



NACCHO

National Aboriginal Community
Controlled Health Organisation

Annual Report

2023–2024

The report may contain images of Aboriginal and Torres Strait Islander people who have passed away.

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Artist recognition

Artists Tahnee Edwards (Yorta Yorta) and Toby Dodd (Ngarrindjeri/Narungga/Kaurna).
Dreamtime Public Relations, 2013

<http://dreamtimepr.com/artwork/>

Story

The waves in the pattern mimic those in the ochre pits. The colours represent Aboriginal and Torres Strait Islander peoples. The meeting places represent our affiliates and the larger meeting place is the National Aboriginal Community Controlled Health Organisation (NACCHO).

The illustrations throughout symbolise NACCHO as the peak body for Aboriginal and Torres Strait Islander health working together with its members and affiliates delivering on all aspects of comprehensive and culturally competent primary health care.

Design and layout

Studio Elevenes

NACCHO acknowledges the financial support of the Australian Government Department of Health and Aged Care

Acknowledgment of Country

NACCHO acknowledges all Aboriginal and Torres Strait Islander peoples as Custodians of Country and recognises their continuing connection to land, sea, culture and community. We pay our respects to Elders past and present.

13 September 2024



Sue Woodward AM
Commissioner
Australian Charities and Not-for-profits Commission
Parliament House
Canberra ACT 2600

Dear Commissioner Woodward,

We are pleased to present the National Aboriginal Community Controlled Health Organisation (NACCHO) 2023–2024 Annual Report to the Australian Charities and Not-for-profits Commission.

NACCHO's Annual Report is an accurate account of the organisation's activities and financial performance in accordance with the requirements under the *Charities Act 2013*. Included in the 2023–2024 Annual Report are NACCHO's audited financial statements for the period 1 July 2023 to 30 June 2024.

Yours sincerely,

Donnella Mills
Chair

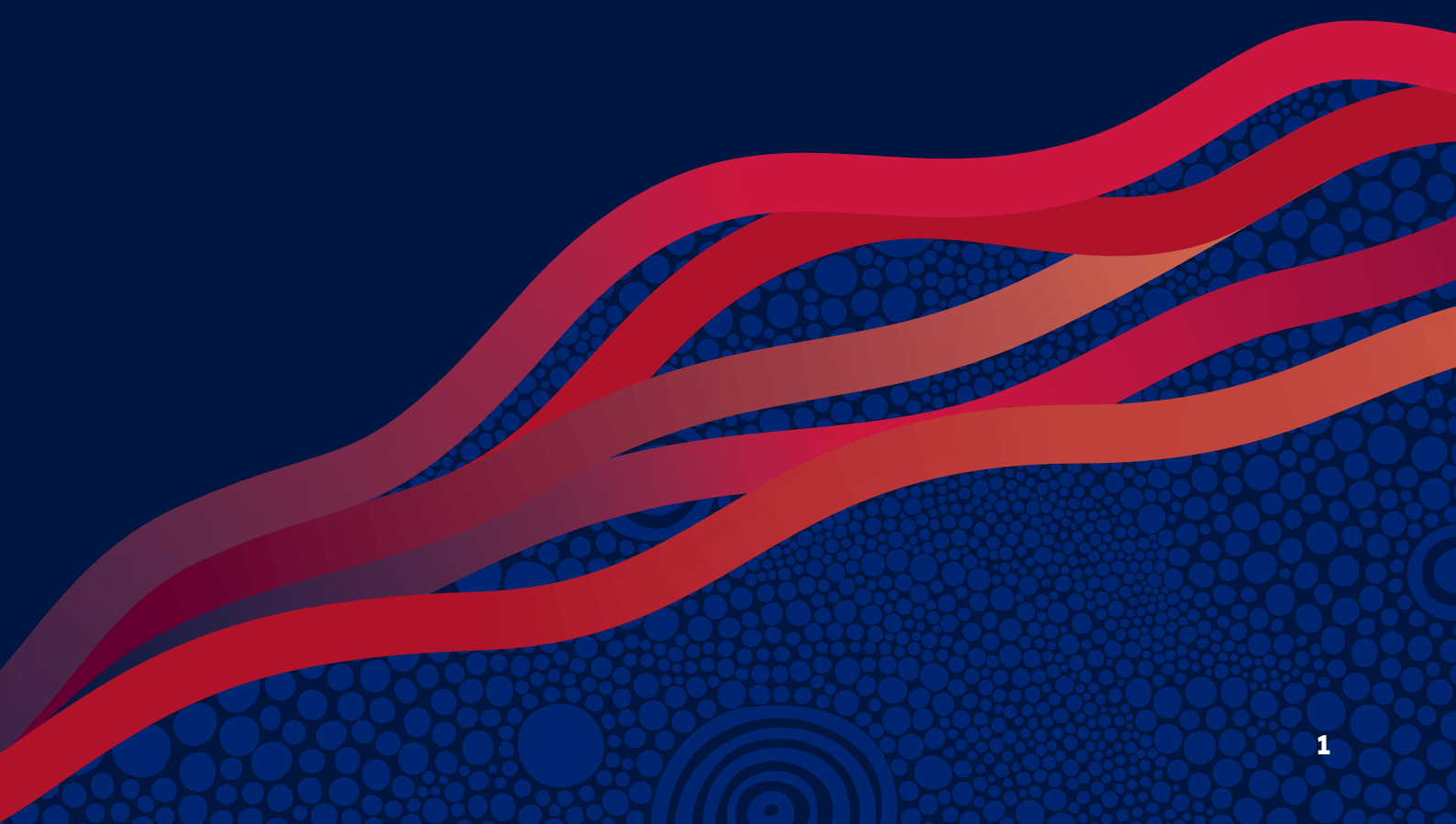
Patricia Turner
CEO

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Our Organisation

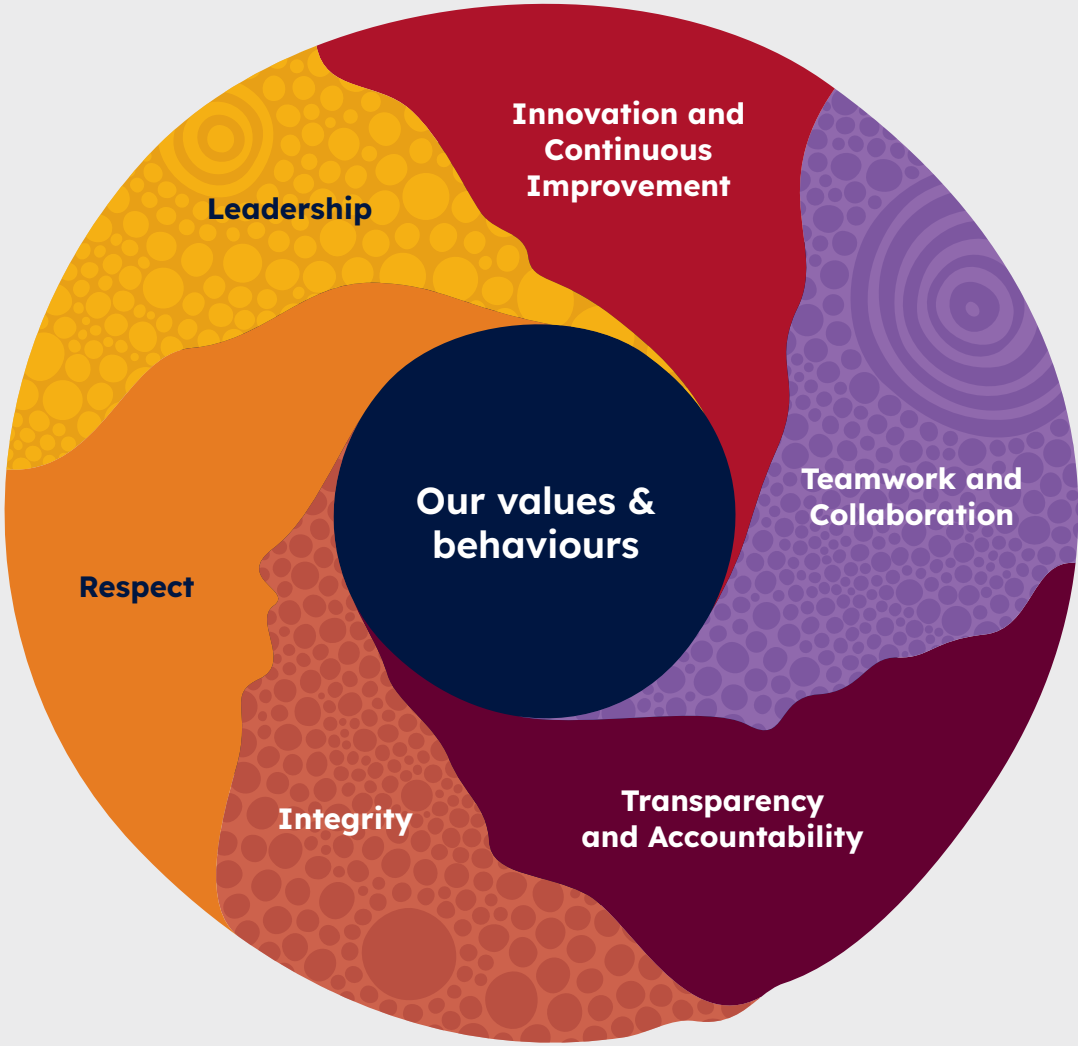


Our Vision

**Aboriginal and Torres Strait Islander people enjoy quality of life through whole-of-community self-determination and individual, spiritual, cultural, physical, social and emotional wellbeing.
Our health in our hands.**

NACCHO's Core Values and Behaviours

Our values and behaviours drive how we interact with each other, and how we work together to achieve results. They aren't descriptors of the work we do or the strategies we employ to accomplish our vision, they are the unseen drivers of our behaviour.



Report from the NACCHO Chair Donnella Mills

This year's *Garma Festival* had the theme of 'renewal after fire'. We are all aware of the ancient practice of firestick farming, which Aboriginal peoples have used across the continent over the millennia and how this not only helped manage the environment, but how it was important to bring on new shoots to attract game into the open.



This theme was a perfect way in which to frame the discussions that our peoples and communities have had after the 'fire' of the Referendum, which saw the rejection of our request for a Voice to Parliament. If there ever were a period in which we need renewal, it is now. And I am confident that we are already starting to see the new shoots emerge.

Why I raise this topic in the *Annual Report* is that I believe that, in the first six months of 2024, after the Referendum, our sector did more than its fair share in helping bring positivity and honesty back into a debate, which had been marred by so much misinformation and mischief. We lead by example and the day-to-day work that you all do is the best way we can heal the ruptures that occurred. The mental health programs that our ACCHOs run were also an important practical measure to help commence the healing and renewal process.

Personally, we all felt the impact of the Referendum and the racism that was generated and, sadly, is still evident today. It shocked many of us, even though we have all experienced prejudice. But at least we now have a clearer understanding of the nature of the divisions within our society and the task before

us in helping with education and reconciliation. In this sense, I commend the eight state and territory governments for the work that most of them have undertaken towards treaties and look forward to the Commonwealth's continued commitment to truth telling and the process of Makarrata (a Yolngu term: 'coming together after struggle'), although I believe that they need to go further with this in a number of respects. And, although the Voice Referendum was blighted by vitriol and vested interests, I thank the Government for proceeding with it, as we had asked them to do. It was our proposal. We developed it at Uluru in 2017 and it was a national conversation that needed to be had, no matter how painful.

If the Voice has been rejected, it is up to us, whether we like it or not, to continue to speak up. The Coalition of Peaks, of course, has a critical role to play in this process. However, it is important to note that the Coalition was never intended to be a representative body. It is just that the reality of the situation, in the wake of the Referendum, is that NACCHO, the eight affiliates and the Coalition of Peaks happen to be the most influential 'voices' in the absence of a formal mechanism.

It also means that the National Agreement on Closing the Gap is more important than ever. As I keep saying, the Department of Health is leading the way for all other Commonwealth agencies and, for that matter, all eight state and territory governments across Australia, in showing how straightforward it can be to implement the reforms. With them, we have already started sharing the decision making and co-designing programs as equal partners. But this cultural change has been slower than treacle in other agencies, as observed by the Productivity Commission in its Report on implementation. If we persist in the same old approaches that have been failing our people for decades, we will keep sinking. To bring in a Torres analogy, if you stand too long in the undertow you just sink lower into the sand with each receding wave. So, we must keep moving. My message to governments is that the ACCOs are ready. It is up to government agencies now to step up. The onus is on them. We all need to continue to relay this message when we meet with ministers and senior bureaucrats. When I raised the issue with a group of 20 or so Deputy Secretaries in a public sector forum, recently, I was surprised at how few of them were aware of their obligations under the National Agreement.

As I have said, our sector's partnership with the Health portfolio shows what can be done. Of course, we have major issues to work through with them. For example, we will continue to advocate strongly for the Commonwealth to become more serious about closing the \$4.4 billion health gap, which equates to \$5,000 per Aboriginal and Torres Strait Islander person per year. We have a practical plan to work through that. And we will continue to hold governments accountable for the fact that, with no more than 13 per cent of the total funding that goes to Aboriginal and Torres Strait Islander health, we service over 50 per cent of the population. So, it is our 145 ACCHOs who do all the heavy lifting. But we are at maximum capacity and, if they want us to do more, we need more ACCHOs, a bigger funding commitment, and a plan to work with the Department of Health to grow the capacity of our sector, accordingly.

There is another subject related to the Referendum that I wish to raise. While I have addressed what I think we are already doing in the absence of a formal Voice, I think that we need also to acknowledge what we have done to strengthen our sector and NACCHO itself in the face of the attacks that we experienced last year. By this I mean the disparaging comments



about governance and the dangerous myths that Aboriginal programs and services are ‘over-funded’, and expenditure is ‘wasted’. Another development we need to be mindful of is the new National Anti-Corruption Commission. There is now more scrutiny on our sector than ever before. While I will always welcome accountability and transparency, the misinformation and myths from the Referendum do not help us and we need to brace ourselves.

We all know that ACCHOs out-perform the mainstream. We all know that fraud and corruption in our sector is tiny, particularly when you compare it to what you see with the big corporations in this country. Yet whenever one of our colleagues stumbles, the media comes down on us, as if we are all to blame. People believe that the mistakes of one organisation mirror the situation right across our sector. So, we have to support each other and work hard to avoid any one of us stumbling. And NACCHO will continue to keep advocating for our sector and doing our best to get the good news stories out and to correct the record wherever we must.

For NACCHO itself, I asked for a Board Effectiveness Review, which was undertaken in late 2023. The significant recommendation to come out of that review was for Board directors to undertake tailored governance training, which we have done. For the sector, we have been running a series of governance workshops, developing a set of governance resources to share with ACCHOs, and a residential leadership program for new leaders. Another initiative that

was important for the health of our sector was the national forum for ACCHO CEOs, held in Fremantle. A get-together like this was overdue. We may have the NACCHO conferences each year, but they tend to be focussed on presentations and speeches by ministers and leading health experts and are sometimes overshadowed by the governance business of the AGM and EGM. The ACCHO CEOs’ forum is more about the ACCHO mob coming together to yarn in a more relaxed setting. It was a great opportunity to share our experience and expertise. I want to thank Charlotte Neave, April Tottingham, and the rest of the NACCHO team for their professional work behind the scenes in making the first summit such a success. I look forward to a repeat, next year.

I would also like to thank all the members who suggested that we hold more forums outside of the national members conferences so that we can come together more often as a sector. This was a great idea, and we have acted upon it, convening a number of program-specific gatherings into 2024.

Before I close, I wanted to update you on work we are undertaking in relation to Target 13 in the National Agreement, which calls for a 50 per cent reduction in violence against women and children in our communities by 2031. To help our communities we need far greater integration across the service system so that it can respond to the whole family in a way that avoids disruption and further trauma. We need Aboriginal-led solutions that focus on primary prevention at the community level if we are to lower the rate of violence experienced by women in our



Members of the NACCHO Board at a governance training day delivered in partnership with King & Wood Mallesons, Canberra, June 2024.



communities. But it is also an issue that affects other areas. For example, inadequate housing is a catalyst of violence. When there is stable housing, there is a lower prevalence of violence. So, we need more than a justice-only focus. ACCHOs also need to play a key role. While efforts to address the systemic issues within the justice system are critical, we need a greater emphasis on providing more social and health supports to survivors of violence (as well as perpetrators).

This is a message I have conveyed at the Aboriginal and Torres Strait Islander Advisory Council on Family, Domestic and Sexual Violence. We need a commitment from governments that a proportion of funding is given to ACCOs – in line with Priority Reform Three of the National Agreement on Closing the Gap – to enable a strong and sustainable response by the community-controlled sector.

Before I conclude my report, a few congratulations are in order. Sector representatives travelled overseas to present papers at two prestigious conferences. The Deputy CEO, Dr Dawn Casey and Dr Lorraine Anderson (Medical Director at KAMS) travelled to Abu Dhabi to deliver a joint keynote address at the World Congress on Rheumatic Heart Disease. NACCHO's

Monica Barolits-McCabe presented a paper at the World Indigenous Suicide Prevention Conference in New York State. I would also like to congratulate the NACCHO CEO, Dr Pat Turner, on the conferral of an honorary doctorate awarded to her by the College of Asia and the Pacific at the Australian National University (ANU). Pat had been earlier honoured by ANU when they named a post-graduate scholarship for Aboriginal and Torres Strait Islander public servants after her a few years ago. We now have Peter Bligh, one of the recipients of the [Pat Turner Scholarship](#), working in NACCHO as a director.

As many of you know, Pat returned to the CEO's desk in July 2024, after a period of absence, during which time, Dr Dawn Casey had acted as CEO. NACCHO is indeed fortunate to have such a strong leadership team. I thank Dawn for having taken on the extra workload.

25 years

Budja Budja Aboriginal Co-operative Limited

Galambila Aboriginal Corporation

Lake Tyers Health & Childrens Services Association Inc.

Mala'la Health Service Aboriginal Corporation

Mutitjulu Community Health Service (Aboriginal Corporation)

30 years

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

Goondir Aboriginal & Torres Strait Islander Corporation for Health Services

Mulungu Aboriginal Corporation Primary Health Care Service

Ngangganawili Aboriginal Community Controlled Health and Medical Services Aboriginal Corporation

NPA Family and Community Services Aboriginal & Torres Strait Islander Corporation

Port Lincoln Aboriginal Health Service Inc

Wirraka Maya Health Service Aboriginal Corporation

Yulu-Burri-Ba Aboriginal Corporation for Community Health

40 years

Cummeragunja Health and Development Aboriginal Corporation

Illawarra Aboriginal Medical Service Aboriginal Corporation

Injilinjji Aboriginal and Torres Strait Islanders Corporation for Children and Youth Services

Nganampa Health Council Inc

Oak Valley (Maralinga) Aboriginal Corporation

Ord Valley Aboriginal Health Service Aboriginal Corporation

Pintupi Homelands Health Service Aboriginal Corporation

Tharawal Aboriginal Corporation

50 years

Derbarl Yerrigan Health Service Aboriginal Corporation

Girudala Community Co-operative Society Ltd

Tasmanian Aboriginal Corporation

The Victorian Aboriginal Health Service Co-operative Limited

Congratulations to you all for the remarkable work you do.

