well as support for the GP workforce, which includes helping to place, support, and supervise GP Registrars.

Although he graduated from Adelaide University in 1980 and has spent many years working in general practice and some time in emergency medicine at Queen Elizabeth Hospital in Adelaide, it is his work in rural and remote health that truly moves him.

He has considerable public health experience and has worked in rural and remote Indigenous health for 20 years in central Australia. Before that, he spent time working in northern Canada, as well as carrying out international disaster relief for the Red Cross.

Earlier in his career, he spent six years in the vibrant chaos of rural Africa, where equipment and medicines were often in short supply.

With a broader worldview and wealth of experience, he returned to Australia and in 1999 became the Senior District Medical Officer in Alice Springs, providing Royal Flying Doctors Service (RFDS) evacuations and medical services to remote Aboriginal communities. Throughout this time, it has been the need of the people that has motivated him most.

He feels a deep connection to the land and people of Northern Territory and South Australia. In his rural and remote work in Indigenous health, it is this connectedness that makes him feel part of something bigger. It is where he finds his purpose.

He draws inspiration from the resilience of Aboriginal people. 'Their sense of humour in often difficult circumstances has an equalising factor that I admire.'

The most rewarding aspect of his work is the relationships he forms and the longevity of that connectedness. 'When people you've treated in the past remember you after a long time... that's gold,' then he adds, 'it can take a while to build that trust, but all that's required is respect, consistency and caring.'

He draws inspiration from the resilience of Aboriginal people. 'Their sense of humour in often difficult circumstances has an equalising factor that I admire'

CONSTITUTIONAL OBJECTIVE 3

RESEARCH

ALCOHOL MANAGEMENT

AHCSA's partnership with the University of Sydney continues with the *Supporting Indigenous Primary Care Services to Reduce the Harms from Alcohol* Research Project. This involves ACCHSs from across Australia and will provide a model for how to support services to give the best possible care for unhealthy alcohol consumption within communities.

The Alcohol Management Project has supported ACCHSs with facilitating workshops for health service representatives to share their skills and expertise and has provided opportunities for on-going skills development and regular data feedback.

The Project Team

A Research Officer based at AHCSA, who is also the PIMS Officer, guides the Alcohol Management Project. Her role is to support the way in which services address alcohol use amongst their clients through their use of Communicare, and any system modifications they might require.

Advice is available to participating services with regard to the easiest ways of documenting alcohol-related care, as well as with the extraction of quantitative data.

The Alcohol Management Research Project is a partnership between AHCSA and the University of Sydney

Project Aims

Alcohol use and dependency have an enormous impact on families and communities. People who drink even a little over the recommended limits potentially have a greater chance of developing cancer and other medical conditions. In primary care services, unhealthy drinking is not addressed as often as smoking.

It is possible that health staff feel less comfortable talking about alcohol dependency and in using alcohol treatments like medicines that can help an individual to stay dry, or to treat withdrawal.

Best Practice Guidelines

Treatments for unhealthy drinking are part of the national alcohol treatment guidelines and can successfully be used in primary health care. They have proved to be effective in improving overall health. This research project will test ways in which services currently support Aboriginal and Torres Strait Islander people and provide best practice guidelines for services to assist people to make informed decisions about dealing with their unhealthy drinking habits in future.

Increased Participation

There are a total of 22 ACCHSs participating in the project around Australia, across urban, rural and remote areas. Led by the ACCHSs and guided by evidence, practical support is provided to services as follows:

- Education resources
- Staff training
- Addiction specialist support
- Support for developing or adapting existing resources
- Communicare support

Collaboration

AHCSA has worked closely with Professor Kate Conigrave on the project. Kate is an Addiction Medicine Specialist and Public Health Physician based at Royal Prince Alfred Hospital. Her work combines treating individuals with alcohol, drug and tobacco problems, promoting the health of communities, research and teaching.

AHCSA would like to acknowledge the opportunity to work in partnership with the University of Sydney on this Research Project, as well as the funding provided.

CONSTITUTIONAL OBJECTIVE 3

QUALITY SYSTEMS

The AHCSA Quality Systems team (QST) provides comprehensive clinical and organisational support to our Members by applying a continuous quality improvement (CQI) focus to patient information management systems, data collection and analysis, and clinical governance.

The team consists of the Statewide CQI Coordinator, the Health Informatics Coordinator, the Practice Managers' Support and Patient Information Management Systems (PIMS) Officer, the Digital Health Coordinator, and the GP Supervisor. The team works closely with other teams across the Organisation, especially the Public Health Medical Officer.

Clinical Governance Toolkit

The second edition of the Clinical Governance Toolkit and Assessment and Action Tool have been updated to align with both the RACGP Standards 5th Edition, and the QIC Standards 7th Edition.

AHCSA is pleased to announce that the resources were launched at the AHCSA Quality Forum in June. Each health service was sent two copies of each booklet. Digital copies will also be made available via the Aboriginal Community Controlled Health Service (ACCHS) Members' Portal at www.ahcsa.org.au.

Health Service Quality Forum

The Quality Systems team hosted the inaugural SA ACCHS Quality Forum at the end of June. The theme this year was Pirrki-apinthi (sharing), Kangkarrinthi (caring), and Mailtyanthi (quality).

AHCSA believes in the preservation of Aboriginal language, and for this reason it was important to name this annual event using Kaurna language. We acknowledge and thank the Kaurna Warra Karrpanthi for their permission to use these words.

More than 40 participants, representing 10 of South Australia's ACCHSs, attended the two-day event. Clinicians and other health service staff came together to share their stories and experiences of delivering high quality care for and with their communities. The following topics were covered:

- My Health Record
- System requirements for managing cervical screening
- Chronic disease care
- Clinical governance
- Resilience in the work place
- Accreditation
- Maintaining Communicare
- GP's role in a Chronic Disease team

The team would like to thank those services that generously shared their experiences, including:

- Nunkuwarrin Yunti of South Australia Inc.
- Pika Wiya Health Service Aboriginal Corporation
- Nunyara Aboriginal Health Service Inc.
- Tullawon Health Service Inc.
- Pangula Mannamurna Aboriginal Corporation
- Port Lincoln Aboriginal Health Service Inc.

Feedback from participants was very positive. Attendees welcomed the first Quality Forum, for two days of networking, sharing, brainstorming and discussion. This Forum will become an annual event hosted by the Quality Systems team and it was a privilege to have so many representatives from our Members in attendance.

Over 40 participants representing 10 of South Australia's ACCHSs attended the two-day event. Clinicians and other health service staff came together to share their stories and experiences of delivering high quality care for and with their communities

40

CONSTITUTIONAL OBJECTIVE 3

QUALITY SYSTEMS

SQID Cycle 2: Child Ear Health

SQID Cycles are state-based, three-monthly, interactive clinical quality improvement tools that specifically focus on one area of health. They involve the collection of de-identified baseline health data, followed by webinars that explore the processes, procedures, and data entry methods related to the topic. The health data is collected again after three months and compared with the baseline data to assess health service improvement.

Nine Member Services participated in SQID Cycle 2, which focused on improving otoscopy screening rates in Aboriginal children under 5 years of age.

Data extracted at the beginning (June 2018) showed that SA ACCHSs had an average screening rate of 39.4%. At the end of the Cycle, the sector achieved an average increase of 7.9% with the average child otoscopy screening rate elevated to 47.3%.

The final results were presented at the Deadly Sounds, Healthy Ears Workshop held in March and led into discussion on sustaining change, and caring for clients beyond Otoscopy.

Using PowerBI to Inform CQI

The Quality Systems team have developed two PowerBI Models. This is a software tool that presents Communicare information in a way that allows Member Service staff to interact with their client data by using filters, and can trend line information.