Report from the NACCHO CEO Pat Turner AM



We should all celebrate the phenomenal work that our members achieved in the last financial year. The 145 Aboriginal community-controlled health organisations (ACCHOs) and their 550 clinics across Australia, service about half a million clients each year. The quiet day-to-day work being done by them in our communities shows the broader Australian community what happens when Aboriginal health is in Aboriginal hands.

I have been proud of what NACCHO has done in advocating for further funding and the interests of our sector, not just in the last financial year but since 2016-17. The result in the last Commonwealth Budget was a remarkable success. Remember that

the Government had been under fire for cost-of-living pressures and was still coming to terms with the Referendum loss of 14 October 2023. Despite this, there was good progress in the Budget for our sector. The most relevant measures amounted to \$141.3m for ACCHOs, including:

\$12.0m

in suicide-prevention support for 12 communities

\$10.0m

for ACCHOs to deliver targeted and culturally-appropriate mental-health support

\$94.9m

to support the management of communicable disease

\$11.1m

to expand coverage of the Closing the Gap Pharmaceutical Benefits Scheme (PBS) Co-payment Program to all PBS medicines, broadening access to affordable PBS medicines for our people living with chronic disease

\$12.5m

for the distribution of menstrual products in regional and remote communities where these products are expensive and difficult to access

\$3.5m

for measures to safeguard Birthing on Country

Of course, there were plenty of other measures with the potential to have a positive impact in our communities such as the remote housing funding investment, the revamp of the CDP program, the Central Australia Plan, and a range of justice reinvestment measures.

In past years, my reports have tended to work methodically through the range of programs and services that we deliver separate to the regular work of our clinics in the provision of primary health care. This year, I would like to focus more on the latter and what NACCHO has been doing to grow the core funding base for our ACCHOs. But if members wish to find out more about the supplementary programs and services of our sector, I would refer you to the NACCHO News stories and the letter from the NACCHO Chair, Donnella Mills, to members in July 2024 which had an 18-page report outlining the main achievements of the previous 12 months. Given that this information has already been disseminated to members, I will concentrate more on the issue of core funding.

What I want to particularly acknowledge is the success over the years in also growing the funding for the Indigenous Australians Health Program (IAHP) and in having it disbursed through new four-year rolling funding agreements. This of course, was a major achievement in funding security and allowed long-term planning for the sector. We were previously at a disadvantage in having time-limited funding that was forever being renewed and sometimes only

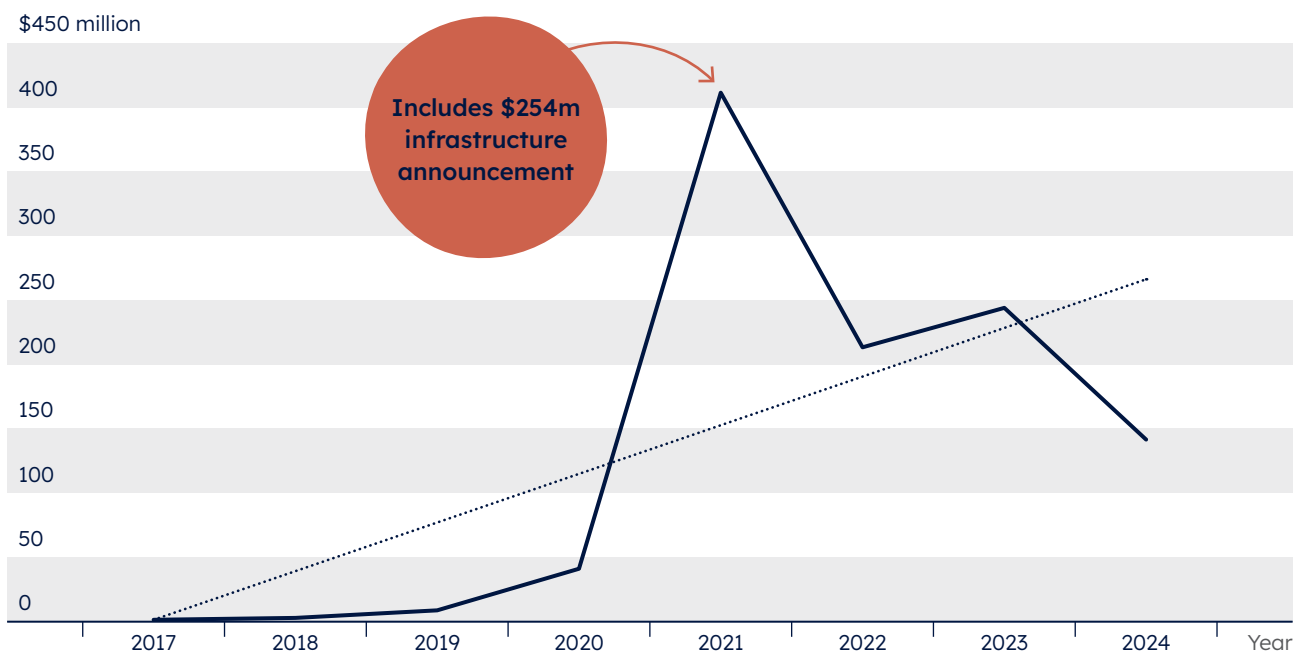
approved at the eleventh hour. Very few sectors have the funding certainty that we have won and now enjoy with the rolling four-year agreements.

But this process has been hard-fought. Remember that, in 2017, we were on the verge of being defunded as a peak, despite the sector itself doing a great job. So, with hard work, it was a matter of staunch advocacy and getting all nine governments to recognise our strengths and for the new executive team to rejuvenate NACCHO so that we could have our voices heard again. Since we did that, we completed in 2019 the [Core Services and Outcomes Framework](#), and have been working hard to move to a new needs-based funding model while, at the same time, seeking a substantial increase to the funding base of IAHP. While all of this has been going on, we successfully advocated for increases in the existing core funding base. Consequently, by 2023, the IAHP itself has increased by 24 per cent.

In relation to the targeted programs and initiatives rolled out through our ACCHO network, we have been similarly successful. The graph on this page shows the amounts of new funding announced by governments since Dr Dawn Casey first established her policy teams at NACCHO in 2017. Since then, we have significantly improved the funding for new projects, separate from IAHP itself. What you can see is about \$1.2 billion in funding announcements from 2020 to 2024. The dotted line is the trend line and, I have to say, if we want to close the gap, we need to keep this line trending up.

Figure

Funding announcements for the sector in Commonwealth budgets (2017–2024)



Other than the major effort we are investing in collaboration with the Department on the new funding model, the two next Aboriginal health priorities for 2024-25 which we have been developing are a comprehensive ante-natal and pre-school health package and a cardio-vascular, diabetes and renal package.

There has also been some excellent work on a review of funding via a Transition Advisory Committee established by the Hon Mark Butler, Minister for Health, which is co-chaired by NACCHO's Deputy CEO, Dr Dawn Casey. The Committee includes a number of ACCHO CEOs and workforce peak organisation representatives. The funding being reviewed is not just in the Indigenous Health Division and does not only include primary health care. The review is about transferring programs for Aboriginal and Torres Strait Islander people to ACCHOs in line with the National Agreement on Closing the Gap. This has been a very welcome development, which we greatly appreciate. In fact, our strong view is that the Department of Health is leading the way in the implementation of the National Agreement and is a rare example of success contrary to the criticisms raised in the Productivity Commission's [Report](#).

Other than the major effort we are investing in collaboration with the Department on the new funding model, the two next Aboriginal health priorities for 2024-25 which we have been developing are a comprehensive ante-natal and pre-school health package and a cardio-vascular, diabetes and renal package. Of course, if we are successful in our Budget bids, this will build on the work we are already doing in child and maternal health and on the National Campaign for Fetal Alcohol Spectrum Disorder, for example. We will continue to collate the evidence, build a case for investment, and work with the Department of Health on co-designed solutions.

This is how good policy should be developed and is how the National Agreement on Closing the Gap

should work. The work of the cancer team at NACCHO in partnership with the Department of Health to fund a major national cancer package in the 2023 Budget is another key example. Implementation of this program is now well progressed and we continue to strengthen the strategy via a palliative care scoping project.

In terms of other existing programs and policy work, I would like to provide you now with a taste of what has been done by the NACCHO teams in collaboration with ACCHOs, affiliates and the sector, over the 2023-24 financial year. To give you an idea of the breadth of the policy work which is undertaken, note that Nadine Blair and her team have led the work on many of 56 formal policy submissions and position papers we have lodged.

NACCHO launched the First Nations Health Worker Traineeship Program, the ACCHRTO Capability Building Program, and the Elder Care Support Program. In the disability area, we have continued the Aboriginal Disability Liaison Officers Program and participated in a range of disability advisory groups and councils. Eyes and ear health continue to be priorities, with the Strong Eyes, Strong Communities program, the National Ear Health Coordinator Program, and the Care for Kids' Ears Campaign. Work on the development of a comprehensive roadmap to establish an Aboriginal and Torres Strait Islander Environmental Health Workforce progressed well and the last round of the Closing the Gap Infrastructure Program was also undertaken. By the end of the financial year, \$210 million was made available for major capital projects.

Mike Stephens and his team have continued their work to support the implementation of the Seventh Community Pharmacy Agreement and finalising the Eighth Community Pharmacy Agreement for the next financial year. Other work includes the Good Medicine Better Health QUM training and resources program, and the Antimicrobial Stewardship Academy.

Carrie Fowlie and her team have continued work on the Blood Borne Viruses and Sexually Transmitted Infections Program as well as the highly successful Enhanced Syphilis Response. Work has also commenced to implement the new Budget measure to improve access to period products for remote communities. Of course, rheumatic heart disease, continues to be a priority for us in what is a totally preventable condition which has cost too many Aboriginal lives so needlessly.

The sector's excellent work in mental health also continues with the Culture Care Connect program with its suicide prevention networks, aftercare services and training. There is also the Million Minds Mission Fund, the support for our people after the Referendum, the Northern Australia Suicide Prevention education and training project (including Suicide Story), and the Mental Health Support for Flood Affected Communities.

As the Chair of NACCHO emphasised in her report, governance is a critical issue for us. She mentions some of the projects we have undertaken to support ACCHOs in this respect. I would like to add to her comments and note the success of the two-day governance workshops. By 30 June 2024, we had 225 people participating, representing 68 organisations. Of them, 98 per cent reported that the workshop was either 'extremely' or 'very helpful'. No participants

reported the workshops as being 'unhelpful'. This was a tremendous result, and I need to acknowledge Monica Barolits-McCabe and the NACCHO team for their work, but also the support from Berkeley Cox and others at King & Wood Mallesons, our partners in that venture.

As I do each year, I would like to extend my warmest of thanks to the hard work and commitment of our talented Chair, Donnella Mills, ably supported by the Deputy Chair, Chris Bin Kali and the other fourteen directors of the Board. I thank them all for giving up so much of their time over the 12 months including those of them who also serve on one of the four committees of the Board. I also thank the CEOs and chairs of the eight state and territory affiliates. Without their energy, expertise and support we could not have achieved what we did in supporting our ACCHOs in 2023-24.

I should also thank Dr Dawn Casey on another outstanding year which included a lengthy stint standing in for me while I was recuperating from surgery.

And one last thanks needs to go to my Executive Assistant, Kelly Edwards. It is rare to find someone so talented, disciplined and experienced in working in Aboriginal programs and services to undertake her role. The Senior Executive Team at NACCHO would struggle to function effectively without her.



About NACCHO

145

ACCHOs across Australia

3.1 million

episodes of care each year

1 million+

episodes of care in remote regions for about 150,000 clients

550

clinics

410,000+

clients across Australia

11.2 / year

average number of time our services contact clients

NACCHO is the national peak body representing 145 Aboriginal community-controlled health organisations (ACCHOs) across Australia. Our primary health care network represents a national footprint of more than 550 clinics. ACCHOs provide over 3.1 million episodes of care each year for over 410,000 clients across Australia, including over one million episodes of care in remote regions for about 150,000 clients in those areas. Our services contact clients on average 11.2 times per year.

ACCHOs are not-for-profit dynamic organisations controlled by local Aboriginal and Torres Strait Islander communities. They specialise in providing comprehensive primary health care consistent with clients' needs, including home visits; chronic disease, medical, public-health and health-promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol

services; assisting with income support; and much more. The ACCHO model is proven and value for money.

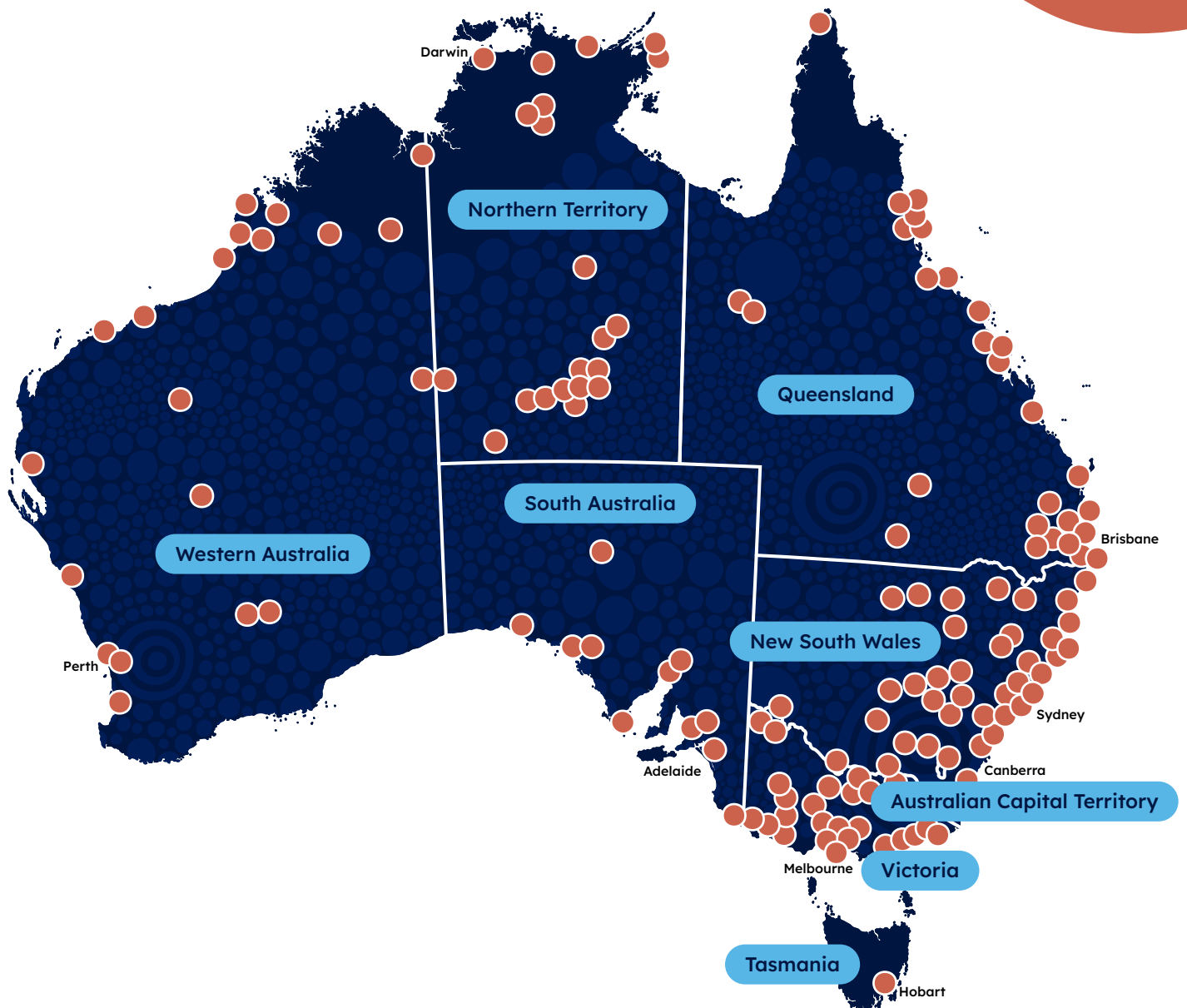
The model was developed 53 years ago when the very first Aboriginal medical service was established in Redfern, Sydney in 1971.

ACCHOs are community organisations with all revenue reinvested into our clinics.

Our model of community-controlled effective health care was proven in the COVID-19 pandemic. With the higher incidence of comorbidities among Aboriginal and Torres Strait Islander people, a death rate equivalent to that experienced by other First Nations peoples around the world had been feared; however, swift action to protect communities, designed and implemented by the communities, meant that the impact was significantly lower than might have been expected and an estimated 2,000 lives were saved.

Aboriginal Community Controlled Health Organisations (ACCHOs)

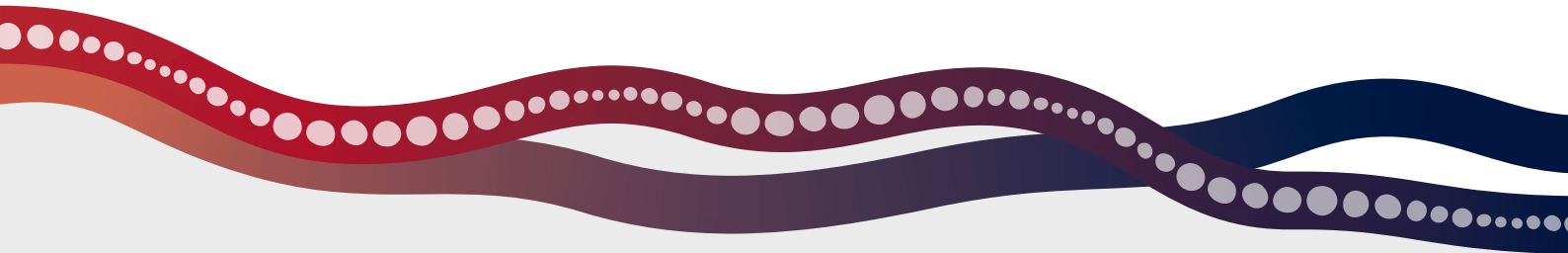
There are **145 ACCHOs** throughout Australia



About the ACCHO sector

The first ACCHOs were established in the early 1970s in response to Aboriginal and Torres Strait Islander people finding that mainstream services could not provide adequate and culturally-appropriate health care services. Many of NACCHO's members have 50 years of experience in the delivery of comprehensive multidisciplinary primary health care.

ACCHOs form a network, but each is autonomous and independent of one another and governments. Services are delivered through fixed, outreach and mobile clinics operating in urban, regional and remote settings across Australia. They range from large multi-functional services—employing medical professionals and health workers who provide a wide range of comprehensive primary health care services including those with a preventative, health-education focus—to smaller rural and remote health care facilities.



Characteristics of the Indigenous primary health care service delivery model¹



1 Modified from 'Characteristics of Indigenous primary health care service delivery models: a systematic scoping review.' NHMRC CREATE, S. Harfield, C. Davy, A. McArthur, Z. Munn, A. Brown and N. Brown, 2018.

NACCHO Strategic Directions

NACCHO is guided by a Board of Directors, with the Chair and Deputy elected by its members to embody the principle of community control.

The NACCHO Board has been pivotal in improving health outcomes for Aboriginal and Torres Strait Islander people. It has achieved this by working with its members and eight state/territory-based affiliates to agree upon and address a national agenda for Aboriginal and Torres Strait Islander health and wellbeing.

Strategic priority 1

Further strengthen NACCHO's national influence to increase investment in Aboriginal and Torres Strait Islander comprehensive primary healthcare.

This involves the development of a strong brand and NACCHO's further growth as a trusted and well-connected national institution. NACCHO will continue to create a national agenda, be agile in responding to opportunities, and secure necessary funding and stability for the sector well into the future.

Actions

- 1** Champion and support the expansion of Aboriginal community-controlled health services to meet the health needs of Aboriginal and Torres Strait Islander people.
- 2** Continue to secure funding for the sector and to work with governments to begin closing the health-funding gap (\$4.4b). This will involve fairer access to our share of existing funding and appropriations, but will also need to include:
 - increased Australian Government funding for the Indigenous Australians' Health Programme (IAHP) and funds accessed from the mainstream
 - increased state/territory funding
 - better access to private health insurance
 - increased philanthropic contributions and partnership opportunities for the sector.

- 3** Develop and maintain effective partnerships with all stakeholders (including Memorandums of Understanding—MOUs).
- 4** Renew the NACCHO brand by developing and implementing a strategic communication and marketing plan.
- 5** In collaboration with state and territory peaks, advocate on behalf of communities who are seeking to access community-controlled health programs and help with the transition of more government-run Aboriginal medical services into ACCHOs.
- 6** Build NACCHO into critical national health architecture e.g. the Pharmaceutical Benefits Advisory Committee.

Key performance indicators

- 1** Measures of the reduction of the funding gap, include:
 - increased level of funding and financial security for the sector over the forward estimates
 - increased access to existing funding appropriations in mainstream services
 - increased funding for infrastructure renewal and capital works across the sector
 - the extent of the takeup of proposals outlined in public and pre-budget submissions.
- 2** Extent of NACCHO representation on key national advisory groups and committees.
- 3** Increased media coverage and social media profile.

Strategic priority 2

Together, with members, deliver excellent services.

This involves leadership, recruiting, training and retaining the workforce, providing cultural intelligence, better access to Medicare, the implementation of a core services framework and the strengthening of key preventative measures.

Actions

- 1 Continue to develop and implement a National Health Framework.
- 2 Strengthen measures focused on prevention to avoid long-term health issues and maximise existing health investments.
- 3 Continue to support ACCHOs so that the sector remains well-positioned to respond to pandemics and emerging crises (e.g. fires, floods and the impact of climate change).
- 4 Continue to support emerging and new ACCHOs.
- 5 Continue to support ACCHOs in making better use of Medicare.
- 6 Address workforce supply and retention issues, so that a highly trained workforce is supported across the sector and in key new related areas (e.g. aged care and the National Disability Insurance Scheme (NDIS)).
- 7 Continue to support the Coalition of Peaks and its work in progressing the National Agreement on Closing the Gap.

Key performance indicators

- 1 Successful co-design and rollout of 500 Aboriginal and Torres Strait Islander health traineeships.
- 2 Improved RTO funding arrangements in the sector.
- 3 Implementation of the Core Services and Outcomes Framework.
- 4 Increased access to Medicare.

Strategic priority 3

Promote strong governance practices.

This involves the implementation of robust governance processes for the NACCHO Board, executive and staff and the development of a strongly aligned sector with clear shared priorities and accountability.

Actions

- 1 Ensure the principles of community control are imbued in all levels of governance in the organisation.
- 2 Facilitate leadership opportunities and succession planning in NACCHO and across the sector.
- 3 Governance reform to meet future requirements in a changing landscape to facilitate effective leadership and protect the reputation of the sector.
- 4 Provide advice and training to members on governance issues and mechanisms.
- 5 Build a focused and capable trusted organisation which has national credibility and the gravitas of a national leader and expert.
- 6 Grow the capacity of the Secretariat to drive the strategy, including in marketing, policy, evidence, and network collaboration.
- 7 Strengthen the relationships with state and territory peaks (including data sharing and the ability to promulgate best practice).

Key performance indicators

- 1 Board members offered governance training, are involved in the Board committees, and participate in an annual Board performance review.
- 2 Successful annual national youth conferences and national members' conferences held annually.
- 3 Engagement of state peaks via the NACCHO CEOs' Forum, Medical Advisory Group, and policy officers' network.
- 4 Provision of leadership development opportunities, governance resources, training and workshops for ACCHO boards and CEOs across Australia.

Strategic priority 4

Further strengthen NACCHO's knowledge-base and capability of the sector.

This involves increased access to medical technologies, business technology, the development of a strong evidence base, good data governance practices, and the capacity to extend the ACCHO model into related sectors (e.g. aged care and NDIS)

Actions

- 1 Lead the development of a national strategy on the social determinants of health that identifies key evidence-based policies and programs.
- 2 Build stronger data capacity and ensure improved data governance arrangements are in place.
- 3 Support digital-health initiatives and technologically-enabled care (medical and business).
- 4 Continue to develop and implement the National Framework for Continuous Quality Improvement (CQI) in Primary Health Care for Aboriginal and Torres Strait Islander people.

- 5 Improve NACCHO's capacity to undertake national service mapping of the community-controlled sector to identify areas with high need, primarily through levels of preventable admissions and deaths and inadequate servicing.
- 6 Ensure a central role for ACCHOs in national initiatives that enable improved service integration and access to quality care at local levels.

Key performance indicators

- 1 Improved engagement of NACCHO in national initiatives, such as My Health Record, Primary Health Networks, integrated care models, telecommunications initiatives, and leading nationally funded health research.
- 2 Ensuring data sovereignty is secured in all research and that the integrity of data in the sector is maintained and is under Aboriginal and Torres Strait Islander control.
- 3 Improved performance reporting.
- 4 Conduct satisfaction surveys of all members and the development of an effective database to improve NACCHO's knowledge of the membership base.

The NACCHO Board



NACCHO governance

The NACCHO Board met regularly throughout the financial year. The Board undertook an independent Effectiveness Review in late 2023 and organised a tailored governance training day in June 2024 in collaboration with King & Wood Mallesons.

The Board continues to engage closely with its members, the affiliates and NACCHO staff in response to numerous policy and program initiatives and the preparation of a range of public submissions, including NACCHO's pre-Budget submission to Treasury.

At the 2023 National Members' Conference, Youth Conference and NACCHO Annual General Meeting and Extraordinary General Meeting held in Perth, there were 842 attendees.

NACCHO has four sub-committees reporting to its Board:

- Audit and Assurance Committee
- Finance Committee
- Remuneration Committee
- Governance Committee.

The first three have independent chairs. These committees all meet on a regular basis, with objectives set out in their respective charters. There are also external audit reports and a rigorous program of internal audits. In early 2023, the NACCHO Board reviewed NACCHO's Strategic Directions, setting new goals and priorities for the 2023 to 2025 period.

NACCHO is also rolling out governance training and resources, in three streams, to support members, an initiative flowing from the Health Sector Strengthening Plan.

Further information is provided in **Section 3** of this report.



NACCHO CEO and Board

The NACCHO Board consists of one delegate from Tasmania and the Australian Capital Territory (ACT) and two from each of the remaining jurisdictions. They are nominated by their respective affiliates and endorsed by members at the Annual General Meeting. The Chair and Deputy Chair are directly elected by members every three years.



Pat Turner AM

NACCHO CEO and Lead Convenor, Coalition of Peaks

Pat is the daughter of an Arrernte man and a Gurdanji women and was raised in Alice Springs, NT. She has over 40 years' experience in senior leadership roles in government, business and academia. She was the only Aboriginal and longest-serving CEO of the Aboriginal and Torres Strait Islander Commission (ATSIC). In her roles with NACCHO and the Coalition of Peaks, Pat is at the forefront of community and national efforts to close the gap in health and other outcomes for Aboriginal and Torres Strait Islander people.

NACCHO Board



Donnella Mills

NACCHO Chair

Donnella Mills is a proud Torres Strait Islander woman with ancestral and family links to Masig and Nagir. She is a member of James Cook University Council and of the Australian Government's Advisory Council on Family, Domestic and Sexual Violence. From 2014 to 2021, she worked as a Cairns-based lawyer with LawRight, a community legal centre which coordinates the provision of pro-bono services for vulnerable people. She was also the managing lawyer for the innovative Wuchopperen Health Justice Partnership, in which lawyers and health professionals partnered to achieve improved health, wellbeing and justice outcomes for Aboriginal and Torres Strait Islander people. In 2020–21 she served as the Partnerships Director at Health Justice Australia. In August 2021 she was appointed Senior Associate, First Nations Lead at King & Wood Mallesons.



Chris Bin Kali

NACCHO Deputy Chair

Christopher (Chips) Bin Kali was born in Derby, WA and is a Gija/Bardi man from the Kimberley region. Chris started in the health field as Director/Chairperson of Kimberley Aboriginal Medical Services (KAMS) and Broome Regional Aboriginal Medical Service (BRAMS) before being appointed as the CEO of BRAMS. Chris is currently on the boards of BRAMS (local), KAMS (regional) and AHCWA (state).



Rachel Atkinson
CEO, Palm Island Community Company

Rachel Atkinson is a proud Yorta Yorta woman dedicated to improving the lives of Aboriginal and Torres Strait Islander people. She is a qualified Social Worker with over 25 years' experience as CEO of large community-based Aboriginal and Torres Strait Islander organisations delivering health, and child and family services. She has been the CEO of Palm Island Community Company since its incorporation in 2007 and overseen its growth to become the largest non-government service provider and employer on Palm Island. Ms Atkinson is the current Co-chair of the Queensland First Children and Families Board, Co-chair of Family Matters Queensland, Director of SNAICC and Deputy Chairperson of QAIHC. She is a previous Chair of the Queensland Aboriginal and Torres Strait Islander Child Protection Peak and CEO of Townsville Aboriginal and Islander Health Service.



David Dudley
Aboriginal Health Council of South Australia

David Dudley is a proud Kokatha/Mirning man from the far west coast of South Australia. He has been involved in Aboriginal health for more than 20 years and is currently a Director of the Port Lincoln Aboriginal Health Service, as well as a member of the AHCSA and NACCHO boards. David worked as a Drug and Alcohol Support Worker/Counsellor for close to ten years. He has a Diploma in Social Work and is very passionate about improving the health and wellbeing of Aboriginal and Torres Strait Islander people. His hobbies are fishing, camping and enjoying time with his family and grandchildren. He is a passionate Adelaide Crows supporter and enjoys watching his beloved local team, Mallee Park Football Club, playing on weekends (especially when they win).



Kane Ellis
CEO, Illawarra Aboriginal Medical Service

Graduating in 1998, Kane started as a health worker at Danila Dilba Health Service in Darwin, NT, then moved to a community health clinic (Bagot) for two years. Kane ran the men's health program at the NT Heart Foundation before moving into the Clinic Manager's role at Danila Dilba for seven years, during which he acted as the CEO for six months. Kane then moved to Wollongong, NSW, commuting to Sydney to work at the Aboriginal Legal Service as the Regional Manager of the South-Central Region and acting for a period as the legal service's CEO. Kane returned to his original passion when he took on the role of Comprehensive Care Practice Unit Manager at NACCHO affiliate, the AH&MRC. He is currently CEO of Illawarra Aboriginal Medical Service and a proud board member of both the AH&MRC and NACCHO.



Raylene Foster
Chief Operating Officer, Tasmanian Aboriginal Centre

Raylene represents Tasmania/lutruwita on the NACCHO Board. She has a deep and historical understanding of the Aboriginal and Torres Strait Islander health sector, at national and local levels. For the past 25 years, Raylene has worked for the TAC in various leadership roles, building the capacity of the organisation, staff and community to provide health services for Aboriginal and Torres Strait Islander people.



Michael Graham
Chairperson, Victorian Aboriginal Community Controlled Health Organisation

Michael is a Dja Wurrung and Waywurru man who has been part of various Aboriginal and Torres Strait Islander organisations since the age of 16. He was raised by a politically-proud family who prompted him to empower and make positive changes for his community. Michael is the CEO of the Victorian Aboriginal Health Service and Chair of VACCHO.



Sheryl Lawton
CEO, Charleville and Western Areas Aboriginal Torres Strait Islanders Community Health Ltd

Sheryl was born in Augathella and raised in Charleville, Qld, a strong Bidjara woman who is also of Torres/South Sea descent on her mother and grandmother's side. Sheryl has been the CEO of CWAATSICH for more than 20 years. She has previously held the positions of Chair and Deputy Chair of QAIHC and Director of NACCHO. She is currently a QAIHC Director and Director of the Western Queensland Primary Health Network, and this year rejoined the NACCHO Board. She has a Graduate Certificate in Health Management and Diploma in Business, as well as other qualifications. Before working in the health sector, Sheryl worked in community-controlled organisations relating to land, child safety, housing and legal services. She is passionate about ensuring the community-controlled sector is the leading provider of comprehensive primary health care, to improve Aboriginal and Torres Strait Islander life expectancy and to cater for our people's cultural needs.



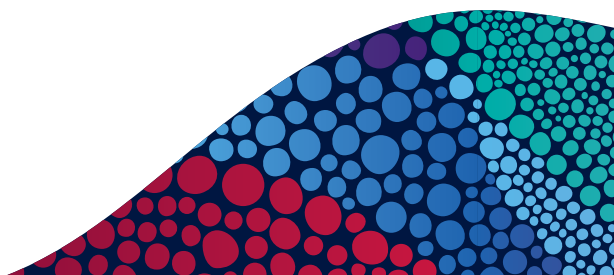
Wilhelmine Lieberwirth
Nunyara Aboriginal Health Service Inc

A Kokatha and Antakirinja woman from the northern region of South Australia, Wilhelmine honours her rich family ancestry. She has spent the better part of her adult life working in community service, most recently as an Aboriginal Cultural Consultant with SA Child and Family Health Services. She was instrumental in the Safely Sleeping Aboriginal Babies in SA program. Wilhelmine and her family have lived in Whyalla for generations and been active advocates for local Aboriginal health issues including establishment of the Nunyara Aboriginal Health Service Inc. Wilhelmine is passionate about ensuring better outcomes for all Aboriginal people and making sure the next generation has positive foundations on which to build into the future.



Leisa McCarthy
CEO, Anyinginyi Health Aboriginal Corporation

Leisa is a Warumungu woman with strong family ties to Tennant Creek and surrounding Barkly Region of the Northern Territory. Leisa commenced as CEO of the local Anyinginyi Health Aboriginal Corporation in February 2022. She has worked in Aboriginal health for close to 30 years and held positions in policy, management, coordination and service delivery at the national, state/territory and local levels with the government, non-government and ACCHO sectors including a stint with a research institute. Leisa's formal training is in Public Health Nutrition; she holds a Bachelor of Applied Science in Nutrition, Masters of Community Nutrition and PhD in Public Health. Her passion is to grow future Aboriginal health leadership and to build on communities' strengths for positive and sustainable change.





Rob McPhee
CEO, Danila Dilba Health Service

Rob McPhee is CEO for Danila Dilba Health Service in Darwin, NT. Previously he was Deputy CEO and Chief Operating Officer at KAMS in Broome, WA. He is currently Deputy Chairperson of AMSANT. His people are from Derby in the West Kimberley and from the Pilbara region of Western Australia. He has an undergraduate degree in Aboriginal Community Management and Development and a Graduate Certificate in Human Rights. He is passionate about social justice for First Nations peoples and has spent the past 30 years working in this field. Prior to working in Aboriginal health, he has undertaken roles that include teaching at Curtin University and the University of Western Australia and as a senior advisor in community relations and Indigenous affairs to the oil and gas industry.



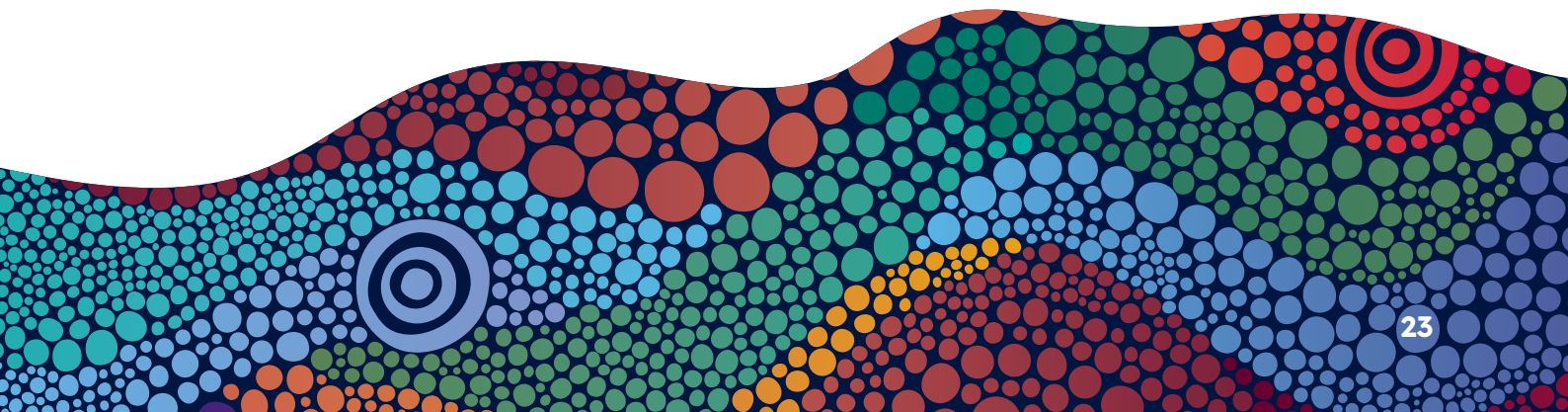
Phillip Naden
CEO, Dubbo, Coonamble and Gilgandra Aboriginal Health Service

Phillip Naden is a proud descendant of the both the Gamilaroi people from north-western New South Wales near Coonabarabran and the Wiradjuri people from Peak Hill/Condobolin (Bogan River People). Phil is well qualified: a panel beater spray-painter by trade, a former sworn Queensland Police Officer, CEO of the largest Aboriginal Torres Strait Islander Legal Service (ATSILS) in Australia, former CEO with Bourke AMS, Bila Muuji Regional Health Consortia and now CEO of Dubbo, Coonamble and Gilgandra Aboriginal Health Service. Phil also manages a local gym, dental clinic, works in the out-of-home-care space and operates a funeral home. In addition to his role as NACCHO Director, Phil chairs the AH&MRC, is Chairperson of Dreamtime Housing, and Director with Bila Muuji Regional Health. His qualifications include a Masters Degree in Business and Management, Justice and Policing. He is a Justice of the Peace and ran in the 2019 NSW State Election as an independent candidate for the seat of Barwon. Phil worked as a researcher and advisor on the Lowitja Institute-funded National Career Pathways project, and is a published author on this project. He was recently appointed an Adjunct Professor with Charles Sturt University. Phil is married with five kids and three grandchildren.