Data is presented in a graphic, colour-coded format for ease of use and can be exported in static images for inclusion in Board and Community reports.

Elements of population demographics, chronic disease management, Medicare Benefits Schedule, and specific program-based information, such as rheumatic heart disease and ear health, have been mapped from Communicare and can be used to support quality improvement processes.

Recently, the team have been working with AHCSA's lawyer, Paul Gordon from Wallmans Lawyers, to develop an ACCHS User Agreement that will enable Member Services to have access to these PowerBI models. It is anticipated that this process will be completed by mid-to-late August 2019.

General Practice Supervisor Program

Funded by GPex, the GP Supervisor for Aboriginal Health provided direct clinical services to six rural and remote clinics and supervised 10 GP Registrars in eight locations.

This provided 667 days of GP workforce to rural and remote SA in the 2018-2019 reporting period. As part of AHCSA Member Support, the Program continues to improve the uptake of Aboriginal Health Checks (715) and development of GP Management Plans (721). It provides 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 (AHC) in the ACCHSs involved in the program and continues to expand. Four former GP registrars now continue to work in ACCHSs in SA as a direct result of the Program.

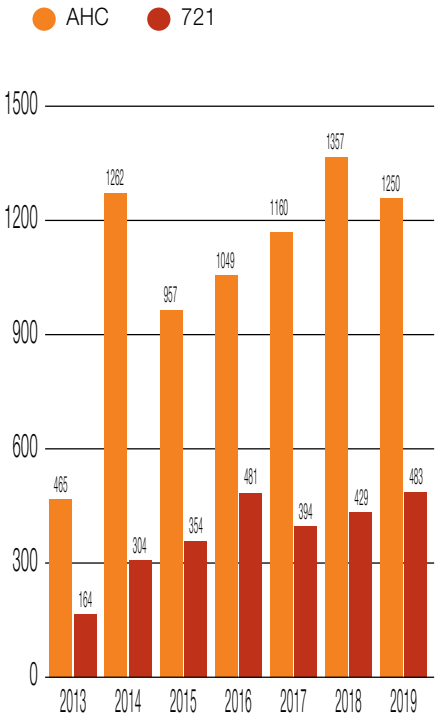
Data Snapshot

There have been 1,250 Health Checks in the past year, resulting in over $407,000 in revenue for participating ACCHS from health checks and 721/723 plans.

1. **GP Workforce**

   Additional 10 GP registrars residing or visiting eight rural ACCHS, plus GP Supervisor providing over 667 GP service days for reporting period.

Number of Aboriginal Health Checks and GP Management Plans



2. **GP Management Plans**

   Chronic conditions clients with current 483 GP Management Plans (item 721). 33% across sites involved.

3. **Quality Management of Chronic conditions across sites**

   70% of patients with Diabetes have had a HBA1c performed in previous 12 months.

4. **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.

DIGITAL HEALTH

Since October 2018, AHCSA's Digital Health Coordinator has been supporting and working closely with Members on a range of digital health initiatives.

My Health Record

The primary focus this year has been the My Health Record (MHR) Expansion Program. This has involved working with and supporting Members with the expansion at a healthcare provider level. This has included education, training, technical and IT support as well as policy, procedural and systems support relevant to Communicare.

Opt Out System Change

With approximately 90.1% of Australians now with a MHR, the move from an 'opt in' system to an 'opt out' system changes the whole framework of informed consent and increases the responsibility to inform individuals adequately of the change. The MHR system is based on the assumption that individuals have a high level of digital and health literacy, as well as access to digital technologies.

Digital Challenges

In rural and remote regions, Aboriginal and Torres Strait Islander people face the double obstacle of limited internet connectivity and access to digital technologies. The evaluation of the MHR trials found that the main barrier to individual participation and use for Aboriginal and Torres Islander people, is the impact of remoteness and rurality on access to reliable internet, access to computers and computer literacy. This affects people's ability to access and use their MHR.

The Australian Digital Health Agency partnered with AHCSA to ensure that all ACCHSs in South Australia were aware of and ready for the commencement of the expansion of the national My Health Record system

Community Support

Over the coming year AHCSA will be engaging with communities to adequately inform people that they have a MHR, unless they 'opted out' or recently cancelled their record. This will increase awareness of the MHR in Aboriginal communities. Barriers and challenges associated with MHR access and engagement will be investigated at a local level.

CONSTITUTIONAL OBJECTIVE 4

Provide and deliver chronic disease care services and programs

CHRONIC DISEASE

As outlined in the *AHCSA Strategic Direction 2019-2024*, Constitutional Objective Four is a new inclusion, 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 this 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

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

CONSTITUTIONAL OBJECTIVE 5

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

EDUCATION, TRAINING AND WORKFORCE

REGISTERED TRAINING ORGANISATION

The Education, Training and Workforce team has welcomed three new members over the past twelve months. AHCSA is pleased to welcome Annabella Marshall as Clinical Educator and two new Student Travel and Administration Officers, Tallulah Bilney and Alfred Lowe.

In addition to the members of the Education, Training and Workforce team, AHCSA's Registered Training Organisation (RTO) receives significant support from other program staff across the organisation.

During the 2018-2019 reporting period, RTO students received education delivery from AHCSA's Eye Health, Trachoma Elimination, Tackling Smoking Maternal Health and Sexual Health Programs.

Quality Partnerships

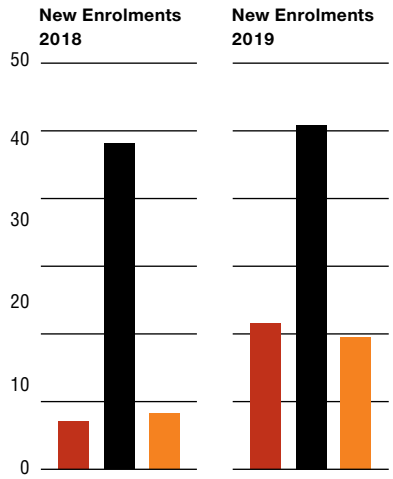
RTO educators also seek support from industry specialists to provide current information to students in a range of health areas. Special thanks goes to the following industry partners for their on-going support of AHCSA's Primary Health Care training:

- Kidney Health Australia
- SHINE SA
- The Heart Foundation
- Hepatitis SA
- Diabetes SA
- Drug and Alcohol Services South Australia
- Rheumatic Heart Disease Control Program, SA Health
- Yarrow Place Rape and Sexual Assault Service
- SA Mobilisation and Empowerment for Sexual Health (SAMESH)
- Adelaide Sexual Health Centre (275)
- Program of Experience in the Palliative Approach (PEPA)
- Headspace

Training Programs

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

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



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

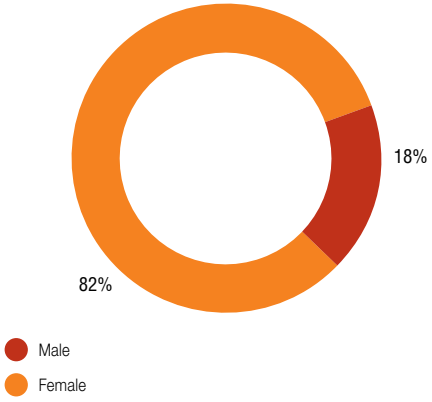
STUDENT FEEDBACK

'Educators are fantastic and very supportive in every aspect of learning and I would highly recommend anyone to study with AHCSA'

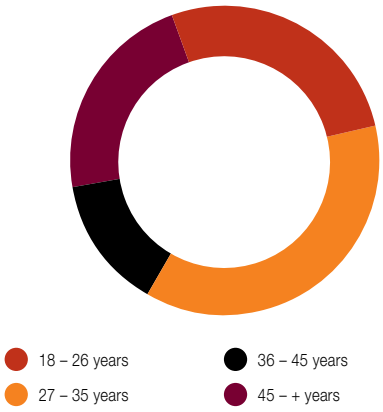
CONSTITUTIONAL OBJECTIVE 5

EDUCATION, TRAINING AND WORKFORCE

New Enrolments by Gender



New Enrolments by Age



STUDENT FEEDBACK

'The open and honest discussion around social and emotional wellbeing and ethical issues was great. Loved learning everyone's stories and point of view'

New Class Intakes

AHCSA has seen the commencement of seven new class intakes, including one Certificate III class, four Certificate IV Practice classes and two Aboriginal and/or Torres Strait Islander Maternal and Infant Care classes.