Vicki O'Donnell OAM
CEO, Kimberley Aboriginal Medical Services Ltd

Vicki is a Nyikina Mangala woman from Derby, WA, who has worked as a strategic leader in the ACCHO sector for 15 years. As KAMS CEO in Broome, Vicki was instrumental in establishing both the Derby Aboriginal Health Service dialysis unit and the Kimberley Renal Service. Vicki has been a board member of AHCWA for over 15 years (eight years as Chair), and chairs the WA Aboriginal Health Ethics Committee. She is an advisor on numerous state and federal ministerial committees involved in Aboriginal health and a member of the WA Aboriginal Advisory Committee. She represents her state on the Coalition of Peaks. Vicki's passion for Aboriginal health is recognised at the regional, state and national level. She has gained enormous respect for her knowledge, attention to detail, and communication skills at a grass-roots level.





Craig Ritchie
Chair, Winnunga Nimmityjah Aboriginal Health and Community Services

Craig Ritchie is a Dhunghutti man and former CEO of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS). Craig's career spans senior roles in Aboriginal and Torres Strait Islander higher education, university access and participation for people from low-SES backgrounds, and international student mobility. He was founding Director, Aboriginal and Torres Strait Islander Health in the ACT Government. He formerly served as the NACCHO CEO, and currently chairs Canberra's Winnunga Nimmityjah Aboriginal Health and Community Services.



Preston Thomas
Deputy Chair, Ngaanyatjarra Group

Preston Thomas, known as 'Mr T', is a former Deputy Chairperson of the Aboriginal Land Trust of Western Australia. He is currently Deputy Chair of the Ngaanyatjarra Group (Ngaanyatjarra Council Aboriginal Corporation, Ngaanyatjarra Services and Ngaanyatjarra Health Service) in the state's remote south-west. He also chairs the Kanpa Community Council. He is an active member of the Western Australian Aboriginal Legal Service and has been an AHCWA Director since 2015. He is committed to the increasing development of Aboriginal Western Australians.



Dallas Widdicombe
Chief Executive Officer, Bendigo and District Aboriginal Co-operative

Dallas Widdicombe is a proud Dharug man who holds a Bachelor of Social Work and an Advanced Diploma of Business (Governance). Dallas previously worked in the remote Western Australian community of Balgo for over seven years where he held positions including CEO of the Wirrimanu Aboriginal Community. Over the past nine years Dallas has worked for the Bendigo and District Aboriginal Co-operative (BDAC), now as CEO and previously as the Executive Director overseeing the BDAC Medical Clinic and Family and Community Services. Over this time BDAC has significantly increased its income and grown to over 200 staff running various programs for the community. Dallas developed several programs in areas such as positive health, substance addiction and family violence. The Victorian Minister for Child Protection and Family Services invited Dallas to participate in a new Child Protection Legal Reference Group, an advisory forum to support the Department of Families, Fairness and Housing. Dallas is a VACCHO Director and chairs the Loddon Mallee Aboriginal Reference Group (LMARG). Dallas is co-writer of an article published in the Australian Journal of Primary Health that highlights BDAC/ LMARG's leadership in advocating for a regulatory amendment to ensure culturally-appropriate oral-health promotion for Aboriginal children. The amendment authorises Aboriginal Health Practitioners to administer fluoride varnish to children aged 3-17 years. Dallas has a huge passion for working to better the health of his people and believes self-determination is integral to achieving this.

Coalition of Aboriginal and Torres Strait Islander Peaks

The Coalition of Peaks has continued to dedicate itself to bringing about the changes our communities want to see as a result of the National Agreement on Closing the Gap, established in July 2020. The Lead Convenor and Peaks members are focused on working with governments to fully implement the National Agreement. This will ensure we can see shared decision-making between government and our communities and organisations on matters affecting us and can direct funding to our communities and organisations to deliver the best services to our people.

After the Voice to Parliament Referendum, the Peaks put proposals to the Australian Government to accelerate its efforts on Closing the Gap, given the Referendum's negative outcome. Central to the proposals is the urgent need to fund our communities for the services and infrastructure desperately needed.

One way of doing this is to harness the National Funding Arrangements between the Australian Government and the states and territories in areas such as housing, education and health. The Peaks have advocated for funding in these agreements to be quarantined based on the service-delivery needs of our people. The National Skills Agreement was the first agreement of its kind to reflect the National Agreement on Closing the Gap, since followed by the National Better and Fairer Schools Agreement and the National Social Housing and Homelessness Agreement, as reported further below.

Productivity Commission Report

In January 2024 the Productivity Commission handed to the Joint Council on Closing the Gap the first of its three-yearly Reviews of the National Agreement. The Prime Minister said in his Closing the Gap speech in February 2024: "The Productivity Commission has made it clear that the old ways are not working. Decades of insisting that Government knows best, has made things worse. We must find a better way—and we must do it together."

The Peaks and governments turned their attention to preparing a response to the Review for Joint Council in July 2024. The Peaks have been holding governments to account for key commitments that the Review identified as not having been delivered, such as the Independent Mechanism (clause 67) to support, monitor and report on the transformation of mainstream agencies and institutions. The Aboriginal and Torres Strait Islander-led Review and Assembly (clause 125) is another focus for the Peaks.

July 2024 Joint Council meeting

On 5 July 2024, the Joint Council on Closing the Gap met in Tarntanya (Adelaide) on Kurna Yerta (Country).

The meeting considered the Productivity Commission's Review, agreeing to the Review's four key recommendations and to 15 of the 16 recommended actions. Joint Council agreed to do further work before deciding how to progress Action 2.2 on Indigenous Data, including establishing a Data Policy Partnership to accelerate progress on data and report back to Joint Council.

Parties discussed the importance of transforming government agencies to deliver on the National Agreement including governments' commitment to establishing an Independent Mechanism for their jurisdictions. The Australian Government Independent Mechanism will be established in partnership with the Peaks.

Governments have agreed in principle to resource work under the National Agreement on Closing the Gap, with all parties remaining fully committed to its implementation. Joint Council agreed to the immediate prioritisation of funding for the Indigenous Led Review and Assembly, required to improve delivery.

Joint Council discussed a new approach to developing an Inland Waters Target to improve Aboriginal and Torres Strait Islander peoples' ownership and control of their waters. Joint Council also received important updates on the work of the Policy Partnerships for Early Childhood Care and Development, Justice, and Aboriginal and Torres Strait Islander Languages.

Intergovernmental agreements

The Coalition of Peaks Sector Leads for housing, skills and education have been busy negotiating intergovernmental agreements to align with the National Agreement and embedding the Priority Reforms within these agreements' negotiation and implementation processes.

National Agreement on Social Housing and Homelessness

The Peaks lead for housing, the National Aboriginal and Torres Strait Islander Housing Corporation, works closely with the Department of Social Services on all Australian Government housing investments. This engagement has resulted in the National Agreement on Social Housing and Homelessness (NASHH) recognising the urgent need to address the significant housing inequalities faced by Aboriginal and Torres Strait Islander people across the nation. Closing the Gap commitments are reflected in the NASHH, including the need for shared decision-making, commitments that are also binding on state/territory partners in the NASHH.

National Skills Agreement 2024–28

Peaks are working closely with the Department of Employment and Workplace Relations (DEWR) on implementation of the \$2.6b National Skills Agreement. Good relationships are being forged with DEWR senior leadership to establish the foundations of partnership and shared decision-making and to promote the required transformations in the skills and Vocational Education and Training (VET) space. This has culminated in two First Nations VET Leadership Roundtable meetings, in March and June 2024, and the creation of a First Nations VET Interim Partnership Committee in October 2024, co-chaired by DEWR and the Deputy Lead Convenor Peaks. This Committee will scope a full First Nations VET Policy Partnership and provide an interim space for national VET related issues to be progressed for Peaks and governments. Aboriginal community-controlled registered training organisations continue to come together to discuss and form collective policy positions and initiatives to present to government and for collaboration with the Committee.

Better and Fairer Schools Agreement 2025–2034

The ten-year Better and Fairer Schools Agreement, to commence on 1 January 2025, ties new funding for jurisdictions to reforms to lift student outcomes. It was negotiated between the Australian Government and states/territories to help realise the vision of a world-class Australian education system that

encourages and supports every student to be their very best, no matter where they live or the learning challenges they may face. The Peaks lead for education, the National Aboriginal and Torres Strait Islander Education Corporation, has been at the table every step of the negotiations and the agreement now has a stronger commitment to Aboriginal and Torres Strait Islander students, families and the associated education workforce.

Priority Reforms

Priority Reform 1

Formal partnerships and shared decision-making

Established Policy Partnerships

Clause 38 of the National Agreement commits to five Policy Partnerships between Australia's governments and Aboriginal and Torres Strait Islander representatives:

- 1 Aboriginal and Torres Strait Islander Languages
- 2 Social and Emotional Wellbeing
- 3 Early Childhood Care and Development
- 4 Housing
- 5 Justice.

All are established and progressing work with government partners. In recognition of the interconnected nature of all the Policy Partnerships' work, a forum to discuss common opportunities and challenges was held in Canberra on the 22 May 2024, with Policy Partnership Co-chairs and key stakeholders.

Economic Development Policy Partnership scoping project

The Coalition of Peaks and the federal Treasury are working together to scope an Economic Development Policy Partnership (EDPP), informed by extensive engagement with Aboriginal and Torres Strait Islander communities and organisations. These engagements, delivered by the Coalition of Peaks and supported by Treasury, will help shape the partnership and its priorities. The EDPP will focus on the strengths of Aboriginal and Torres Strait Islander people, communities and community-controlled organisations, supporting job creation and translating their knowledge, assets and rights into sustainable benefits. After finalisation of the engagements, a scoping report developed by the Peaks Secretariat was provided to Treasury in August 2024. The report will lay the foundation for the EDPP.

Potential new policy partnerships

Peaks members are currently considering potential new policy partnerships in the following sectors: domestic, family and sexual violence; VET and skills; and disability.

Place-based partnerships

The purpose of the place-based partnerships is to implement the National Agreement in a specific location, taking a long-term community-development approach. The sites are Tamworth, NSW; Maningrida and Homelands, NT; Gippsland, Vic.; Doomadgee, Qld; East Kimberley, WA; and the Western Suburbs of Adelaide, SA, with progress varying by location. Formal agreements with all partners need to be finalised by the end of 2024.

Priority Reform 2

Building the community-controlled sector

A key focus of Priority Reform 2 is prioritising funding of Aboriginal community-controlled organisations (ACCOs), in conjunction with the strengthening of ACCOs and relevant sectors. Sector Strengthening Plans and the development of Grant Connected Policies are the two primary mechanisms.

Sector Strengthening Plans Monitoring, Evaluation and Learning Framework

Sector Strengthening Plans (SSPs) acknowledge and respond to a range of key challenges for the ACCO sector. The four so far in place (Health, Disability, Housing, Early Childhood Care and Development) include high-level priorities and actions for agreement and implementation by the parties.

The Productivity Commission's Review identified that SSPs require strong accountability mechanisms to ensure commitments have been followed through, and actions are implemented. By way of response to these findings, work continues on the development of an SSP Monitoring, Evaluation and Learning Framework.

Grant Connected Policy reform

Grant Connected Policies are whole-of-government policies that must be considered by government staff before awarding a grant and/or that impose requirements on grant applicants or recipients (additional to the usual grant application or program guidelines, terms and conditions). A business case for a Grant Connected Policy will be finalised for government consideration, to give effect to funding prioritisation policies under Clause 55(a) of the National Agreement.

Priority Reform 3

Transforming government organisations

The Productivity Commission's Review found that governments have not fully grasped the nature and scale of the change required; it recommended a fundamental rethink of government systems and culture. The Review proposed actions to support Priority Reform 3, including that all governments must establish Independent Mechanisms without further delay (especially given governments' commitment to achieve these by 2023). This is an issue of highest priority for the Coalition of Peaks which is progressing this work through interjurisdictional forums, including at Partnership Working Group and Joint Council, and through bilateral engagements with each jurisdiction.

Priority Reform 4

Shared access to data and information at a regional level

The Productivity Commission's Review provided two major recommendations for Priority Reform 4 (both supported by the Coalition of Peaks):

- **2.1** Amend the agreement to recognise Indigenous Data Sovereignty under Priority Reform 4
- **2.2** Establishment of an Indigenous Data Bureau.

At Joint Council, all parties supported recognition of Indigenous Data Sovereignty. While Joint Council did not agree to the establishment of an Indigenous Data Bureau, it was agreed that more work be done to scope this recommendation, and that this could be done through an Indigenous Data Policy Partnership.

The Community Data Projects, scheduled to be in place by 2023, aim to establish data projects in six locations across the country to enable Aboriginal and Torres Strait Islander communities' access to location-specific data on Closing the Gap outcome areas. While the project locations have been established, work to get projects up and running successfully is ongoing.

NACCHO media, communications and stakeholder engagement

| | 2022–23 | 2023–24 | Difference |
|-------------------------|---------|---------|------------|
| NACCHO News subscribers | 6,422 | 6,562 | +140 |
| X (Twitter) followers | 38,310 | 37,526 | -784 |
| Facebook followers | 24,629 | 25,075 | +446 |
| Instagram followers | 4,841 | 5,807 | +966 |
| LinkedIn followers | 7,011 | 10,620 | +3,609 |
| Total followers | 81,213 | 85,590 | +4,377 |

NACCHO continues to maintain a robust social media presence, with a combined following of nearly 86,000. Over the past financial year, our platforms saw an increase of over 4,000 followers, with LinkedIn leading the way—gaining 3,609 new followers, a remarkable 51.5% growth. This increase reflects the effectiveness of NACCHO’s communications in amplifying the voice of Aboriginal and Torres Strait Islander health issues and policy and program area advocacy.

This expanded reach has directly contributed to greater engagement in key health discussions and heightened visibility for important initiatives such as aged care, the Aboriginal and Torres Strait Islander health workforce, mental health, cancer care, and vision and hearing health. NACCHO’s national profile, reputation, and credibility are critical assets, positioning us as a trusted leader in advocacy, policy development, and the implementation of health and wellbeing programs.

Our media and communications efforts play an important role in shaping national conversations on Aboriginal and Torres Strait Islander health, influencing government decisions, and driving the delivery of essential health services at both local and national levels. The communications team ensures that messaging aligns with NACCHO’s Strategic Directions, the National Partnership Agreement, and the Core Services and Outcomes Framework, and responding to the needs of our members and affiliates.

Key functions of the Media and Communications Department

Corporate communications

We deliver strategic messaging aligned with NACCHO’s goals, providing high-quality guidance on health communications strategies, storytelling, stakeholder engagement, branding, and editorial content. By ensuring professionalism and consistency across all channels, we uphold NACCHO’s national profile and reputation.

We have also embraced multimedia storytelling and digital campaigns to enhance our advocacy efforts, reinforcing NACCHO’s position as a leading voice in Aboriginal and Torres Strait Islander health.

In addition, a NACCHO brand refresh was initiated, laying the foundation for a revitalised identity to be launched in the next financial year, strengthening our visual presence and strategic communications.

Program area communications

We provide tailored communication support to specific health programs, focusing on social and behavioural change strategies that promote healthier lifestyles and improved health outcomes within Aboriginal and Torres Strait Islander communities. Our team delivers a comprehensive suite of services, including design, branding, event management, communication strategies, social media campaigns, media engagement, and a wide range of other essential communications functions.

By offering this holistic support, we ensure that each program area is empowered to communicate its impact effectively, increasing visibility and engagement across key health initiatives; and maintaining consistency and coherence across all areas.

Member and affiliate support

We amplify the outstanding work of Aboriginal Community Controlled Health Organisations (ACCHOs) nationwide, highlighting success stories, coordinating media coverage, and facilitating interviews. By reflecting the sector’s achievements, we foster pride and confidence, driving engagement and collaboration across ACCHOs. This effort has led to increased visibility of Aboriginal-led health solutions at national conferences and forums.

In 2023, we launched the Health and Behaviour Change Communications Community of Practice, providing a platform for members to share knowledge, build capacity, and establish best practices in health communications.

Highlights of 2023–24

Throughout the year, our media and communications initiatives made significant contributes to NACCHO’s objectives by elevating the national profile of Aboriginal and Torres Strait Islander health. Key achievements included:

- Disseminating media releases, statements, and editorials on critical announcements and significant health events.
- Coordinating national media interviews and securing placements across leading news platforms, ensuring NACCHO’s voice was widely heard.
- Publishing the daily NACCHO Aboriginal and Torres Strait Islander Health News, providing timely updates on health issues affecting communities.
- Developing branding and merchandise for all program areas.
- Maintaining an active and engaging social media presence, regularly sharing updates and advocacy messages.
- Producing dynamic video content and partnering with Aboriginal influencers to extend our digital reach and amplify critical health messages.

Social media engagement with our extended community

| | Posts | Post impressions | Post engagements |
|--------------|--------------|------------------|------------------|
| Facebook | 759 | 579,650 | 12,467 |
| Instagram | 542 | 157,300 | 9,373 |
| LinkedIn | 231 | 374,857 | 11,102 |
| X (Twitter) | 420 | 463,863 | 15,209 |
| Total | 1,952 | 1,575,670 | 48,151 |

Definitions

Posts The number of posts published

Post impressions The number of times content published was displayed on a person's screen

Post engagements The number of likes, comments, saves and shares

LinkedIn

LinkedIn was our fastest-growing platform, gaining over 3,600 new followers. With 11,102 post engagements (a 31% increase) and 374,857 post impressions (up by 39.2%), LinkedIn has become a key channel for professional advocacy and engagement.

Post highlight



5,838

Impressions

200

Engagements

Facebook

Facebook saw an increase of more than 300 new fans (nearly 500 new followers). Over 759 posts, there were 579,650 post impressions and 12,467 post engagements.



Post highlight

3,976

Impressions

771

Engagements

Instagram

Instagram, appealing to younger audiences, gained nearly 1,000 new followers. Across 542 posts, we saw 157,300 impressions (a 68% increase) and 9,373 engagements (up by 74.5%).

Post highlight



3,263

Impressions

147

Engagements

X (Twitter)

With 37,526 followers, X remains NACCHO's most-followed platform. Over 420 posts, there were 463,863 impressions and 15,209 engagements.



Post highlight

210,102

Impressions

7,867

Engagements

NACCHO website

In the 2023-2024 financial year, the NACCHO website attracted 117,556 visitors, generating 385,244 page

views. The majority of users were based in major cities across New South Wales, Victoria, and Queensland.