In addition to these new class groups, the RTO had a Certificate III class and two Certificate IV level classes continue on from 2018, bringing the total number of active students to 98 for the 2018-2019 reporting period.

During the last financial year, AHCSA's RTO ran 50 face-to-face study workshops, with educators cumulatively spending 1,875 hours in the training room and marking over 1,000 assessment items.

Workshop Evaluation

AHCSA continues their commitment to the quality improvement of its RTO and the delivery of quality services to the community. AHCSA's RTO regularly collects student feedback and utilises this to action positive change in training service development and delivery.

Based on Student Workshop Evaluation data, for the period July 2018 to June 2019, AHCSA's RTO received a 93.65% satisfaction rating. This has increased from 91.03% the previous year.

Areas identified for improvement included issues with the student computers and reviews of specific assessment resources. All feedback received from students regarding the training content and resources is noted and improvement actions are identified to ensure that the RTO is being continually responsive.

AHCSA's RTO is constantly working to improve our service delivery and direct student feedback is fundamental to achieving this.

2018 Student Graduation Celebrating 35 Years

In December last year, the AHCSA Education, Training and Workforce team proudly hosted the Aboriginal and Torres Strait Islander Primary Health Care Graduation. Over 50 students graduated from the following qualifications or courses:

- HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT40113 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice
- Aboriginal Maternal and Infant Care Training Program
- HLTAHW020 Administer Medications

The students have been working hard over the past two years, with most of them spending weeks away from home, to attend classes in Adelaide. AHCSA congratulates the students' commitment to their study and dedication to improving health care and outcomes for their communities.

Class of 1983

2018 also marked the 35th Anniversary of the first graduating class of the accredited Aboriginal Health Worker course in SA. AHCSA extended special invitations to graduates from the First Class and we were fortunate to have some of the original graduates there on the night.

Appreciation for their contribution was unmistakable when they received a standing ovation in recognition of their legacy. AHCSA honours the standard they have set and endeavours to continue to provide opportunities for future Aboriginal students to follow in their footsteps.

A Class Act

The graduation ceremony was hosted by Gordy Rigney Jnr, an emerging Aboriginal Health Worker from Moorundi Aboriginal Community Controlled Health Service. He did an exceptional job and kept us laughing throughout the celebration. DJ Juanita Sumner and the extraordinary Electric Fields entertained graduates and guests.

It was a joyous occasion that evoked the spirit of Aboriginal health, and simultaneously celebrating past, present and future Aboriginal Health Workers. It reminded us all of the importance of taking time to reflect on the achievements of the workforce and community.

Congratulations to the graduates on their huge achievement and good luck for the next part of your journey. A big thank you to the class of 1983 for being the first and leading the way.

Acknowledgements

AHCSA and the Education, Training and Workforce team thanks all who contributed to the success of the event, and their efforts to create wonderful memories for our graduates, First Class and special guests. Special thanks goes to our sponsors who helped make this event possible:

- Rural Doctor's Workforce Agency, Gold Sponsor
- Department for Health and Wellbeing
- Wallmans Lawyers
- University of South Australia
- Adelaide City Council
- Tullawon Health Service
- Commonwealth Bank
- Northern Adelaide Local Health Network
- Flinders Rural Health South Australia
- Adelaide Primary Health Network
- Country Primary Health Network
- Cancer Council SA

A PASSION FOR LEARNING

SELF-EMPOWERMENT FOR THE GOOD OF THE COMMUNITY

Karen Smith is a Mirning Kokotha descendant of the West Coast. She was a curious child and always asking questions. A love of learning is a constant thread in her life story.

At the end of last year, Karen graduated from AHCSA with her Certificate IV in Practice, but she's not done yet. Next, she plans to complete her Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice and beyond that, she sees a future as a credentialled Diabetes Educator. It's an inspiring journey...

Karen got her first job as a Receptionist at the Department of Aboriginal Affairs. She spent a couple of years typing up reports until she decided that she needed more. She enrolled into university at the age of 20, and that's where it started.

Although these studies were administrative, Karen's mum was a nurse, and many of her family members worked in healthcare, making health an area of interest.

Karen then studied for a Diploma in the Narrative Therapy Approaches from Nunkuwarrin Yunti, which was the first course of its kind. She was a Social Emotional Wellbeing Worker for four years before she managed the Ceduna Regional Health Service Step Down Unit from 2012 until 2016. Although she was making a difference to peoples' lives, she realised that she wanted to work hands-on in primary healthcare.

She was employed at Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation in 2017 as a Chronic Disease Coordinator, doing case-management, and ensuring that clients attended their appointments with specialists. She had previously completed her Certificate III and Certificate IV Primary Health Care qualifications at AHCSA, but wanted to understand more about the different health conditions. This is what motivated her to do her Certificate IV in Practice with AHCSA.

Over a period of two years, Karen left her family in Ceduna almost every month for up to two weeks to complete her studies in Adelaide. Her dedication to improving the health outcomes for her community eventually paid off. Her current position is temporary Female Clinical Aboriginal Health Practitioner at Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation and she feels really good about what she has achieved so far.

The years of experience gained from listening and absorbing in different organisations has provided her with well-rounded training that supports her formal qualifications.

'Completing the Cert IV in Practice and now working as a Practitioner at our clinic, I understand so much more about good health.' Karen is able to share her knowledge with family as well as the Community about stopping smoking, eating the right foods and exercise. 'During my studies, one of the things that surprised the heck out of me was the dietary side. That Sugar Film (2015) was fascinating! It makes a big difference to get the education and to be able to pass on that learning.'

She admits that it saddens her to know that children are seeing their parents unwell, and that children are sometimes unwell themselves, but that clients don't always understand why they are not getting better. 'I believe that working with the clients over time, letting them get to know and trust me, and educating them about how they can help themselves can be so good.'

Through perseverance and patience, Karen describes how the trust grows until clients are happy to come back in for their appointments. They get to understand that if they keep taking their medicines, they can make huge strides towards improving their own health.

'It's really rewarding when clients come back and look for you to help them, because they trust you'

CONSTITUTIONAL OBJECTIVE 5

EDUCATION, TRAINING AND WORKFORCE

RURAL ABORIGINAL HEALTH WORKER PROGRAMME

The Rural Aboriginal Health Worker Programme continues in its role to support the delivery of primary health in regional areas that do not have full access to Aboriginal Community Controlled Health Services.

This Programme continues to support the delivery of primary health in regional areas that do not have full access to Aboriginal Community Controlled Health Services (ACCHS). It is vital to ensure that primary health care delivery for the Aboriginal communities is maintained in these areas. AHCSA monitors and manages the funds and administration associated with this program, including negotiation and liaison with mainstream country hospitals and health services.

Funding Support

Programme funding is received from the Commonwealth Department of Health via NACCHO, and AHCSA in turn provides funding to the Country South Australia Local Health Network to employ Aboriginal Health Workers in the following regions. These are predominantly in areas without Aboriginal Community Controlled Health Services:

AHWs EMPLOYED	
Riverland	2
Mount Gambier	1
Oodnadatta	2
Yorke Peninsula	1
Nunyara Aboriginal Health Service*	2
Pangula Mannamurna Aboriginal Corporation*	1

*Three positions transferred to these health services when they became incorporated and established.

The Rural Aboriginal Health Worker Programme continues in its role to support the delivery of primary health in regional areas that do not have full access to ACCHSs

FINANCIAL REPORT CONTENTS 2018-2019

BOARD OF DIRECTORS' REPORT 2018-2019

AHCSA Board of Directors submit the financial report of the Aboriginal Health Council of South Australia Limited for the period 1 July 2018 to 30 June 2019.

Board of Directors

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

From 1 July 2018 to 28 November 2018:

EXECUTIVE MEMBERS

Polly Sumner-Dodd (Independent Chairperson)

Mark Lovett (Deputy Chairperson)
Pangula Mannamurna Aboriginal Corporation

Les Kropinyeri (Treasurer)
Port Lincoln Aboriginal Health Service Inc. – to 16 November 2018

Vicki Holmes (Secretary)
Nunkuwarrin Yunti of South Australia Inc.

Jamie Nyaningu
Nganampa Health Council

NON-EXECUTIVE MEMBERS

David Dudley
Port Lincoln Aboriginal Health Service Inc. – from 16 November 2018

Vacant
Aboriginal Sobriety Group Indigenous Corporation – to 31 July 2018

Beth Turner
Aboriginal Sobriety Group Indigenous Corporation – from 31 July 2018

Josie Warrior
Umoona Tjutagku Health Service Aboriginal Corporation – to 13 November 2018

Ernest Warrior
Umoona Tjutagku Health Service Aboriginal Corporation – from 13 November 2018

Madeline Grant
Oak Valley Health Service Inc. – to 19 October 2018

Vacant
Oak Valley Health Service Inc. – to 28 November 2018

Wilhelmine Lieberwirth
Nunyara Aboriginal Health Service Inc.

Roderick Day
Tullawon Health Service Inc.

Roy Wilson
Kalparrin Community Inc. – to 18 July 2018, *Membership terminated 18 July 2018*

Leeroy Bilney
Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation

Kym Thomas
Pika Wiya Health Service Aboriginal Corporation

Vicki Hartman
Moorundi Aboriginal Community Controlled Health Service Inc.

From 28 November 2018 to 30 June 2019:

EXECUTIVE MEMBERS

Polly Sumner-Dodd (Independent Chairperson)

Vicki Holmes (Deputy Chairperson)
Nunkuwarrin Yunti of South Australia Inc.

Beth Turner (Treasurer)
Aboriginal Sobriety Group Indigenous Corporation - to 2 March 2019

Wilhelmine Lieberwirth (Treasurer)
Nunyara Aboriginal Health Service Inc. – from 6 March 2019

David Dudley (Secretary)
Port Lincoln Aboriginal Health Service

Ernest Warrior
Umoona Tjutagku Health Service Aboriginal Corporation

NON-EXECUTIVE MEMBERS

Mark Lovett
Pangula Mannamurna Aboriginal Corporation – to 28 February 2019

Gwen Owen
Pangula Mannamurna Aboriginal Corporation – from 28 February 2019

Jamie Nyaningu
Nganampa Health Council

Vacant
Aboriginal Sobriety Group Indigenous Corporation – to 30 June 2019

Vacant
Oak Valley Health Service Inc. to 14 January 2019

Hilary Williams
Oak Valley Health Service Inc. – from 14 January 2019

Roderick Day
Tullawon Health Service Inc.

Leeroy Bilney
Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation

Kym Thomas
Pika Wiya Health Service Aboriginal Corporation – to 27 February 2019

Maxine Jackson
Pika Wiya Health Service Aboriginal Corporation – from 27 February 2019

Vicki Hartman
Moorundi Aboriginal Community Controlled Health Service

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, full-time equivalent Secretariat positions have risen to 42.

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' review of the AHCSA Constitution
- Supporting the members of the Executive and Full Board of Directors
- Collaboration with other agencies on research and other projects
- Advocating on behalf of individuals and groups in relation to Aboriginal health matters
- Responding on behalf of the Board on reviews and reports at State and National levels
- Developing strategies to support the ongoing quality and future of Aboriginal Health Worker training and workforce development issues
- Regularly updating the Company's website
- Visiting Aboriginal communities and Member organisations
- Participating on the executive and management committee of the South Australian Aboriginal Health Partnership
- Prepare for reaccreditation through the Quality Innovation Performance Ltd. (QIP) and accreditation through the Australian Health Practitioner Regulation Agency (AHPRA)
- Provide administration and facilitation support to the Aboriginal Research and Ethics Committee
- Responding to requests for information from students and other members of the public
- Presenting information about the organisation to various State and National forums

Financial Summary

The following Financial Statements and Notes presented in this report have been prepared on an accrual basis with the accompanying notes providing related party information.

AHCSA outsourced the payroll functions to Integrated Payroll Systems until December 2018, where it was managed inhouse through the Infinet Cloud Payroll & Electronic Leave Management application wholly built on the NetSuite SuiteCloud Platform.

Significant Changes

There were no significant changes that occurred during the year.

Operating Result

In the 2018-2019 financial year, AHCSA posts a statutory surplus of $224,028. 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 15th day of October 2019.

STATEMENT OF PROFIT OR LOSS AND COMPREHENSIVE INCOME

For the year ended 30 June 2019

	Note	2019 $	2018 $
REVENUE			
Grant Revenue	2	8,969,272	9,416,847
Other Revenues	2	374,071	296,121
Net Gain on Disposal of Non-Current Assets	2	–	13,455
TOTAL REVENUE		**9,343,343**	**9,726,423**
EXPENSES			
Employee Benefits Expenses		4,599,680	4,701,724
Goods and Services Expenses	3	4,275,019	4,224,927
Depreciation Expenses	7	163,417	154,997
Amortisation on Intangibles	8	81,199	229,877
TOTAL EXPENSES		**9,119,315**	**9,311,525**
TOTAL PROFIT FOR THE YEAR		**224,028**	**414,898**
Other Comprehensive Income Items that will not be reclassified subsequently to profit or loss:			
Gains/(losses) on revaluation of land and buildings	13	–	(603,063)
TOTAL OTHER COMPREHENSIVE INCOME/(LOSS) FOR THE YEAR		–	(603,063)
TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE YEAR		224,028	(188,165)
TOTAL PROFIT ATTRIBUTABLE TO MEMBERS OF THE ENTITY		224,028	414,898
TOTAL COMPREHENSIVE INCOME/(LOSS) ATTRIBUTABLE TO MEMBERS OF THE ENTITY		**224,028**	**(188,165)**