Top downloaded files

1,495 downloads

NACCHO Key Facts infographic

1,352 downloads

NACCHO Annual Report 2022-23

1,066 downloads

NACCHO Cancer Plan

770 downloads

National guide to a preventative health assessment for Aboriginal and Torres Strait Islander people: third edition

Most visited pages

60,650 views

Homepage

44,841 views

Aboriginal Community Controlled Health

18,375 views

NACCHO Map

15,848 views

About Us

13,898 views

Publications and Resources

11,337 views

Programs and Projects

NACCHO Sector News

197

Posts published

265,977

Views

69,311

Visitors

The NACCHO Sector News, with 6,562 subscribers, is produced daily, highlighting the critical work being carried out in Aboriginal and Torres Strait Islander health. It focuses on the efforts of NACCHO, its members and affiliates, keeping the sector informed on key developments.

Overall, media coverage of NACCHO has been overwhelmingly positive, with NACCHO playing a leading role in key health-related campaigns and advocacy efforts.

NACCHO was featured in media outlets including, ABC TV, ABC Radio National, The Guardian Australia, The Australian, Croakey, Sydney Morning Herald, and the National Indigenous Times. These appearances enabled NACCHO to capture and disseminate important messages to a wide audience.

NACCHO has strengthened its position as a central advocate, not only for improved health and wellbeing outcomes but also on broader issues affecting Aboriginal and Torres Strait Islander people and communities.

NACCHO event highlights

NACCHO held a very successful Members' Conference in Perth in October 2023; highlights are discussed throughout this report. In addition, significant program-related events promote sector successes, advance advocacy and provide forums for yarning and knowledge sharing.

FASD awareness: Red Shoes Rock

In September 2023 NACCHO participated in the Fetal Alcohol Spectrum Disorder (FASD) awareness month, promoted by international organisation Red Shoes Rock, with other partners including the Foundation of Alcohol Research and Education (FARE), the FASD Hub and FASD Australia.

NACCHO has developed its own campaign, *Strong Born*, launched in February 2023, with resources widely distributed across the sector. *Strong Born* is part of the National Information Campaign for Pregnant and Breastfeeding Women, supported by FARE and DHAC.

Strong Born Campaign

NACCHO has been active in developing and promoting the *Strong Born* campaign through both advocacy and the work of our member services.

Since the campaign's launch in February 2023, we have observed an increased awareness of Fetal Alcohol Spectrum Disorder (FASD) in communities and among clinic staff. NACCHO members have praised the campaign's flexibility in facilitating place-based approaches to community engagement that reduce stigma while discouraging prenatal alcohol exposure.



NACCHO staff including the Chair, CEO and Deputy CEO wearing red shoes—*Red Shoes Rock!*—celebrating FASD Awareness Month, September 2023.

Over the past year, highlights have included co-designing a suite of strengths-based *Strong Born* resources through the National FASD Working Group, distributing hardcopy and customisable digital *Strong Born* resources to all NACCHO members, promoting activities over FASD Awareness Month in September, and developing *Strong Born* Baby Bags as an early antenatal engagement tool to raise awareness of FASD.

The *Strong Born* Baby Bag is being rolled out to ACCHOs who receive a *Strong Born* grant in September 2024. This 'nappy bag', incorporating the *Strong Born* booklet and other resources, provides essential items and useful information for new parents, carers and their newborns. It can serve as an engagement tool to encourage early antenatal visits, FASD prevention, breastfeeding, safe sleeping and good nutrition.

Funding of more than \$1m to 32 ACCHOs in 2023–24 resulted in a range of innovative, locally-contextualised resources to engage the community on FASD awareness and prevention. This included a highway billboard developed by Dhauward-Wurrung Elderly and Community Health Service in Portland, western Victoria. According to the Victorian Government's traffic volume report, the billboard is visible to an average 1,900 vehicles each day.





AHCSA Certificate III Primary Health Care (Aboriginal Health Worker) trainees.

First Nations Health Worker Traineeship Program launch

More than 190 First Nations trainees embarked on a transformative journey as NACCHO launched the First Nations Health Worker Traineeship (FNHWT) Program on 7 March 2024 at AHCSA on Kurna Country (Adelaide).

The FNHWT program aims to certify up to 500 First Nations individuals as either Aboriginal Health Workers or Aboriginal Health Practitioners by 2027. The training, delivered by Aboriginal Community Controlled Health Registered Training Organisations (ACCHRTOs), involves on-the-job experience, ideally on Country, addressing critical workforce shortages across the sector. Designed by First Nations organisations, the FNHWT aligns with the Closing the Gap Priority Reforms.

Senator the Hon. Malarndirri McCarthy, then Assistant Minister for Indigenous Health (now Minister for Indigenous Australians) attended the launch and met AHCSA's first cohort of trainees. The launch included release of the Aboriginal and Torres Strait Islander Health and Care Traineeship Framework, which outlines the program's scope and roles and responsibilities of all parties: NACCHO, affiliates, ACCHOs, ACCHRTOs and trainees.

Community controlled RTOs, like the Aboriginal Health Council of South Australia, provide the backbone of this program, developing a robust Aboriginal and Torres Strait Islander workforce and providing culturally embedded training, which is a central part to strong completion rates.

Donnella Mills, NACCHO Chair

By holistically and fully supporting trainees, this program is setting them up for success. They will go on to jobs across the health system and help grow the capacity of mainstream services to better support Aboriginal and Torres Strait Islander patients.

Senator Malarndirri McCarthy

ECS National Yarning Circle

The inaugural National Yarning Circle for the Elder Care Support (ECS) Program was held on 4–6 June 2024 at the Novotel Surfers Paradise on the Gold Coast. The event was opened by NACCHO Acting Deputy CEO, Monica Barolits-McCabe. Of the 178 delegates attending, 137 represented the new ECS workforce employed within 67 participating ACCHOs. This was the first time all ECS workers could come together ‘in person’. It was an excellent opportunity for workers to share their experiences, learn from each other, discuss program-implementation challenges, and aspire to future achievements.

Presenters included Andrea Kelly, the Interim First Nations Aged Care Commissioner, Dr Janine Mohamed, NDIA Deputy CEO, and representatives from DHAC, the Aged Care Quality and Safety Commission and the Healing Foundation.

A participant survey confirmed the event was a great success, with respondents eagerly anticipating the next Yarning Circle, expected to be held in May 2025.

At the very core of this initiative lies a deep respect for our Elders and older Aboriginal and Torres Strait Islander people. They are the spirit of our communities. They are the custodians of our culture, the keepers of our stories, and the heartbeats of our families. Ensuring they receive the care they deserve is not just a priority—it’s a sacred duty. Aboriginal and Torres Strait Islander culture is intertwined with a reverence for our Elders, who have guided us through generations with wisdom and love. The ECS Program is about honouring this tradition, ensuring that our Elders are not just cared for but celebrated.

NACCHO Acting Deputy CEO, Monica Barolits-McCabe

Good news stories that illustrate the success of the ECS Program.





Passionate and committed members of the ECS workforce at the inaugural National Yarning Circle.

Our role as ECS workers is not just about advocacy and navigating the systems but supporting our community Elders through staying active and community engagement.

Aboriginal Advancement League, Victoria

Our client has been incredibly grateful for the support we have been able to offer throughout the program so far... Being an Indigenous man from outside of Tasmania, with no family, it is extremely important to support him in staying connected with his culture and making him feel safe and independent.

Karadi Aboriginal Corporation, Tasmania



NACCHO agreements and partnerships

Department of Health and Aged Care partnership

The Department of Health initially funded NACCHO to establish a secretariat in Canberra in 1997, greatly increasing ACCHOs' capacity to participate in national health-policy development. NACCHO's more recent history with the department is discussed in the CEO's report, and the Chair's report pays tribute to the department's willingness to co-design policy and programs, in accordance with the National Agreement on Closing the Gap.

During 2023–24 NACCHO provided input to the next National Health Reform Agreement that will contain an Aboriginal and Torres Strait Islander Schedule for the first time.

NACCHO co-chairs a number of committees with DoHAC:

- National Aboriginal and Torres Strait Islander Health Protection sub-committee of the Australian Health Protection Principal Committee
- First Nations National Health Reform Agreement Collaboration Committee
- Better Renal Services Steering Committee
- Health Services Data Advisory Group.
- First Nations Health Funding Transition Advisory Group (FNHFTAG)
- First Nations General Practice Training Committee (FNGPTC).

Network Funding Agreement

NACCHO entered the first Network Funding Agreement (NFA), a contract with the Department of Health in June 2017. This agreement enshrined the department's commitment to the Aboriginal and Torres Strait Islander community-controlled health

sector and enabled NACCHO to support ACCHOs in delivering primary health care services. In June 2019 a two-year extension to this agreement was signed. Over 2021–22, NACCHO negotiated a new NFA with the department, initiated at the start of the previous reporting period. The new NFA provided more flexible funding to the sector through four-year rolling funding agreements with indexation.

The NFA outlines the relationship between NACCHO and its affiliates in each state and territory. This group is collectively known as the Sector Support Network (SSN). The agreement provides a framework within which the SSN and the Australian Government work together to achieve a shared vision of optimised health outcomes for Aboriginal and Torres Strait Islander people.

The NFA provides core funds to the Network to deliver critical support for ACCHOs to deliver essential and culturally appropriate primary health care services for Aboriginal and Torres Strait Islander people. The Network will continue to build capacity and capability across the Sector and inform mainstream service delivery on culturally responsive, safe and appropriate health care.

The NFA identifies three outcomes, as set out below in summarised affiliate reports on each outcome for 2023–24.

Outcome 1

A strong and sustainable Aboriginal and Torres Strait Islander community-controlled health sector delivering high-quality services to meet the health needs of the Aboriginal and Torres Strait Islander people across the country

| Affiliate | Strategies/activities |
|-------------------|---|
| AH&MRC | <ul style="list-style-type: none"> – Supports members on Communicare/digital health – Provides clinical continuous quality improvement (CQI) and Medicare training – Provides clinical accreditation support for members; updated its accreditation mapping project – Held three regional CQI workshops |
| AHCSA | <ul style="list-style-type: none"> – Reestablished the AHCSA Public Health Network meeting – Facilitated outbreak preparedness for TB – Is working with west coast services on dental services, supporting different access models for oral health – Provided accreditation/MBS claiming/Communicare support to members |
| AHCWA | <ul style="list-style-type: none"> – Established a Primary Health CQI Team – Holds monthly Clinical Leadership Group meetings – Facilitated face-to-face meetings, online workshops and webinars – Developed a disaster and pandemic-preparedness plan |
| AMSANT | <ul style="list-style-type: none"> – Held a CQI Collaborative, October 2023 – Member of the NT Aboriginal Health Forum – Chairs a Clinical Reference Group to review and improve KPIs – Supports members with workforce challenges – Provides accreditation and technical support to services |
| QAIHC | <ul style="list-style-type: none"> – Undertook multiple training sessions in MBS claiming – Conducted two data workshops – Developed a CQI framework |
| TAC | <ul style="list-style-type: none"> – Developed and embedded CQI initiatives, including in data collection and analysis – Developed a peer group framework – Promoted evaluation, and the incorporation of evaluation learnings – Disseminated resources and information to service sites |
| VACCHO | <ul style="list-style-type: none"> – Assists member ACCHOs across all areas of CQI through workshops, resources, working groups, facilitating networks – Regularly hosts meetings and workplace forums across the professional spectrum – Identifies funding opportunities for members |
| WNAHCS | <ul style="list-style-type: none"> – Is a stand-alone health service. |

Outcome 2

An accessible, responsive and culturally-safe healthcare system for Aboriginal and Torres Strait Islander people.

| Affiliate | Strategies/activities |
|-------------------|--|
| AH&MRC | <ul style="list-style-type: none"> — Has representation on 51 committees/working groups — Co-chairs the NSW Aboriginal Health Plan Advisory Committee and Primary Health Network (PHN)-ACCHO Working Group — RTO reaccredited for seven years and is rolling out training for the sector |
| AHCSA | <ul style="list-style-type: none"> — Has representation on 22 committees/working groups — Meets quarterly with SA Health and relevant ministers — Continued to work towards ACCHRTO sustainability — Had discussions and advocated for members with PHNs on funding/access to programs |
| AHCWA | <ul style="list-style-type: none"> — Has representation on 138 committees — Attends high-level meetings with the WA Government on critical health topics — Co-chairs with WA Health a series of governance/response groups — Meets regularly with mainstream health entities across the state |
| AMSANT | <ul style="list-style-type: none"> — Participates in 87 externally convened committees, in relation to workforce, primary health care, data, chronic and communicable diseases, priority clinical areas, immunisation, research — Co-chairs the development committee for the NT RHD strategy — Was instrumental in the NT PHN established five regional committees for better engagement with ACCHOs — Member of the reference group on development of a national remote food security strategy |
| QAIHC | <ul style="list-style-type: none"> — Has representation on 12 external committees — Participated in five data analytics working groups with PHNs and Queensland Health — Represented on the Better Health North Queensland PHN planning partnership |
| TAC | <ul style="list-style-type: none"> — Represented on 42 state and national committees/advisory groups — Has built RTO capacity; RTO is actively training — Maintains a much-in-demand Cultural Awareness Training Unit; co-chairs the Tasmanian Government's Cultural Respect Action Plan — Is working with the Tasmanian Department of Justice on development of a Child and Youth Safe Organisations Framework — Promotes palawa engagement with land- and sea-based projects |
| VACCHO | <ul style="list-style-type: none"> — Has representation on 65 different committees/working groups — Operates a cultural-safety training program — Established referral pathways for telehealth — Convened the annual gathering of Aboriginal Hospital Liaison Officers — Offers an annual program of Aboriginal Mental Health First Aid through the Balit Durn Durn Centre |
| WNAHCS | <ul style="list-style-type: none"> — Has representation on 16 national and jurisdictional committees/working groups — Maintains a prison-health service for First Nations detainees — Advocates strongly on issues of concern to the local community — Is developing an Aboriginal residential drug and alcohol rehabilitation service |

Outcome 3

National positions delivering high-quality expertise and advice at a national level that lead to structural reform.

| Affiliate | Strategies/activities |
|-------------------|--|
| AH&MRC | <ul style="list-style-type: none"> – Contributed to four submissions – Inputted to national and state frameworks and strategies, working with members – Co-chairs four working groups with state entities – Worked with NSW Health to embed stronger accountability/governance within the health system, in accordance with the National Agreement |
| AHCSA | <ul style="list-style-type: none"> – Developed 11 policy submissions – Continued to work with partners on advisory/reference groups – Engaged members in policy development – Participated in the National Congenital Syphilis Roundtable convened by ASHM Health |
| AHCWA | <ul style="list-style-type: none"> – Prepared 13 policy submissions – Provided submissions to seven national inquiries/consultation processes – Participates in formal working groups including on sustainable health, food security and mental health – Facilitates member engagement with state/national consultation processes |
| AMSANT | <ul style="list-style-type: none"> – Submitted 24 policy papers – Provided input to critical NT policy issues: alcohol control, housing, child and family wellbeing, community safety – CEO chairs the NT council monitoring Closing the Gap implementation – Convenes and regularly attends the APO NT Policy Officers Group (peaks group) |
| QAIHC | <ul style="list-style-type: none"> – Made six policy submissions – Is co-designing a GP Single Employment Model Registrar Pilot for south-west Queensland – Provides support and capacity building for areas that have identified the need for an ACCHO |
| TAC | <ul style="list-style-type: none"> – Developed 17 policy submissions |
| VACCHO | <ul style="list-style-type: none"> – Made eight policy submissions, attended policy and advocacy meetings – Leads the Victorian Aboriginal Health and Wellbeing Partnership Forum, advising that funding for Aboriginal programs be directed to ACCHOs – Testified to the state's Yoorook Justice Commission |
| WNAHCS | <ul style="list-style-type: none"> – Actively contributes to NACCHO submissions – Secured increased funding from ACT Health for the transition of opioid-dependence medications to the PBS |

Royal Australian College of General Practitioners partnership



RACGP

The NACCHO–Royal Australian College of General Practitioners (RACGP) partnership continues to develop the fourth edition of the National Guide to Preventive Healthcare for Aboriginal and Torres Strait Islander people. To be published in November 2024, the fourth edition embodies significant changes including greater input from Aboriginal and Torres Strait Islander people across all aspects of the project, with a marked increase in the chapters involving Aboriginal and Torres Strait Islander authors or expert reviewers. It will include new chapters on the health impacts of racism, climate change, preconception care, healthy eating, sleep and vaping. It has greater focus on implementation with additional sections on key messages and implementation tips.

For the first time, health-check recommendations are being updated alongside the guidelines. A working group made up of clinicians with extensive experience in Aboriginal and Torres Strait Islander health is reviewing and updating templates, to be published in early 2025. Looking ahead to implementation, the project team continues to work with the Commonwealth Scientific and Industrial Research Organisation (CSIRO) on development of interoperable health-check forms that will interact with other parts of the health record and integrate appropriate assessment tools.

Royal Australian Air Force MoU

AIR FORCE

NACCHO and the Royal Australian Air Force have a Memorandum of Understanding (MoU) based on a shared commitment to improved health outcomes for Aboriginal and Torres Strait Islander people. A significant part of the MoU is Exercise Kummundoo which deploys Air Force personnel to assist Aboriginal and Torres Strait Islander communities on agreed health-related projects, such as dental services.

In 2023–24 the Derby Aboriginal Health Service (DAHS) participated in Exercise Kummundoo. The Air Force team visited in May 2023 to assess dental facilities, begin planning and logistics, and commence community engagement. For four weeks in October, Air Force dental and Indigenous liaison teams worked with DAHS to deliver dental services and oral-hygiene education sessions to schools and the aged-care service. Dental patients ranged in age from 4 to 93; 61 patients were treated across 12 clinical days. The team was able to tackle the wait list, while seeing emergency cases as they presented. The team also participated in other community-engagement activities on subjects such as combatting domestic violence, supporting mental health and wellbeing, and healthy eating.

Australian Commission on Safety and Quality in Health Care MoU

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

This year NACCHO entered an MoU with the Australian Commission on Safety and Quality in Health Care, based on the two entities mutual interest in ensuring safe and high-quality health care for Aboriginal and Torres Strait Islander people. The commission has committed to incorporating First Nations perspectives, co-design of interventions, and shared decision-making. The two parties will share intelligence, share and cross-promote messages, and issue reciprocal invitations to conferences and other key events. The MoU, currently scheduled to end in December 2025, has a focus on medicines safety given the commission's responsibility for national Quality Use of Medicines stewardship.