The accompanying notes form part of these financial statements

STATEMENT OF FINANCIAL POSITION

For the year ended 30 June 2019

	Note	2019 $	2018 $
CURRENT ASSETS			
Cash and Cash Equivalents	4	881,892	596,803
Trade and Other Receivables	5	1,014,174	811,377
Other Current Assets	6	71,080	74,502
TOTAL CURRENT ASSETS		**1,967,146**	**1,482,682**
NON-CURRENT ASSETS			
Plant and Equipment	7	7,475,554	7,523,463
Intangibles	8	117,175	125,463
TOTAL NON-CURRENT ASSETS		**7,592,728**	**7,648,926**
TOTAL ASSETS		**9,559,874**	**9,131,608**
CURRENT LIABILITIES			
Trade and Other Payables	9	1,698,823	1,316,673
Employee Benefits	10	336,624	445,621
Borrowings	11	138,934	134,549
TOTAL CURRENT LIABILITIES		**2,174,381**	**1,896,843**
NON-CURRENT LIABILITIES			
Employee Benefits	10	236,493	170,871
Long Term Loan	11	3,958,619	4,097,541
TOTAL NON-CURRENT LIABILITIES		**4,195,112**	**4,268,412**
TOTAL LIABILITIES		**6,369,493**	**6,165,255**
NET ASSETS		**3,190,381**	**2,966,353**
EQUITY			
Asset Revaluation Surplus	13	1,623,312	1,623,312
Retained Earnings		1,567,069	1,343,041
TOTAL EQUITY		**3,190,381**	**2,966,353**

The accompanying notes form part of these financial statements

STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2019

	Note	RETAINED EARNINGS $	ASSET REVALUATION SURPLUS $	TOTAL $
BALANCE AT 30 JUNE 2017		**928,143**	**2,226,375**	**3,154,518**
Net Profit for the Year		414,898	–	414,898
Other Comprehensive Income/(Loss):				
Revaluation Decrement		–	(603,063)	(603,063)
BALANCE AT 30 JUNE 2018		**1,343,041**	**1,623,312**	**2,966,353**
Net Profit for the Year		224,028	–	224,028
Other Comprehensive Income/(Loss: Revaluation Increment/(Decrement)	13	–	–	–
BALANCE AT 30 JUNE 2019		**1,567,069**	**1,623,312**	**3,190,381**

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS

For the year ended 30 June 2019

	Note	2019 $	2018 $
CASH FLOW FROM OPERATING ACTIVITIES			
Grant and Other Receipts		9,595,489	9,525,140
Cash Payments in the Course of Operations		(8,987,501)	(8,780,576)
Interest Received		57	186
Net Cash Provided by Operating Activities		**608,045**	**744,750**
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for Plant and Equipment and Intangibles		(188,419)	(183,697)
Receipts from Disposal of Plant and Equipment		–	13,456
Net Cash Used in Investing Activities		**(188,419)**	**(170,241)**
CASH FLOWS FROM FINANCING ACTIVITIES			
CBA Assets Finance		(35,250)	(54,670)
Long Term Loan		(99,287)	73,461
Net Cash Provided By/(Used In) Financing Activities		(134,537)	18,791
NET INCREASE IN CASH HELD		285,089	593,300
Cash at the Beginning of the Financial Year		596,803	3,503
CASH AT THE END OF THE FINANCIAL YEAR	4	**881,892**	**596,803**

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2019

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Aboriginal Health Council of South Australia Limited ('the Company') is a Company limited by guarantee under the Corporations Act.

(a) Basis of Preparation

The Aboriginal Health Council of South Australia Limited ("the Company') applies Australian Accounting Standards–Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010-2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements and other applicable Australian Accounting Standards–Reduced Disclosure Requirements.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards–Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB), the Australian Charities and Not-for-profits Commission Act 2012 and the Company Corporations Act 2001. The Company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions to which they apply. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements were authorised for issue on the 15th day of October 2019 by the directors of the Company.

(b) Property, Plant and Equipment

Freehold land and buildings are shown at their fair value based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings.

In periods when the freehold land and buildings are not subject to an independent valuation, the directors conduct directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in the other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in the other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold land and buildings and plant and equipment that have been contributed at no cost, or for nominal cost, are initially recognised and measured at the fair value of the asset at the date it is acquired.

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present.

(c) Depreciation and Amortisation

The depreciable amount for all fixed assets, including buildings and capitalised lease assets but excluding freehold land, is depreciated/amortised on a straight-line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

Depreciation and amortisation rates and methods are reviewed annually for appropriateness. When changes are made, adjustments are made prospectively in current and future periods only.

The depreciation and amortisation rates used for each class of depreciable asset are:

Leasehold Improvements	10%
Medical Equipment	10%
Computing Equipment	14% – 33%
Other Plant and Equipment	10% – 20%
Software	40%
Artwork	0%
RTO	20% – 40%

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

(d) Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the Company, are classified as finance leases.

Finance leases are capitalised recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the Company will obtain ownership of the asset or over the term of the lease. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

Lease incentives under operating leases are recognised as a liability and amortised on a straight line basis over the life of the initial lease period and optional renewal period.

(e) Employee Benefits

Short-term Employee Benefits

Provision is made for the Company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries, annual leave and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled. The company's obligation for short-term employee benefits such as wages, salaries, annual leave and sick leave are recognised as part of current trade and other payables in the statement of financial position.

Other Long-Term Employee Benefits

The company classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the company's obligation for the other long-term employee benefits, which are measured at the present value of the expected future payments to be made

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2019

to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service, and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality corporate bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements for changes in assumptions of obligations for other long-term employee benefits are recognised in profit or loss in the periods in which the changes occurs.

The Company's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the entity does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

(f) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with bank, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the statement of financial position.

(g) Revenue and Other Income

Non-reciprocal grant revenue is recognised in profit or loss when the Company obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the Company and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor; otherwise the grant is recognised as income on receipt.

The Company receives non-reciprocal contributions of assets from the Government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in profit or loss.

Donations and bequests are recognised as revenue when received.

Interest Revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer.

Rental income from operating lease is recognised on a straight line basis over the term of the relevant leases.

All revenue is stated net of the amount of goods and services tax (GST).

(h) Taxation

No provision for income tax has been raised as the Company is exempt from Income Tax under Div 50 of the Income Tax Assessment Act 1997.

(i) Trade and Other Receivables

Trade and other receivables include amounts due from customers for goods sold and services performed in ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Trade and other receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to note 1(o) for further discussion on the determination of impairment losses.

Included in trade receivables at the end of the reporting period is an amount receivable from sales made to a major customer in a prior year amounting to $680,000. While there is inherent uncertainty in relation to the prepayment of the entire amount, the directors believe there is still a 60% chance that full amount of the debt is recoverable and therefore a provision for doubtful debt has been made for $272,000.

(j) Intangible Assets

Intangible assets are initially recognised at cost. It has a finite life and is carried at cost less any accumulated amortisation and impairment losses. Intangible assets have an estimated useful life between one and three years. It is assessed annually for impairment.

(k) Provisions

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amount required to settle the obligation a the end of the reporting period.

(l) Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by the company during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 60 days of recognition of the liability. Trade and other payables are initially measured at fair value and subsequently measured at amortised cost using the effective interest method.

(m) Goods and Services Tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax, except where the amount of GST incurred is not recoverable from the Australian Tax Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

(n) Impairment of Assets

At the end of each reporting period, the entity reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.

Where it is not possible to estimate the recoverable amount of an individual asset, the entity estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extend that impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2019

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont)

(o) Financial Instruments

Initial Recognition and Measurement

Financial assets and financial liabilities are recognised when the Company becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the Company commits itself to either the purchase or sale of the asset (ie trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified as "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Classification and Subsequent Measurement

Financial Assets

Financial assets are subsequently measured at:

- amortised cost;
- fair value through other comprehensive income; or
- fair value through profit or loss.

Measurement is on the basis of two primary criteria:

- the contractual cash flow characteristics of the financial asset; and
- the business model for managing the financial assets.

A financial asset that meets the following conditions is subsequently measured at amortised cost:

- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

A financial asset that meets the following conditions is subsequently measured fair value through other comprehensive income:

- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates; and
- the business model for managing the financial asset comprises both contractual cash flows collection and the selling of the financial asset.