NACCHO external committee representation

| Committee/board | Committee/board |
|---|--|
| 13 YARN: Lifeline Advisory Board | Australian Centre for Disease Control (CDC) Senior Officials Group (SOG) |
| Aboriginal and Torres Strait Islander Advisory Council on Family, Domestic and Sexual Violence | Australian Communications Consumer Action Network Steering Committee |
| Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Measurement Consortium | Australian Council of Social Service |
| ACTMed Project Advisory Group | Australian Digital Health Agency Council for Connected Care |
| Advisory Group for the Development of National Guidelines for Wellbeing Indicators in Early Childhood Health Checks | Australian Health Protection Principal Committee |
| Aged Care Quality and Safety Commission Consultative Forum | Australian Indigenous HealthInfoNet Advisory Board |
| Aged Care Quality and Safety Standards Sector Reference Group | Australian Indigenous Psychology Education Project Expert Advisory Group |
| AIHW Rheumatic Heart Disease Data Collection Advisory Group | Australian Medical Association Taskforce on Indigenous Health |
| Allied Health Industry Reference Group | Australian Strep A Vaccine Initiative Indigenous Advisory Board |
| Australian Cancer Nursing and Navigation Program Expert Advisory Group | AusVaxSafety Advisory Group |

Air Force Dental Officer Flight Lieutenant Maryam Ferooz discusses dental hygiene with students at the Holy Rosary School in Derby during Exercise Kummundoo in Western Australia.



| Committee/board |
|---|
| Better Renal Services Steering Committee |
| Blood Borne Viruses and Sexually Transmissible Infections Standing Committee |
| Cancer Australia's Leadership Group for Aboriginal and Torres Strait Islander Cancer Control |
| Centre for Research Excellence for Strengthening Health Systems in Remote Australia Steering Committee, Menzies School of Health Research |
| Child Safe Sectors Leadership Group |
| Civil Society Advisory Group |
| Coalition of Peaks |
| Colorectal Cancer Clinical Guidelines Committee |
| Commonwealth Closing the Gap Implementation Plan Joint Working Group |
| Connected Beginnings Advisory Group |
| Dementia Expert Reference Group |
| Early Childhood Care and Development Policy Partnership |
| Expert Advisory Group for the Elimination Response |
| Expert Advisory Group for the National Immunisation Strategy |
| Expert Advisory Panel for the Review of General Practice Incentives and Review of Primary Care |
| First Nations Advisory Council, National Disability Insurance Agency (NDIA) |
| First Nations Aged Care Governance Group |
| First Nations General Practice Training Committee |
| First Nations Health Funding Transition Advisory Group |
| First Nations Heritage Protection Alliance |
| Foundation Skills Advisory Group, Department of Employment and Workplace Relations (DEWR) |
| Foundations Skills Study Steering Committee |
| Gayaa Dhuwi Proud Spirit Australia Declaration Governance Committee |
| Good Medicine Better Health Advisory Group |
| Health Performance Framework Steering Committee |

| Committee/board |
|--|
| Health Services Data Advisory Group |
| Health Technology Assessment Policy and Methods Review Reference Committee |
| HIV Taskforce |
| Housing Policy Partnership |
| Human Ability Jobs and Skills Council: Aged Care and Disability Industry Advisory Committee |
| Human Ability Jobs and Skills Council: Health Industry Advisory Committee |
| Indigenous Aged Care Governance Group |
| Indigenous Australians Health Programme: YARNES Health Sector Co-Design Group |
| Indigenous Eye Health Advisory Group (AIHW) |
| Indigenous Eye Health Unit Advisory Board |
| Indigenous Mental Health and Suicide Prevention Clearinghouse Steering Committee |
| Indigenous Statistical and Information Advisory Group, Australian Institute of Health and Welfare (AIHW) |
| Industry Chief Executive Forum, NDIA |
| Joint Council on Closing the Gap |
| Justice Policy Partnership |
| Lung Learning Project Consortium |
| Medical Services Advisory Committee, Australian Government |
| Medicare Review Advisory Committee |
| NACCHO and Royal Australian College of General Practitioners (RACGP) Project Reference Group |
| NACCHO and RACGP National Guide Project Reference Group |
| National Aboriginal and Torres Strait Islander Ear and Hearing Health Partnership Committee |
| National Aboriginal and Torres Strait Islander Health Protection (NATSIHP) Sub-committee of the Australian Health Protection Principal Committee (AHPPC) |
| National Aboriginal and Torres Strait Islander Suicide Prevention Strategy Steering Committee |

Committee/board

National Drivers of Undervaccination Stakeholder Advisory Group

National E-cigarette Monitoring and Evidence Consortium

National Food Security Strategy: Project Reference Group

National Hepatitis C Testing Policy Expert Reference Committee

National Hospitals Reform Agreement

National Lung Cancer Screening Program Advisory Group

National Lung Cancer Screening Program Expert Advisory Committee

National Office for Child Safety, Child Safe Sectors Leadership Group

National Plan Advisory Group to end violence against women and children 2022–32

National Roadmap to Improve the Health and Mental Health of Autistic People Working Group

National Rural Health Alliance

National Strategic Roadmap for an Aboriginal and Torres Strait Islander Environmental Health Workforce Steering Committee

National Suicide Prevention Leadership and Support Program Alliance

National Suicide Prevention Strategy: Jurisdictional Advisory Group

National Suicide Prevention Strategy: Service Systems

National Tuberculosis Advisory Committee

National Women's Health Advisory Council

Nurse Practitioner 10 Year Plan Steering Committee

Opiate Dependence Treatment Program: Reference Group

Partnership Working Group on Closing the Gap

Pharmaceutical Benefits Advisory Committee: Drug Utilisation Advisory Committee

Pharmaceutical Society of Australia and NACCHO: ACCHO Pharmacist Leadership Group

Committee/board

Pharmaceutical Society of Australia Guidelines committees

Quality and Safeguards Commission: Provider Advisory Group to the Consultative Committee, NDIS

RACGP Aboriginal and Torres Strait Islander Health Council

Rapid Applied Research Translation Management Group

Reducing Structural Stigma and Discrimination Technical Advisory Group

Referendum Working Group and Referendum Engagement Group

Replanting the Birthing Trees Governance Group

Rheumatic Heart Disease Expert Working Group

Road Safety Stakeholder Advisory Group

Skills for Education and Employment (SEE) Program: First Nations Committee, DEWR

SEE Program: Stream 2 Steering Committee, DEWR

Services Australia Disability Peak Bodies Forum

Seventh Community Pharmacy Agreement Pharmacy Stakeholder Consultation Committee

Sexual Health Advisory Group, Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)

Sexually Transmitted Infections and Blood Borne Viruses Annual Surveillance Report Advisory Group

Social and Emotional Wellbeing Policy Partnership

South Australia Health Operational Project Committee

Stillbirth Centre for Research Excellence Project Management Group

Strengthening Medicare Implementation Oversight Committee

Telehealth in Primary Care Project

Tuberculosis Executive Coordination Committee

Watch and Inflate Steering Committee

Workforce Industry Reference Group, NDIS



Policy

The National Agreement on Closing the Gap provides NACCHO and the community sector with a strong framework for advocating policy and program reform.

NACCHO policy and advocacy

Policy Sub-committee

NACCHO's Policy Sub-committee comprises NACCHO and affiliate policy representatives, meeting monthly from February to November. The Policy Sub-committee is a strategic partnership involving NACCHO, all affiliates and regional peak bodies with a focus on sharing and synthesising information and strategies that will improve health outcomes for our communities.

Meetings have been extended in 2024 to support further discussion about national and jurisdictional policy approaches to key areas of interest, including workforce, aged-care and disability services, justice health and redistribution of mainstream funding.

This year's key topics included workforce issues (National Skills Agreement and the First Nations Health Worker Traineeship Program), the 2024 Budget review, and preparations for parliamentary inquiries and submissions. Natalie Bryant, a Sir Roland Wilson Pat Turner PhD Scholar, also presented her research, 'Indigenist Critical Policy Analysis (ICPA): A rights-based approach to analysing public policies and processes'.

Ahead of the NACCHO Members' Conference in 2023, the group held a face-to-face meeting, generously hosted by AHCWA at their offices in Highgate, Perth.

NACCHO presented preliminary findings from the National Workforce Census undertaken as part of the Capacity Building Project for Aboriginal Community Controlled Health Registered Training Organisations (ACCHRTOs) and updated the group on advocacy around the National Skills Agreement. The committee discussed issues including workforce development and funding models.

ACCHO consultation meetings – Inquiry into Diabetes

To support NACCHO's submission to the Standing Committee on Health, Aged Care and Sport's Inquiry into Diabetes, the policy team conducted online consultations in July–August 2023. The team gathered input from ACCHOs and Aboriginal and Torres Strait Islander people on the broader impacts of diabetes, barriers to diagnosis and support, and potential solutions.

In September 2023, NACCHO's Deputy CEO gave evidence to the parliamentary inquiry, highlighting the significant impact of diabetes on Aboriginal and Torres Strait Islander communities and the need for new approaches and funding models. In July 2024 the committee published its report *The State of Diabetes Mellitus in Australia in 2024*, concluding the inquiry.

In September 2023, NACCHO's Deputy CEO gave evidence to the parliamentary inquiry, highlighting the significant impact of diabetes on Aboriginal and Torres Strait Islander communities and the need for new approaches and funding models.

ACCHO consultation meetings – Modernising My Health Record

To support NACCHO's submission to the Department of Health and Aged Care (DHAC) consultation on Modernising My Health Record, the policy team held three online consultations in October 2023. The consultations focused on the benefits of compelling providers to upload reports, the impacts of removing consumer-access delays, and the associated need to ensure patient safety.

The department reviewed submissions and prepared a summary report of key themes and feedback in April 2024. Feedback is informing implementation, noting that the department will undertake further consultation as implementation progresses. DHAC has also established a Clinical Reference Group to support implementation, providing strategic advice and clinical oversight.

ACCHO Yarning Circles – National Nursing Workforce Strategy

NACCHO partnered with CATSINaM and DHAC to hold a series of Yarning Circles in February 2024. The Yarning Circles explored barriers to supporting the future nursing workforce and potential solutions. These discussions will inform the National Nursing Workforce Strategy, which will shape the future of this workforce. The report is due to be released later in 2024.

Universities Australia's Health Professions Education Standing Group roundtable

In March 2024, the policy team attended a roundtable hosted by Universities Australia, discussing the connections between university-based health-professions education and workforce development in health, aged care and disability. The Director of Policy presented NACCHO's perspective on health-workforce development, emphasising the importance of ACCHRTOs and the necessary wrap-around services they provide to students. Also discussed was the First Nations Health Worker Traineeship Program, which funds 500 trainees to pursue their Certificate III or IV Aboriginal Health Worker or Health Practitioner qualification.

ACCHO consultation – Brain Health Workshop

DHAC commissioned NACCHO to prepare a report on the National Dementia Support Program. To support this work, the policy team held a workshop in May 2024 with representatives from seven ACCHOs across Australia. Dr Richelle Douglas presented on the set up and operation of the dementia clinic run by Perth-based Derbarl Yerrigan Health Service. The group generously offered their perspectives and insights, providing a better understanding of how ACCHOs might build capacity to deliver comprehensive dementia services to Aboriginal and Torres Strait communities. A comprehensive report will be provided to the department in August 2024.

Participants at the Brain Health Workshop, Canberra, May 2024.



Parliamentary hearings

This year NACCHO gave evidence at four parliamentary inquiries, into:

- Northern Australia Workforce Development (August 2023): NACCHO recommended that ACCHRTOs be funded in the same way as TAFEs under the new National Skills Agreement and be supported in building a national pool of Aboriginal and Torres Strait Islander trainers and place-based assessors. The Joint Select Committee on Northern Australia released the *Northern Australia workforce development: First report* in November 2023.
- Attention Deficit Hyperactivity Disorder (ADHD) (September 2023): NACCHO emphasised the overrepresentation of Aboriginal and Torres Strait Islander people among those with ADHD, the importance of early intervention, and the need to grow the ACCHO workforce to deliver holistic, person-centred and culturally-safe models of care. The Community Affairs References Committee published its report *Assessment and support services for people with ADHD* in November 2023.
- Provision of and Access to Dental Services in Australia (October 2023): NACCHO emphasised the critical need for ACCHO-led oral-health care and health promotion to improve oral-health literacy and prevention to overcome the disparity in health outcomes for Aboriginal and Torres Strait Islander people. The Select Committee into the Provision of and Access to Dental Services in Australia published *A system in decay: a review into dental services in Australia: Final report* in November 2023.



NACCHO policy submissions

In each of our submissions NACCHO reminds governments across Australia of their commitment to the National Agreement on Closing the Gap and its four Priority Reforms.

This includes the need to:

- co-design programs and share decision-making with the Aboriginal and Torres Strait Islander community-controlled sector
- include accountability measures to ensure all programs for Aboriginal and Torres Strait Islander people are improving outcomes.

The executive summaries below detail key recommendations for each submission.

| Title | Executive summary | Date submitted |
|---|--|----------------|
| National Immunisation Strategy 2025–2030 | NACCHO welcomed explicit emphasis on Closing the Gap Priority Reforms and recognition of ACCHOs' importance in implementing strategy priorities; supported better reporting on adult vaccination and inclusion of specific targets to monitor progress; and underlined the importance of Aboriginal and Torres Strait Islander Health Practitioners and Health Workers in achieving the priority area actions. | 19/06/2024 |
| Draft Ninth National HIV Strategy 2024–2030 | NACCHO recommended: greater focus on specific strategies for Aboriginal and Torres Strait Islander people in the priority actions (noting that disease elimination targets can be met only when met for this priority population group) and clarifying the need for improved Indigenous identification in datasets. | 17/06/2024 |
| National Autism Strategy | NACCHO recommended that the National Autism Strategy recognise the lack of culturally-validated assessment tools and culturally-safe services as significant barriers to providing diagnosis and support for Aboriginal and Torres Strait Islander people with disability. | 7/06/2024 |
| Indigenous Dose Administration Aid evaluation | NACCHO noted that the current \$20m government program for Aboriginal and Torres Strait islander people, which pays pharmacies to pack dose administration aids (e.g. blister packs), has only very crude data and no Indigenous governance of data sovereignty. NACCHO supported comprehensive and appropriate sector oversight of the program's usage. | 31/05/2024 |
| Australian Skills Classification (ASC) user survey | NACCHO noted limitations in identifying emerging jobs and skills trends, and the lack of granularity of roles. Small numbers of jobs and fewer ads on recruitment sites mean that ACCHO jobs may not meet ASC thresholds for recognition. NACCHO advanced the need for a national skills database and the inclusion of cultural competency as a core skill. | 29/05/2024 |

| Title | Executive summary | Date submitted |
|--|--|----------------|
| Consumer submissions to support PBS listings of medication | <p>NACCHO recommended extension of the PBS into prisons and the following for PBS listing:</p> <ul style="list-style-type: none"> – Arexvy and Beyfortus for respiratory syncytial virus – Yaz and Yasmin for contraception – Visanne for endometriosis – Sidapvia (dapagliflozin/ sitagliptin) for diabetes – Prasugrel for acute coronary syndrome – Wegovy for obesity – Jardiance for chronic kidney disease. | 29/05/2024 |
| Apprenticeships Incentives System | <p>NACCHO recommended that the system supports innovative traineeship and apprenticeship models delivered by ACCHRTOs; adds Aboriginal and Torres Strait Islander primary healthcare and Indigenous environmental-health qualifications to the Australian Apprenticeships Priority List; and incentivises industry partnerships with ACCHRTOs to ensure cultural supports and local training and jobs in rural and remote areas.</p> | 22/05/2024 |
| Chronic Conditions National Strategic Framework | <p>NACCHO recommended that the revised framework explicitly aligns with the National Agreement, is designed in partnership with Aboriginal and Torres Strait Islander organisations and communities and adopts a ‘health in all policies’ approach, recognising that health outcomes are influenced by a wide range of social, commercial, political, environmental and cultural determinants.</p> | 22/05/2024 |
| Aged Care Quality Standards guidance | <p>NACCHO recommended strengthening explanations of cultural safety and trauma-informed care and providing examples of their application; targeted information for ACCHOs on how to meet the standards; and strengthening the cultural responsiveness of the Aged Care Commission’s compliance assessors.</p> | 20/05/2024 |
| Excess Mortality | <p>NACCHO noted that most Australian jurisdictions already have robust data on excess mortality in the Aboriginal and Torres Strait Islander population and recommended that this data be published.</p> | 17/05/2024 |
| National Disability Insurance Scheme (NDIS) Amendment (Getting the NDIS Back on Track No. 1) Bill 2024 [Provisions] | <p>NACCHO recommended that NDIS legislation, rules and operational guidelines (or changes to the above) align with the National Agreement and that assessment frameworks and tools for Aboriginal and Torres Strait Islander people be co-designed in partnership with communities, the community-controlled health and disability sectors and relevant peak organisations.</p> | 17/05/2024 |
| Compulsory income management | <p>NACCHO noted that it is imperative to identify and respond to the root causes of poverty (including the ongoing impact of colonisation and intergenerational trauma) and to implement holistic solutions. Secure housing and homelessness policies, together with investment in preventive health and culturally-safe, holistic, wrap-around services, can have far-reaching benefits.</p> | 6/05/2024 |

| Title | Executive summary | Date submitted |
|---|---|----------------|
| NDIS Provider and Worker Registration Taskforce | NACCHO recommended agency-wide integrated and matrixed registration and accreditation processes. Further recommendations included the introduction of accreditation standards that embed culturally-safe care, as well as greater accountability of mainstream service providers to deliver culturally-safe services to Aboriginal and Torres Strait Islander people and communities. | 6/05/2024 |
| Requirements for medical pathology services | NACCHO noted that pathology data should identify Indigenous status; recommended collecting Indigenous status via pathology request forms and recording it in patient records and reports; and suggested ways to support cultural safety when delivering medical pathology services. | 3/05/2024 |
| Revised FASD Guidelines | NACCHO recommended that the Australian FASD/ND-PAE Guidelines Development Group and government accept the proposed changes to the guidelines and priorities and fund implementation of the updated guidelines as an important next step. | 26/04/2024 |
| Therapeutic Goods Administration (TGA) repurposing | <p>The TGA repurposing program aims to improve access to medications commonly used outside of the TGA Australian approved indication (also known as ‘off-label use’). NACCHO proposed new TGA indications:</p> <ul style="list-style-type: none"> — Azithromycin for otitis media and bronchiectasis — Ondansetron for nausea and vomiting. | 17/04/2024 |
| Working Better for Medicare review | NACCHO recommended working with the sector to build ACCHO capacity to supervise and support GP registrars in recognised training programs; exempting ACCHOs from the 10-year moratorium for international medical graduates and overseas trained doctors; and amending the Distribution Priority Area lever for GPs to include MM4–MM7 areas only. | 8/04/2024 |
| Aged care on-site pharmacist measure implementation | NACCHO recommended that the aged care on-site pharmacist measure support ACCHOs providing aged-care services to choose the most appropriate pharmacist provider for their communities (in line with the Integrating Pharmacists within ACCHOs program) and grandfathering into the program providers with existing pharmacists under NATSIFAC. | 2/04/2024 |
| NDIS participant experience in rural, regional and remote Australia | NACCHO recommended building the capacity of the community-controlled sector by providing stable block funding for disability services, amalgamating existing national navigation and coordination programs under NACCHO management, and including support coordination in NDIS plans for all Aboriginal and Torres Strait Islander participants by default. | 29/03/2024 |
| Review of National Pathology Accreditation Advisory Council (NPAAC) Standards: Tier 3B and 4 | NPAAC guidelines provide standards for the use of Point of Care Testing (PoCT). NACCHO recommended alternative guidelines for low complexity screening tools (i.e. syphilis PoCT) and reconsideration of the in-vitro diagnostic medical device levels, noting that, in the current guidelines, diagnostic and screening tests attract the same level of scrutiny. | 27/03/2024 |