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The Company initially designates a financial instrument as measured at fair value through profit or loss if:

- it eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as an "accounting mismatch") that would otherwise arise from measuring assets or liabilities or recognising the gains and losses on them on different bases;
- it is in accordance with the documented risk management or investment strategy and information about the groupings is documented appropriately, so the performance of the financial liability that is part of a group of financial liabilities or financial assets can be managed and evaluated consistently on a fair value basis; and
- it is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

Derecognition of Financial Liabilities

A liability is derecognised when it is extinguished (ie when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new financial liability.

The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

Derecognition of Financial Assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All the following criteria need to be satisfied for the derecognition of a financial asset:

- the right to receive cash flows from the asset has expired or been transferred;
- all risk and rewards of ownership of the asset have been substantially transferred; and
- the Company no longer controls the asset (ie has no practical ability to make unilateral decision to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

On derecognition of a debt instrument classified as fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investment revaluation reserve is reclassified to profit or loss.

The Company recognised a loss allowance for expected credit losses on:

- financial assets that are measured at amortised cost or fair value through other comprehensive income

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

The Company used the following approaches to impairment, as applicable under AASB 9:

- the simplified approach

Simplified Approach

The simplified approach does not require tracking of changes in credit risk at every reporting period, but instead requires the recognition of lifetime expected credit loss at all times.

This approach is applicable to:

- trade receivables

In measuring the expected credit loss, a provision matrix for trade receivables was used taking into consideration various data to get to an expected credit loss (ie diversity of its customer base, appropriate groupings of its historical loss experience, etc).

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2019

Recognition of Expected Credit Losses in Financial Statements

At each reporting date, the Company recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit and loss and other comprehensive income.

The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.

(p) Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

(q) Critical Accounting Estimates and Judgements

The committee evaluates estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained externally and within the Company.

(r) Economic Dependence

The Company is dependent on the Federal and State Government Departments for the majority of its revenue used to operate the business. At the date of this report, the Board of Directors has no reason to believe the Departments will not continue to support the Company.

(s) Fair Value of Assets and Liabilities

The Company measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable accounting standard.

"Fair Value" is the price the company would receive to sell an asset or would have to pay transfer a liability in an orderly transaction between independent, knowledgeable and willing market participles at the measurement date.

As fair value is a market based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of the assets and liabilities that are not traded in an active market are determined using one or more valuation technique. The valuation techniques maximise, to the extent possible, the use of over servable market value.

(t) New and Amended Accounting Standards Adopted by the Company

Initial Application of AASB 9: Financial Instruments

The Company has adopted AASB 9 with a date of initial application of 1 July 2018. As a result the Company has changed its financial instruments accounting policies as detailed in this note.

Considering the initial application of AASB 9 during the financial period, financial statement line items have been affected for the current and prior period. The following tables summarise the adjustments made to the affected financial statement line items.

AASB 9 requires retrospective application with some exemptions and exceptions (eg when applying the effective interest method, impairment measurement requirements, and hedge accounting in terms of the Standard).

There were no financial assets/liabilities which the Company had previously designated as at fair value through profit or loss under AASB 139: Financial Instruments: Recognition and Measurement that were subject to reclassification/elected reclassification upon the application of AASB 9. There were no financial assets/liabilities which the Company has elected to designate as at fair value through profit or loss at the date of initial application of AASB 9.

The Company applied AASB 9 (as revised in July 2014) and the related consequential amendments to other AASBs. New requirements were introduced for the classification and measurement of financial assets and financial liabilities as well as for impairment and general hedge accounting.

Impairment

As per AASB 9 an expected credit loss model is applied and not an incurred credit loss model as per the previous Standard applicable (AASB 139). To reflect changes in credit risk this expected credit loss model requires the Company to account for expected credit losses since initial recognition.

AASB 9 also determines that a loss allowance for expected credit loss be recognised on debt investments subsequently measured at amortised cost or at fair value through other comprehensive income, lease receivables, contract assets, loan commitments and financial guarantee contracts as the impairment provision would apply to them.

If the credit risk on a financial instrument has not shown significant change since initial recognition, an expected credit loss amount equal to the 12-month expected credit loss is used. However, a loss allowance is recognised at an amount equal to the lifetime expected credit loss if the credit risk on that financial instrument has increased significantly since initial recognition, or if the instrument is an acquired credit-impaired financial asset.

A simple approach is followed in relation to trade receivables, as the loss allowance is measured at lifetime expected credit loss.

The Company reviewed and assessed the existing financial assets on 1 July 2018. The assessment was done to test the impairment of these financial assets using reasonable and supportable information that was available to determine the credit risk of the respective items at the date they were initially recognised. The assessment was compared to the credit risk as at 1 July 2017 and 1 July 2018. The assessment was done without undue cost or effort in accordance with AASB 9.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2019

(t) New and Amended Accounting Standards Adopted by the Company (cont)

Financial Assets to which the Impairment Provisions Apply	Note	Attributes of Credit Risk	Loss Allowance Recognised	
			1 July 2017 $	1 July 2018 $
Trade and Other Receivables	5	The Company uses the simplified approach and recognises lifetime expected credit loss	–	–

The application of the AASB 9 impairment requirements has not resulted in additional loss allowance to be recognised in the current year (2018: $Nil). For further details, see the subsequent tables in this note.

Classification and Measurement

The following table represents the classification and measurement of financial assets and financial liabilities under AASB 9 and AASB 139 at the date of initial application, 1 July 2018.

	Financial Instrument Category		Carrying Amount		
	AASB 139 Original	AASB 9 New	AASB 139 Original	AASB 9 recognition of additional loss allowance	AASB 9 New
FINANCIAL ASSETS					
Current					
			$	$	$
Cash and Cash Equivalents	Loans and receivables (amortised cost)	Financial assets at amortised cost	596,803	–	596,803
Trade and Other Receivables	Loans and receivables (amortised cost)	Financial assets at amortised cost	811,377	–	811,377
FINANCIAL LIABILITIES					
Current					
Trade and Other Payables	Amortised cost	Financial liabilities at amortised cost	1,316,673	–	1,316,673
Borrowings	Amortised cost	Financial liabilities at amortised cost	4,232,090	–	4,232,090

The application of AASB 9 has had no impact on the financial assets' carrying amounts.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2019

NOTE 2 – REVENUE	2019 $	2018 $
Grant Revenue		
State Government Grant Revenue	1,908,427	1,874,255
Commonwealth Grant Revenue	4,327,987	4,314,350
Commonwealth DEEWR Grant	204,041	303,482
Other Grants	2,528,817	2,924,760
TOTAL GRANT REVENUE	**8,969,272**	**9,416,847**
Other Revenue		
Interest	57	186
Other	374,014	295,935
TOTAL OTHER REVENUE	**374,071**	**296,121**
Net Gain on Disposal of Non-Current Assets		
Proceeds from Disposal	–	13,455
Total Net Gain on Disposal of Non-Current Assets	–	13,455
TOTAL REVENUE	**9,343,343**	**9,726,423**

NOTE 3 – EXPENSES	2019 $	2018 $
Employee Benefits Expense:		
Contributions to Defined Contribution Superannuation Funds	393,137	364,803
Goods and Services Expenditure Recorded in the Statement of Comprehensive Income Comprises:		
Advertising	9,087	13,553
Bank Fees and Interest	215,113	216,365
Bad and Doubtful Debts	–	272,000
Computing	170,946	110,448
Consultancy	110,669	78,526
Contract Cleaning	68,212	64,833
Contractors, Agency Staff and Salary Recharges	1,377,626	1,226,512
Donations and Ex-Gratia Payments	27,550	12,352
Electricity	69,526	81,911
External Auditor's Remuneration	7,800	26,965
Fee for Service	93,182	125,488
Insurance	60,024	64,474
Membership – Professional	38,167	25,020
Minor Equipment	251	83,676
Motor Vehicle Expense	134,201	181,784
Newsletter, Publicity and Promotions	87,827	97,915
Office Administration and Corporate Expenses	393,983	313,566
Periodicals, Journals and Publications	46,993	32,036
Postage and Courier	9,347	7,985
Printing and Stationery	52,855	33,472
Rental Expense on Operating Lease	2,572	22,059
Repairs, Maintenance and Occupancy Costs	75,936	84,529
Security Service	4,440	5,626
Training and Development	350,858	293,536
Travel Expenses	793,845	674,517
Telephone	74,009	75,779
	4,275,019	**4,224,927**

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2019

NOTE 4 – CASH AND CASH EQUIVALENTS	Note	2019 $	2018 $
Cash at Bank		878,892	588,803
Cash on Hand		3,000	8,000
	16	**881,892**	**596,803**

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

NOTE 5 – TRADE AND OTHER RECEIVABLES	Note	2019 $	2018 $
Current			
Grant Funding Receivable		1,286,174	1,083,377
Other Receivables		–	–
		1,286,174	1,083,377
Less: Provision for Impairment		(272,000)	(272,000)
	16	**1,014,174**	**811,377**

The Company's normal credit term is 30 days.

The Company's writes off a trade receivable when there is available information that the debtor is in severe financial difficulty and there is no realistic likelihood of recovery, eg: when the debtor has been placed under liquidation or has entered into bankruptcy proceedings, or when the trade receivables are over two years past due, which occurs earlier. None of the trade receivables that have been written off is subject to enforcement activities.

a) Movement in the provision for impairment of receivables is as follows:

		$
Provision for Impairment as at 30 June 2017		–
Charge for the Year		272,000
Written Off		–
Provision for Impairment as at 30 June 2018		**272,000**
Charge for the Year		–
Written Off		–
Provision for Impairment as at 30 June 2019		**272,000**

NOTE 6 – OTHER CURRENT ASSETS		2019 $	2018 $
Current			
Prepayments		66,880	74,502
Deposit – Artwork		4,200	–
		71,080	**74,502**

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2019

NOTE 7 – PROPERTY, PLANT AND EQUIPMENT	2019 $	2018 $
Computer Equipment at Cost	552,116	516,419
Less: Accumulated Depreciation	(473,826)	(403,278)
	78,290	**113,141**
Medical Equipment at Cost	292,423	263,479
Less: Accumulated Depreciation	(235,037)	(225,465)
	57,386	38,014
Other Plant and Equipment at Cost	595,761	557,194
Less: Accumulated Depreciation	(372,768)	(330,172)
	222,993	**227,022**
Artwork at Cost	**45,138**	**37,638**
Land at Independent Valuation 2017	5,500,000	5,500,000
Building at Independent Valuation 2017	1,550,000	1,550,000
Building at Cost	102,677	97,877
Less: Accumulated Depreciation	(80,930)	(40,229)
	7,071,746	**7,107,648**
	7,475,554	**7,523,463**

An independent valuation of the above land and building was undertaken on 4 July 2017 by Michael Schwarz (B Bus Property Valuation AAPI, Certified Practicing Valuer).

The independent valuer assessed the value to be $7,050,000.

Reconciliation Reconciliations of the carrying amounts for each class of asset are set out below:	Computing Equipment $	Medical Equipment $	Other Plant and Equipment $	Artwork $	Land and Building at Independent Valuation $	Total $
Balance at 30 June 2018	113,141	38,014	227,022	37,638	7,107,648	7,523,463
Additions	35,697	28,944	38,567	7,500	4,800	115,508
Revaluation	–	–	–	–	–	–
Disposals	–	–	–	–	–	–
Depreciation Expense	(70,548)	(9,572)	(42,596)	–	(40,702)	(163,418)
Carrying Amount at 30 June 2019	**78,290**	**57,386**	**222,993**	**45,138**	**7,071,746**	**7,475,554**

The Company has secured a market rate loan for $4,044,512 with the Commonwealth Bank for the purchase of land and building located at 220 Franklin Street, Adelaide SA. The loan is secured by a first registered mortgage by the Aboriginal Health Council of South Australia Ltd. over the property.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2019

NOTE 8 – INTANGIBLE ASSETS	2019 $	2018 $
Computer Software at Cost	831,460	758,550
Less: Accumulated Amortisation	(726,115)	(683,523)
	105,345	75,027
RTO – Training Resources	505,225	505,225
Less: Accumulated Amortisation	(493,395)	(454,789)
	11,830	50,436
	117,175	**125,463**

Reconciliation Reconciliations of the carrying amounts for each class of asset are set out below:	Computing Software $	RTO Training Resources $	Total $
Balance at 30 June 2018	75,027	50,436	125,463
Additions	72,910	–	72,910
Revaluation	–	–	–
Disposals	–	–	–
Amortisation Expense	(42,592)	(38,606)	(81,198)
Carrying Amount at 30 June 2019	**105,345**	**11,830**	**117,175**

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2019

NOTE 9 – TRADE AND OTHER PAYABLES	Note	2019 $	2018 $
Current			
Trade Creditors and Accruals		920,824	993,673
Unspent Grants		778,000	323,000
		1,698,824	**1,316,673**

(a) Financial Liabilities at amortised cost classified as trade and other payables	Note	2019 $	2018 $
Trade and Other Payables			
Total Current		1,698,824	1,316,673
Total Non-Current		–	–
		1,698,824	1,316,673
Less: Other Payables (Net Amount of GST Payable)		(778,000)	(323,000)
Financial Liabilities as Trade and Other Payables	16	**920,824**	**993,673**

NOTE 10 – EMPLOYEE BENEFITS	Note	2019 $	2018 $
Current			
Salary Sacrifice Fees		–	381
Annual Leave		233,715	287,218
Long Service Leave		69,105	98,785
Superannuation and Workers' Compensation On-Costs		33,804	59,237
		336,624	**445,621**
Non-Current			
Long Service Leave		212,744	153,494
Superannuation and Workers' Compensation On-Costs		23,749	17,377
		236,493	**170,871**
TOTAL EMPLOYEE BENEFITS	16	**573,117**	**616,492**

Reconciliation of Provision Movement Reconciliations of the provision for employee benefits are set out below:	Employee Benefits $
Opening Balance at 1 July 2018 Annual Leave and Long Service Leave	616,492
Additional Provisions Raised During the Year	245,369
Amounts Used	(288,744)
Closing Balance at 30 June 2019 Annual Leave and Long Service Leave	**573,117**

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2019

NOTE 11 – SECURED LOANS	Note	2019 $	2018 $
Assets Finance			
Current			
CBA Assets Finance 1		–	2,933
CBA Assets Finance 2		34,716	32,317
TOTAL		**34,716**	**35,250**
Non-Current			
CBA Assets Finance 2		18,312	53,028
TOTAL		**18,312**	**53,028**

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

Bank Loans			
Current Loan		104,218	99,299
Non-Current Loan		3,940,306	4,044,512
TOTAL		**4,044,524**	**4,143,811**
Borrowings			
Current Loan		138,934	134,549
Non-Current Loan		3,958,619	4,097,541
TOTAL BORROWINGS	16	**4,097,553**	**4,232,090**

The Market Rate Loan is obtained for the purpose of purchasing a commercial property located at 220 Franklin Street, Adelaide, SA. This is an interest only facility for a period of three (3) years. The facility matures on 1 October 2020. The loan repayment will be renegotiated at maturity.