| Title | Executive summary | Date submitted |
|---|---|----------------|
| SEE (Skills for Education and Employment) Program Stream 2: First Nations Delivery | NACCHO recommended redesigning the guidelines in partnership with the community-controlled sector to address intergenerational low English literacy and numeracy in Aboriginal and Torres Strait Islander communities. | 19/03/2024 |
| Collaborating to improve how medicines shortages are managed in Australia | NACCHO participated in workshops and meetings to inform the TGA about medicine shortages in Australia, noting significant impacts to our sector from shortages of antibiotics, diabetes injections, Bicillin LA for rheumatic heart disease, Lyclclear for scabies and Tenectaplastase for myocardial infarction/stroke. | 12/03/2024 |
| Scope of Practice Review: Issues Paper 1 | NACCHO recommended national harmonisation of the scope of practice for Aboriginal Health Practitioners (AHPs) and Aboriginal Health Workers (AHWs); and extending authority to Registered Nurses and AHP/Ws to order a selection of Medicare-funded pathology and diagnostic services, to extend their scope of practice. | 8/03/2024 |
| New Aged Care Act Exposure Draft | NACCHO recommended that the new Aged Care Act supports equitable access and flexible pathways for Aboriginal and Torres Strait Islander people to access aged care; that regulatory controls support ACCHOs to become aged-care providers; and that the establishment and functions of the First Nations Aged Care Commissioner be written into the Act. | 5/03/2024 |
| National Health Technology Assessment (HTA) Review (improving PBS and MBS accessibility) | NACCHO supported reforming HTA to be more responsive to Aboriginal and Torres Strait Islander community needs. This includes improving governance and monitoring by Aboriginal and Torres Strait Islander representatives and amending policy and systems that are structurally biased and inequitable. NACCHO's CEO participated in the advisory committee. | 29/02/2024 |
| Future of Income Management | NACCHO noted the need to identify and respond to the root causes of poverty (including the ongoing impact of colonisation and intergenerational trauma) and to implement holistic solutions. Secure housing and homelessness policies, together with investment in preventive health and culturally safe, holistic, wrap-around services, can have far-reaching benefits. | 28/02/2024 |
| Support for Nicotine Replacement Therapy (NRT) on PBS | NACCHO advocated the retention of pricing arrangements for NRT on the PBS; this was accepted by the Minister, maintaining the viability of NRT for the sector. | 28/02/2024 |
| BreastScreen Australia National Policy and Funding Review | To strengthen the BreastScreen Australia Program, NACCHO recommended co-design in genuine partnership with Aboriginal and Torres Strait Islander people and ACCHOs, targeted funding to the ACCHO sector, and alignment with the National Agreement. | 27/02/2024 |
| Online Discharge Summaries: Updating National Guidelines (ACSQHC) | NACCHO recommended changes to the updated discharge summary template: to improve cultural safety for Aboriginal and Torres Strait Islander people; to ensure timely access to the summaries for ACCHOs; and to improve the clinical information provided to support continuity of care for ACCHO clients. | 23/02/2024 |

| Title | Executive summary | Date submitted |
|--|---|----------------|
| Surveillance in People at High Risk of Pancreatic Cancer Guide | NACCHO recommended including equity as a core principle in the guide; investing in Aboriginal and Torres Strait Islander cancer research; and extending the guide’s target audience to all primary health care professionals, including AHPs and AHWs. | 12/02/2024 |
| Identifying and Investigating Patients Who May Have Undiagnosed Pancreatic Cancer Guide | NACCHO recommended providing sustainable funding to all areas of the ACCHO sector to achieve equity in the provision of holistic, culturally-appropriate cancer services and care for Aboriginal and Torres Strait Islander people and their families, including raising awareness of signs and symptoms of pancreatic cancer and ensuring access to investigations. | 12/02/2024 |
| Early Years Strategy | NACCHO recommended reframing economic analogies to reflect a human rights perspective, and expanding protective factors to include culturally-safe, trauma-informed perinatal care and Birthing on Country; and defining equity (versus equality) to make explicit that each child has different circumstances (i.e that resources need to be allocated to reduce disadvantage and vulnerability). | 9/02/2024 |
| GP Incentives Effectiveness Review | NACCHO recommended that the Workforce Incentive Program (WIP) Practice Stream targets the employment of specific primary health care staff, including non-dispensing pharmacists and community midwives; that revised eligibility and criteria for the Practice Incentive Program (PIP) Indigenous health incentive be co-designed with the sector; and that additional multipliers based on patient need be used to determine the size of PIP and WIP. | 15/01/2024 |
| COVID-19 Response Inquiry | NACCHO acknowledged a mostly strong partnership between government and the sector during the pandemic, though in some jurisdictions shared decision-making happened only at crisis point. NACCHO noted considerable strain and burnout for the ACCHO workforce and welcomed subsequent changes to extend AHW and AHP scopes of practice in the workplace. | 21/12/2023 |
| Aged Care Data and Digital Strategy | NACCHO noted that it was critical that DHAC’s First Nations Aged Care Framework ensures equity of access for Aboriginal and Torres Strait Islander Elders and communities, and that this responsibility should not be devolved to the First Nations Digital Inclusion Plan of the National Indigenous Australians Agency. | 8/12/2023 |
| Performance Management of DHAC Primary Health Network (PHN) Program | NACCHO noted that PHNs lack transparency and that their performance and accountability are variable and not well managed. PHNs have limited knowledge of and rarely prioritise ACCHO care. Where provided, funding is often inflexible, administratively burdensome and at times culturally inappropriate, impacting negatively on the sector and Aboriginal and Torres Strait Islander people. | 8/12/2023 |
| Australian National Cervical Screening Program Guidelines | To achieve more equitable outcomes, NACCHO recommended strengthening National Cervical Screening Program Guidelines to ensure they are developed and maintained in partnership with Aboriginal and Torres Strait Islander people and organisations. | 7/12/2023 |

| Title | Executive summary | Date submitted |
|--|--|----------------|
| National Housing and Homelessness Plan | NACCHO recommended that housing and homelessness solutions be place-based, involve shared decision-making with local Aboriginal and Torres Strait Islander communities and support accredited construction/maintenance training and employment opportunities for local Aboriginal and Torres Strait Islander people. | 5/12/2023 |
| A stronger, more diverse and independent community sector: Issues paper | NACCHO recommended partnering with the community-controlled sector to co-design grant processes; longer funding agreements; providing community-service funding directly to the sector; and simplifying grant application requirements and reporting. | 5/12/2023 |
| Scope of Practice Review | NACCHO supported extending scopes of practice across the medical workforce to enable multidisciplinary teams to work to their collective scope of practice, provided the extended scopes of practice are consistently assessed, implemented and regulated. Any changes to scopes of practice should benefit all stakeholders without compromising patient safety and outcomes. | 15/11/2023 |
| Modernising My Health Record | NACCHO recommended compelling radiology and pathology providers to upload results to My Health Record; supported in principle immediate release of radiology and pathology results to patients (unless the ordering clinician requests delayed release); and supported a pop-up notification reminding patients to contact their practitioners to discuss results. | 31/10/2023 |
| Equitable access to diagnosis and treatment for individuals with rare and less common cancers | Noting that Aboriginal and Torres Strait Islander people are disproportionately affected by rare and less common cancers, NACCHO recommended addressing barriers across the cancer continuum and ensuring sustainable cancer funding for the ACCHO sector and Aboriginal and Torres Strait Islander communities and researchers. | 16/10/2023 |
| New Aged Care Act Foundations | NACCHO recommended that the new Aged Care Act and regulatory systems support integrating delivery of aged care, disability services and primary healthcare; provide flexibility to support ACCHOs in delivering aged care; have an equity focus; and include a Statement of Rights enshrining a right to cultural safety. | 3/10/2023 |
| Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm | NACCHO noted that the guideline-development process lacked community consultation and recommended that guidelines for following up very preterm children have specific guidance for population groups with specific needs, such as Aboriginal and Torres Strait Islander women and children. | 19/09/2023 |
| Diabetes Inquiry | NACCHO recommended funding to build ACCHO workforce capacity and train AHPs as Credentialed Diabetes Educators, to support health promotion and prevention programs, screening for children, and antenatal and postnatal screening. Other recommendations included changes to the PBS and MBS to provide equitable medication access and support early diagnosis. | 7/09/2023 |

| Title | Executive summary | Date submitted |
|---|---|----------------|
| Draft National Consumer Engagement Strategy for Health and Wellbeing | NACCHO supported the overall purpose, vision and aim of the strategy, noting however that a whole-of-population engagement strategy would be inadequate to support effective engagement with Aboriginal and Torres Strait Islander people. NACCHO recommended a separate strategy for Aboriginal and Torres Strait Islander people. | 5/09/2023 |
| Aged Care Pricing Framework | NACCHO noted that activity-based funding does not offer sustainability for services operating in culturally and fiscally thin markets; proposed that pricing principles prioritise equity above 'fairness', which is highly subjective; and referred the Authority to NACCHO's previous submission recommendations that remain largely unaddressed. | 30/08/2023 |
| National Suicide Prevention Strategy | NACCHO recommended that the strategy highlights the important role of local and community-controlled organisations in planning, designing and implementing suicide-prevention services; aligns its messaging around workforce and community capability with the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2030; and funds the ACCHO mental-health workforce. | 25/08/2023 |
| Nursing re-entry to practice | NACCHO noted that a multi-pronged approach to re-engagement is critical to increasing the number of nurses and midwives. NACCHO supported CATSINaM's proposal to develop specific re-entry programs for Aboriginal and Torres Strait Islander nurses in the ACCHO sector and to support supervisory capacity across the sector. | 22/08/2023 |
| Workforce development in Northern Australia | NACCHO recommended that community-controlled RTOs be funded in the same way as TAFE (under the new National Skills Agreement) and supported in building a national pool of Aboriginal and Torres Strait Islander trainers and place-based assessors. NACCHO also recommended capacity building for ACCHOs to support clinical placements for GPs, nurses and other professional staff. | 18/08/2023 |
| Early Childhood Wellbeing Checks | NACCHO recommended that early childhood wellbeing checks should be holistic, consider social and cultural determinants of health, and be conducted at culturally-safe locations determined by communities. | 18/08/2023 |
| National Dementia Action Plan (NDAP) | NACCHO was contracted to develop a series of actions and recommendations for the NDAP to improve outcomes for Aboriginal and Torres Strait Islander people living with dementia, and their caregivers, families and communities. | 8/08/2023 |
| Draft National Early Childhood Education and Care Vision | To ensure Aboriginal and Torres Strait Islander interests are considered in the Vision, NACCHO recommended that the Australian Government outline how it intends to fulfil its obligations under the National Agreement. | 8/08/2023 |
| National Health and Climate Strategy | NACCHO recommended that the strategy incorporate traditional Aboriginal and Torres Strait Islander expertise and consider climate-appropriate housing, investment in adequate water systems, food security, and regulatory levers for manufacturers. NACCHO also recommended long-term funding for ACCHOs for prevention and early intervention. | 4/08/2023 |

| Title | Executive summary | Date submitted |
|--|---|----------------|
| A new model for regulating aged care | NACCHO recommended building aged-care capacity and capability in the community-controlled sector, having a system-wide focus on improving cultural safety, and providing ACCHOs with an exemption from provider registration fees, per the Royal Commission recommendation. | 4/08/2023 |
| Proposed Changes to the HPV Vaccine Recommendation | NACCHO supported the proposed changes but recommended special monitoring and measures to ensure no associated decrease in HPV vaccine coverage for Aboriginal and Torres Strait Islander people. | 31/07/2023 |
| Youth Justice and Child Wellbeing Reform across Australia | NACCHO recommended a human rights approach to youth justice and child wellbeing reform, increasing the age of criminal responsibility to 14 years in all jurisdictions, and funding ACCHOs to provide care to Aboriginal and Torres Strait Islander people in all youth and adult detention settings. | 28/07/2023 |
| National Care and Support Economy Strategy | NACCHO recommended building capacity and capability for community-controlled organisations providing care and improving support for RTOs; reviewing Carer Payment and Carer Allowance rates and application processes to improve access for Aboriginal and Torres Strait Islander people; and committing to implementation of the Aboriginal and Torres Strait Islander Health Workforce Plan. | 14/07/2023 |
| Barriers to assessment and support for ADHD | NACCHO recommended building capacity in the ACCHO sector to ensure Aboriginal and Torres Strait Islander children and adults with ADHD and other neurodiverse conditions receive culturally-safe and adequate diagnosis, management and support; improving access to medicines by aligning medicine regulations across jurisdictions to enable cross-border dispensing; and recognising ADHD as a primary disability. | 7/07/2023 |
| SEE (Skills for Education and Employment) Stream 1 Market Preparation | NACCHO welcomed the proposed changes to the SEE Program, particularly to expand access and have a separate funding stream for Aboriginal and Torres Strait Islander organisations. NACCHO recommended provisions for Program Stream 1 to ensure culturally-safe training and support for Aboriginal and Torres Strait Islander students. | 6/07/2023 |



Sector strengthening

The National Agreement on Closing the Gap set in motion initiatives to strengthen the community-controlled health sector in critical areas such as governance, infrastructure and workforce development.

Governance

In July 2022, NACCHO received funding from the National Indigenous Australians Agency (NIAA) to develop and implement a national governance training and support program to assist in building sector capacity and capability.

The program has three components:

Part 1

A suite of governance resources to support boards and leadership of ACCHOs and other Aboriginal Medical Services not affiliated to NACCHO

Part 2

A national program of governance training for boards and leadership

Part 3

A health executive leaders' program bringing together CEOs and deputy CEOs (or equivalent) to support high-level leadership and succession planning across the sector.

Part 1: Health sector governance resource project

This project has three phases:

- Phase 1 has been completed involving a sector-wide assessment and consultation to understand ACCHOs' needs and capacity.
- Phase 2 is expected to be completed by December 2024; in collaboration with the sector, NACCHO is creating pilot resource packs focused on the CEO journey framework and governance documents for boards including resources such as:
 - CEO recruitment process, checklists and guides, interview questions, guide reference checks
 - templates of board charters, conflicts of interest, board committee terms of reference, grievance policy and fraud control.
- Phase 3 is expected to commence in 2025 through dissemination of digital and hard-copy resource packs and evaluating the take-up for sustainability.

Part 2: Health sector governance training

Working in collaboration with legal firm King & Wood Mallesons (KWM), NACCHO has successfully completed ten two-day workshops: in Brisbane, Perth, Melbourne, Cairns, Townsville, Darwin, Adelaide, Sydney and Perth. As of July 2024 around 225 people have participated in the workshops including directors, independent directors, CEOs and senior staff such as business managers, finance managers and practice managers, representing 63 ACCHOs across the country as well as representatives from state-based affiliates (AH&MRC, AHCWA, AHCSA and AMSANT).

Under NACCHO guidance a range of governance topics were developed including:

- role of boards vs management
- conflicts of interest
- managing conflicts on the board
- duties of directors
- delegation of powers
- relationships between internal and external parties.

What participants have said post-workshop

Sydney (March 2024)

Thank you, found the workshop very helpful and has strengthened my understanding.

I always like learning about other organisations as we are not all the same and have different hurdles to get over and through.

Perth (April 2024)

A massive thank you to NACCHO and KWM! It has been great to meet people from the West that we don't usually see at conferences. We have had some great yarns and have learned a lot. Thank you!

Gave me more insight into the board's rules and responsibility.

Cairns (May 2024)

First session/workshop of NACCHO (I have) attended and definitely made an impression. Communication shared was transparent and easy to understand. An opportunity to network with other organisations who achieved and who face similar challenges and concerns. NACCHO and KWM—Job well done!

Enjoyed the workshop. Very informative and provided insight to roles and responsibility for board members. Also listening to other ACCHOs' challenging issues ... Happy to attend more workshops as a refresher to be kept informed. Thanks NACCHO and KWM. Well done!!

Excellent coverage of directors' duties, conflict of interest, dispute resolution. Case studies are very relevant to the sector.

Part 3: National Health Executive Leaders' Program

The National Health Executive Leaders' Program brings together CEOs and deputy CEOs (or equivalent) from the ACCHO sector in a residential program, with expenses paid. Participants come together to learn, collaborate and share in an informal setting. The program is delivered over three days, bringing in inspirational guest speakers to reinforce learnings, with an emphasis on core management skills in areas such as finance, human-resource management, government relations and working with boards.

The focus on peer group learning harnesses participants' collective experience, building networks of support after the program, and enhancing awareness of personal strengths. To date, four cohorts have completed the program: in Adelaide, Cairns, Canberra and Melbourne.

What participants have said post-workshop

Great to be in a setting with peers at the same level, facing the same challenges.

So much team building and sharing of ideas and solutions. It was the best program I have attended.

Great having Mel Turner, Dawn Casey and Donnella Mills involved, and hearing from them.

Infrastructure

Closing the Gap Infrastructure Program

Investments in infrastructure are critical to improving health outcomes for Aboriginal and Torres Strait Islander people. Most ACCHOs' infrastructure is between 20 and 40 years old. Inadequate health infrastructure can compromise service delivery, pose safety risks for patients and staff, and inhibit the sector's efforts to attract workers. As part of its Closing the Gap commitments, the Australian Government announced an investment of \$254.4m through the Service Maintenance and Major Capital Works Programs to address seriously deteriorating or non-existent health infrastructure across the sector. This much-needed investment is being provided over four years from 2021-22 to 2024-25, delivering new and/or renovated health clinics and housing for health professionals across Australia.

Service Maintenance Program 2023

\$10m

available

93 applications

assessed, totalling over \$28.4m

45 approved

for funding

Major Capital Works, Round 2

\$70m

available

117 EOIs

assessed, totalling \$318.6m

39 applications

invited to apply to stage 2

33 approved

for funding

Round 1 of the Major Capital Works Program was finalised in March 2023, with many of the 61 successful projects (valued at \$138.6m) getting under way and/or completed during the year under review.

NACCHO is pleased that this funding is being delivered in line with the Priority Reforms of the National Agreement on Closing the Gap, where programs and services are developed in genuine partnership with Aboriginal and Torres Strait Islander people and funding is invested to build the community-controlled sector. This funding supports the critical role that ACCHOs play and their daily contribution to improving health outcomes.

The sector's need for infrastructure funding remains a critical pressure point. NACCHO continues to advocate for increased funding.

Case study

Budja Budja Aboriginal Co-operative

Project name: Refurbishment of Budja Budja's Ararat satellite clinic

Budja Budja is located in Halls Gap, Victoria, within the Gariwerd/Grampians National Park, on Djab Wurrung and Jardwadjali lands. In 2023 Budja Budja secured \$365,000 in funding through Round 1 of the Major Capital Works Program to repurpose and refurbish an existing residential dwelling for use as a satellite primary health care facility in Ararat. The works included refurbishment and alterations and establishing a new consult room, outreach room, waiting room and storage room.