The Better Business Loan is obtained for the purpose of refurbishing the commercial property at 220 Franklin Street. This is an interest only facility for a period of two (2) years, The facility matures on 3 October 2019. The loan repayment will be renegotiated at maturity.

NOTE 12 – COMMITMENTS	Note	2019 $	2018 $
(a) Operating Lease Commitments			
Motor Vehicle		89,587	136,299
Office Equipment		66,524	35,582
TOTAL OPERATING LEASE COMMITMENTS		**156,111**	**171,881**
Operating Lease Commitments are Payable:			
Not Later Than 1 Year		53,863	132,613
Later Than 1 Year But Not Later Than 5 Years		102,248	39,268
TOTAL OPERATING LEASE COMMITMENTS		**156,111**	**171,881**

Operating Lease commitments are shown at GST inclusive values. Office Rent commitments relate to the initial 5 year or 3 year period of the relevant leases. There are options to renew the leases for a further 5 years or 3 years respectively at the conclusion of the initial lease periods.

(b) Capital Expenditure Commitments

There were no capital commitments as at 30 June 2019 (2018: Nil)

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2019

NOTE 13 – RESERVES	2019 $	2018 $
Asset Revaluation Reserve		
The asset revaluation surplus records changes in the fair value property, plant and equipment.		
Analysis of Items in Other Comprehensive Income		
Opening Revaluation Reserve	1,623,312	2,226,375
Movement in Revaluation Reserve	–	(603,063)
Closing Revaluation Reserve	**1,623,312**	**1,623,312**

The property was revalued to $7,050,000 as at 4 July 2017. The loss on revaluation reserve was debited to the asset revaluation reserve. Decreases in the fair value arising on the revaluation of land and buildings are debited to the asset revaluation reserve. Increases that offset previous decreases of the same asset are recognised against the asset revaluation reserve.

NOTE 14 – RELATED PARTY DISCLOSURES

Board of Management

The Board of Management for the year ended 30 June 2019 comprised:

Shane Mohor (Public Officer)
Polly Sumner-Dodd (Independent Chairperson)
Hilary Williams
Vicki Holmes
Roderick Day
Jamie Nyaningu
Wilhelmine Lieberwith
Leeroy Bilney
Ernest Warrior
Gwen Owen
Maxine Jackson
Vicki Hartman
David Dudley

The Chairperson of the Company is paid an honorarium. The amount is determined by decision of the Board. No other member of the Board received remuneration from the Company in their capacity as member in relation to the year ended 30 June 2019. No other entity that the above members are associated with has received funds other than through dealings with the Company in the ordinary course of business and on normal commercial terms and conditions.

	2019 $	2018 $
TOTAL REMUNERATION RECEIVED BY BOARD MEMBER	**15,000**	**15,000**
Number of Board Members Receiving Remuneration	**1**	**1**

Key Management Personnel Compensation		
Short Term Benefit	630,977	962,834
Post Employment Benefit	107,213	87,531
TOTAL COMPENSATION	**738,190**	**1,050,365**

NOTE 15 – CONTINGENT LIABILITIES

There were no contingent liabilities as at 30 June 2019. (2018: Nil).

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2019

NOTE 16 – FINANCIAL RISK MANAGEMENT

The Company's financial instruments consist mainly of deposits with banks, accounts payable and receivable.
The Company does not have any derivative financial instruments as at 30 June 2019.
The carrying amounts for each category of financial instruments, measured in accordance with AASB 9: Financial Instruments: Recognition and Measurement as detailed in the accounting policies to these financial statements are as follows:

	Note	2019 $	2018 $
Financial Assets			
Financial Assets at Amortised Cost			
Cash and Cash Equivalents	4	881,892	596,803
Loans and Receivables	5	1,014,174	811,377
		1,896,066	**1,408,180**
Financial Liabilities			
Financial Liabilities at Amortised Cost			
Trade and Other Payables	9	920,824	1,316,673
Borrowings	11	4,097,553	4,232,090
		5,018,377	**5,548,763**

Refer to Note 16 for detailed disclosures regarding the fair value measurement of Company's financial assets.

NOTE 17 – FAIR VALUE MEASUREMENTS

Non-Financial Assets
The Company has the following assets, as set out in the table below, that are measured at fair value on a recurring basis after initial recognition. The company does not subsequently measure any liabilities at fair value on a recurring basis and has no assets or liabilities that are measured at fair value on a non-recurring basis.

	Note	2019 $	2018 $
Recurring Fair Value Measurements			
Non-Financial Assets			
Land and Buildings	7	7,071,746	7,050,000
		7,071,746	**7,050,000**
Revaluation Decrement		–	**(630,000)**

(i) For freehold land and buildings, the fair values are based on directors' valuation taking into account an external independent valuation. Performed on 4 July 2017, which used comparable market data for similar properties.

NOTE 18 – COMPANY DETAILS

The registered office and principal place of business for the Company is:
Aboriginal Health Council of SA Limited (Limited by Guarantee) 220 Franklin Street, Adelaide SA 5000.

NOTE 19 – EVENTS AFTER THE REPORTING PERIOD

There have been no material events after the reporting date that have not been recognised in the financial report.

STATEMENT BY THE BOARD OF DIRECTORS

Aboriginal Health Council of South Australia Limited

The Directors of the Company declare that, in the Directors' opinion:

1. The financial statements and notes, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:
   a. Comply with Australian Accounting Standards – Reduced Disclosure Requirements; and
   b. Give a true and fair view of the financial position of the Company entity as at 30 June 2019 and of its performance for the year ended on that date.
2. There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subs 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013.*

Polly Sumner-Dodd
Director

Vicki Anne Holmes
Director

Signed at Adelaide, SA this 15th day of October 2019.

INDEPENDENT AUDITOR'S REPORT 2018-2019

To the Members of Aboriginal Health Council of South Australia Limited

Opinion

We have audited the financial report of the Aboriginal Health Council of South Australia Ltd, which comprises the statement of financial position as at 30 June 2019, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Aboriginal Health Council of South Australia Ltd, is in accordance with the Australian *Charities and Not-for-profits Commission Act 2012*; including:

(i) giving a true and fair view of the entity's financial position as at 30 June 2019 and of its financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Matter

The financial report of the Aboriginal Health Council of South Australia Ltd for the year ended 30 June 2017 was audited by another auditor who expressed a qualified opinion on that financial report on 30 October 2017. The qualification was based on an amount owed by the Department of the Prime Minister and Cabinet that had a significant level of uncertainty on the level of recoverability, and no provision had been made to allow for potential shortfall of the total amount owed.

Other Information

The members are responsible for the other information. The other information comprises the information in the Aboriginal Health Council of South Australia Ltd's annual report for the year ended 30 June 2019 but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of the other information we are required to report that fact. We have nothing to report in this regard.

Members' Responsibility for the Financial Report

The members of the Aboriginal Health Council of South Australia Ltd are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

INDEPENDENT AUDITOR'S REPORT 2018-2019

To the Members of Aboriginal Health Council of South Australia Ltd.

Auditor's Responsibility for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by those charged with governance.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Auditor's Independence Declaration to the Board Members of the Aboriginal Health Council of South Australia Ltd.

In accordance with the requirements of subdivision 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, I declare that, to the best of my knowledge and belief, during the audit of the Aboriginal Health Council of South Australia Ltd. for the year ended 30 June 2019 there have been no contraventions of the independence requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants* in relation to the audit.

Nexia Edwards Marshall
Chartered Accountants

Noel Clifford
Partner

Adelaide
South Australia
15 October 2019

AHCSA MEMBER DIRECTORY 2018-2019

Aboriginal Community Controlled Health Services

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