Tim Chatfield, Budja Budja CEO and local Djab Wurrung Elder, explains:

We currently have a clinic in Halls Gap but it is 45 minutes travel distance one way from our Ararat and surrounds community. There were significant travel times and costs involved for this community to travel to Halls Gap and for our staff providing outreach and transport services.

The clinic opened on 1 November 2023 and all consultations with two GPs and support nurses and staff are full every day. We have seen a 27 per cent increase in Indigenous consultations over November to February 2024, underscoring the improved convenience and access. It is definitely improving our community's health outcomes.





Case study

Yura Yungi Medical Service Aboriginal Corporation

Project name:
Expansion of Yura Yungi's Halls Creek clinic

Yura Yungi is located in Halls Creek, WA. Halls Creek is in the heart of the Kimberley and 2,965km north-east of Perth. The traditional owners are the Jaru, Kija,

Kukatja, Walmajarri and Gooniyandi peoples. Yura Yungi secured \$3,239,011 through Round 1 of the Major Capital Works Program for expansion of its Halls Creek clinic, enhancing service provision across this extensive and remote region.

Case study

Ngangganawili Aboriginal Community Controlled Health and Medical Services

Project name: Construction and installation of three two-bedroom units for staff accommodation

Ngangganawili is located in Wiluna, approximately 950 kilometres north-east of Perth, in the traditional lands of the Martu people in central Western Australia. In 2023, Ngangganawili secured \$1,387,108 through Round 1 of the Major Capital Works Program for the construction and installation of three two-bedroom units for staff accommodation.



Workforce and training

ACCHRTO Capacity Building Program

NACCHO is in the final phase of developing the 10-year ACCHRTO Capacity Building Implementation Plan, funded by NIAA. The plan builds on evidence gathered through the National Workforce Census undertaken in 2023. A subsequent gap analysis and technical mapping of suitable vocational education and training (VET) qualifications identified where capacity building is needed to ensure Aboriginal Community Controlled Health Registered Training Organisations (ACCHRTOs) can meet workforce and training needs across the sector. The plan will be submitted to NIAA in late 2024.

The ACCHRTO Community of Practice (RTO CoP) was established to promote collaboration and resource sharing. The CoP met virtually four times this year and twice face-to-face, including at AHCSA in March 2024. The RTO CoP has been engaged in validating the resources developed for the Aboriginal and Torres Strait Islander Primary Health Care Training Package (see below).

First Nations Health Worker Traineeship Program

The First Nations Health Worker Traineeship Program commenced on 1 July 2023. It will support up to 500 Aboriginal and Torres Strait Islander trainees to complete their Certificate III or IV Primary Health Care qualifications to become Aboriginal Health Workers (AHWs) or Aboriginal Health Practitioners (AHPs).

The program was launched at AHCSA in March 2024 by the then Assistant Minister for Indigenous Australians and Indigenous Health, Senator the Hon. Malarndirri McCarthy. The launch included release of the Aboriginal and Torres Strait Islander Health and Care Traineeship Framework, which outlines the program's scope and roles and responsibilities of all parties: NACCHO, affiliates, ACCHOs, ACCHRTOs and trainees.



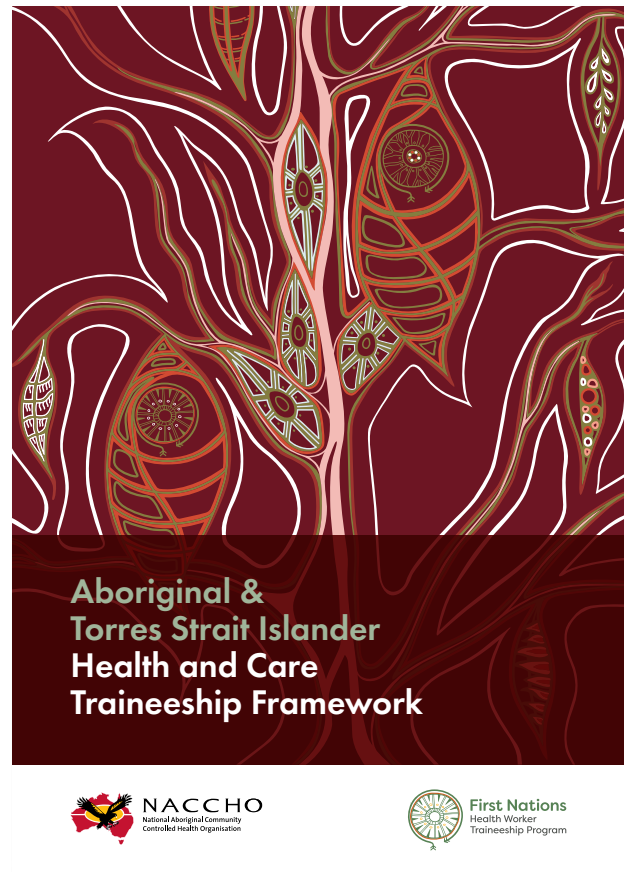
The ACCHRTO Community of Practice meeting in Adelaide prior to the launch of the First Nations Health Worker Traineeship Program – March 2024.

The program has engaged the Human Service Skills Organisation to develop culturally-appropriate national course materials to support the delivery of the new Primary Health Care accredited training package. It closely intersects with the ACCHRTO Capacity Building Program and the RTO CoP to ensure that new resources are validated for use across the sector.

Jurisdictional Traineeship Coordinator (JTC) roles are embedded in affiliates to support ACCHRTOs and ACCHOs in the program's delivery, including matching, progress and trainee completion. JTCs also support ACCHO and ACCHRTO access to jurisdictional training funding, and advocate sector needs with relevant departments and Skills Commissioners.

ACCHO Student Support Managers are located in ACCHOs in Queensland and the Northern Territory where there is no ACCHRTO. These roles are filled by ACCHO employees who have completed a qualification in Primary Health Care and also hold a Certificate IV Training and Assessment. At present there are five Student Support Managers funded across the two jurisdictions.

At 30 June 2024, there were 274 enrolments in the First Nations Health Worker Traineeship Program. Of these, 50 students had completed their qualification.



NACCHO Aboriginal and Torres Strait Islander Health and Care Traineeship Framework, www.naccho.org.au/fnhwtp

Key statistics

First Nations Health Worker Traineeship Program, 30 June 2024

32 Average trainee age
55 Number of ACCHOs with trainees

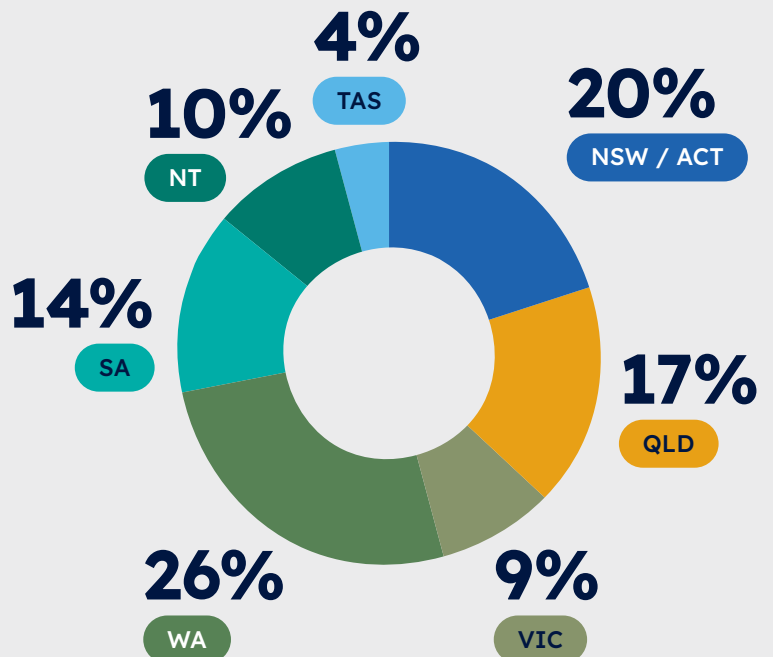
Gender breakdown

75% female
25% male

Qualification breakdown

20% Certificate III
80% Certificate IV

Trainee enrolments by jurisdiction, 30 June 2024





Home Care Workforce Support Program partner Apunipima work ready program Blak on Track participants – pathway to employment in the care sector.

Home Care Workforce Support Program

NACCHO continued to deliver the Home Care Workforce Support Program as part of the Australian Government’s investment in better care for older Aboriginal and Torres Strait Islander people. The aim was to attract, train and retain 96 personal care workers in remote/very remote regions across the Northern Territory, Queensland, South Australia and Western Australia. This was achieved through various projects, including Solid Connections (Kimberley Aboriginal Medical Service) and Blak on Track (Apunipima Cape York Health Council). Funding for the program ended on 30 June 2024.

Aboriginal Community Controlled Trainer and Assessor Demonstration Project

Commencing in May 2024 and funded by the Department of Employment and Workplace Relations, this initiative aims to ensure ACCRTOs have fully-qualified, work-ready trainers and assessors. It is designed to build the VET workforce across ACCRTOs nationally, by completing training for up to 42 Aboriginal and Torres Strait Islander trainers and assessors by December 2025.

The training is being delivered over three cohorts of students. Each cohort will receive four one-week blocks of face-to-face training and assessment, designed as four skillsets to enable students to train under practice while completing their studies. This approach also allows RTOs to mentor and support students during their training. Cohort 1 of the program will commence in early July 2024 with students coming together from across the country to train at AH&MRC. Cohort 2 will commence in September 2024, and Cohort 3 in February 2025.

Aboriginal and Torres Strait Islander Environmental Health Workforce

NACCHO’s work to develop a National Strategic Roadmap to establish an Aboriginal and Torres Strait Islander Environmental Health Workforce continued this year. With experts’ advice, the team aims to deliver a comprehensive, co-designed roadmap that identifies principles, recommendations and tools for implementation that will guide the sector in establishing and growing this vital workforce. It is well understood that many diseases disproportionately affecting Aboriginal and Torres Strait Islander peoples are environmental in origin. There is a clear need for community-led integrated approaches to preventing poor health outcomes for families, individuals and communities.

To support this work, NACCHO established a National Aboriginal and Torres Strait Islander Environmental Health Steering Committee (ESC) to provide technical and cultural advice. The ESC met three times in 2023–24 and discussed:

- strengths-based examples and leadership transformation in environmental health services
- principles and recommendations for the roadmap
- models of training, employment and support for Aboriginal environmental health trainees and workers
- funding requirements to support sustainable workforce development.

Some of the potential benefits identified through discussions with the ESC and other stakeholders include:

- **Empowerment and capacity building:** Establishing a dedicated workforce will empower Aboriginal and Torres Strait Islander communities by building local capacity and expertise in environmental health.
- **Health and wellbeing:** Improved environmental health services will directly contribute to better health outcomes and wellbeing for Aboriginal and Torres Strait Islander people.
- **Sustainable employment:** Creating a structured workforce will provide sustainable employment opportunities within communities, fostering economic growth and stability.

- **Cultural relevance:** A workforce that understands and respects cultural contexts will ensure that environmental health services are delivered in a culturally-appropriate manner, crucial for the provision of safe and responsive services.
- **Community control:** Community control ensures that Aboriginal and Torres Strait Islander people have a say in the design and delivery of environmental health services and is essential to ensuring that new policies and programs are co-designed with communities to meet their specific needs and aspirations.

The roadmap will be delivered in 2024–25.

An environmental health session was delivered at the NACCHO Members' Conference in Perth in October 2023.

Specialist Training Program

NACCHO is working with all affiliates and member services involved in public health training to advocate for more flexible, appropriate and equitable funding arrangements. The Public Health Medical Officers (PHMO) Network continues to meet monthly, and the fortnightly PHMO Network Newsletter provides updates on upcoming training opportunities. A \$390,000 funding grant received from the Royal Australasian College of Physicians (RACP) in mid-2024 will allow NACCHO to develop a Public Health Community of Practice platform on the NACCHO LMS to support public health training, networking and collaborative action. NACCHO has also applied to RACP for additional funding (\$1m FATES grant) to expand public health training across the sector.





Targeting health areas

NACCHO has worked with the sector, government and other stakeholders to boost investment and effort in specific health areas where Aboriginal and Torres Strait Islander people are at a particular disadvantage. The aim is to direct resources and capacity to strengthen ACCHOs' holistic, locally-based service delivery.

Cancer

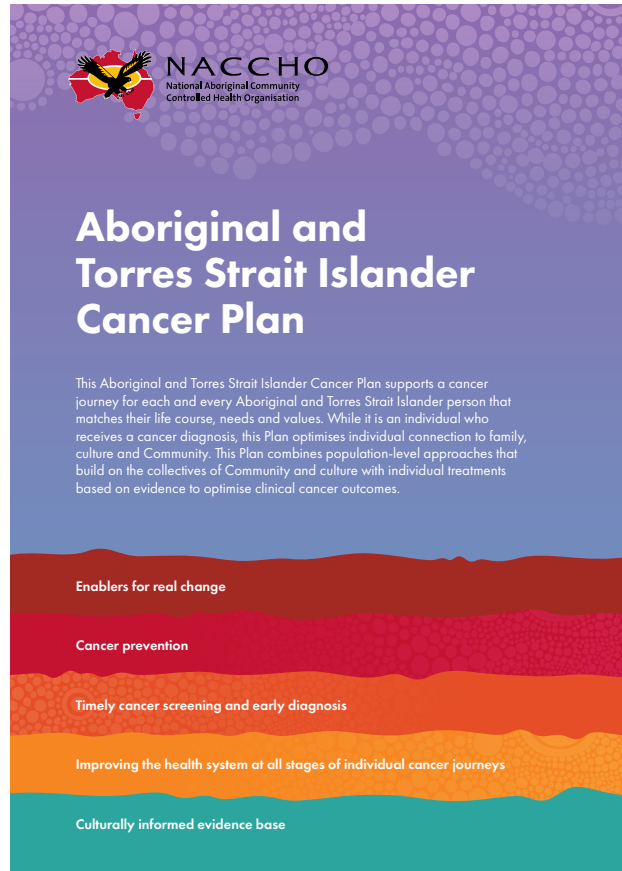
Cancer remains the leading cause of death among Aboriginal and Torres Strait Islander people, with 23.4 per cent of all our deaths attributed to cancer.

Cancer mortality rates have been declining for non-Indigenous Australians for at least two decades, while cancer mortality rates for Aboriginal and Torres Strait Islander people have continued to increase for most cancers, considerably in remote areas.

Aboriginal and Torres Strait Islander people also experience cancer differently. Lower cancer screening participation, higher cancer diagnosis rates and lower survival rates (among other factors) result in significantly worse health outcomes for Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander Cancer Plan

Launched at NACCHO's 2023 Members' Conference, the Aboriginal and Torres Strait Islander Cancer Plan was co-designed in genuine partnership with the ACCHO sector. The plan frames subsequent cancer activities managed by NACCHO and focuses on embedding all four Priority Reforms of the National Agreement on Closing the Gap. This framing will ensure NACCHO, in partnership with the sector, government and other stakeholders, is on track to achieve equitable cancer outcomes for Aboriginal and Torres Strait Islander people and communities.



NACCHO Cancer Program

First announced as part of the May 2023 federal Budget, this program will enable the ACCHO sector to respond to and improve cancer-related health outcomes, tailored to local needs and priorities, over three financial years to June 2027. Funding will focus on achieving equitable outcomes across cancer journeys at individual and community level.

The program will co-ordinate, co-design and deliver cancer programs in prevention and screening, diagnosis, treatment and support that are culturally safe and holistically focused on the health and wellbeing of Aboriginal and Torres Strait cancer patients and their families. Up to 260 new full-time equivalent (FTE) positions will be established, including Health Promotion Officers, Cancer Support Officers, Cancer Liaison Officers and Cancer Treatment Health Practitioners. The program will also reshape the cancer narrative from fear and stigmatisation to empowerment.

The first workforce stream will see the rollout of Cancer Liaison Officers (CLOs) in the second half of 2024. These positions will be offered to affiliates to strengthen the sector by working closely with jurisdictional governments to ensure that cancer experiences and outcomes of Aboriginal and Torres Strait Islander people are considered in all jurisdictional policies and programs.

Bowel cancer screening

In partnership with the Department of Health and Aged Care (DHAC), NACCHO facilitated alternative access to bowel-screening kits across the sector, allowing community members to receive bowel cancer screening directly from a health care professional at their local ACCHO rather than through the mail. NACCHO was funded for this work until August 2023. However, NACCHO continues to provide tailored communications and resources to ACCHOs to support and improve screening rates.

DoHAC has announced that from 1 July 2024, the bowel-cancer screening age will be lowered from 50 to 45. NACCHO has been informing the sector of this new arrangement, and using the opportunity to encourage people to visit their local ACCHO or health professional.

Lung cancer screening

Also in May 2023, the Australian Government announced funding for a National Lung Cancer Screening Program (NLCSP). The NLCSP has begun a two-year planning and co-design period, with NACCHO involved in discussions surrounding risk-based screening and eligible community members.

Given the current lung-cancer diagnosis and mortality data among Aboriginal and Torres Strait Islander people, equitable access to and engagement with the NLCSP will be crucial when funding rolls out in the second half of 2025. The Australian Government has agreed to fund ACCHOs for coordination activities and provide community grants to increase community awareness and engagement with the NLCSP.

NACCHO is working across all aspects of program planning. It has focused on ensuring that mobile screening services and travel supports are offered in an equitable and culturally-safe manner. NACCHO is also advising on the program guidelines, appropriate data collection, necessary improvements to the National Cancer Screening Register, and training and information materials.

Cervical screening



Cervical Screening

In partnership with DoHAC, ACON and the Australian Centre for the Prevention of Cervical Cancer, NACCHO co-designed and co-decided a national campaign to increase awareness and uptake of self-collection in cervical screening among relevant Aboriginal and Torres Strait Islander people aged 25–74.

The campaign was split into a health-care-provider phase launched in May 2024, and a consumer phase, launched in September 2024. Both phases involved developing campaign collateral: education resources, webinars, training modules, and mixed-media advertisements nationwide. NACCHO has also developed a logo for use on ACCHO-specific campaign materials.

Palliative care

In July 2023, NACCHO entered into an agreement with DHAC to review evidence on the palliative-care needs of Aboriginal and Torres Strait Islander people and propose practical solutions for improving services. The resource *Navigating the evidence: Improving palliative care for all Aboriginal and Torres Strait Islander people* was completed and delivered to the department in June 2024. The result of consultation and engagement with the ACCHO sector and others, the document provides an overview of the evidence base and status of palliative and end-of-life care for First Nations people in Australia.

Communicable diseases

The ACCHO sector is a national leader in responses to communicable diseases including syphilis and COVID-19. NACCHO is proud to contribute to this success and committed to driving greater sector achievements.

Not only has the Communicable Diseases Team listened and responded to the sector and progressed NACCHO's Strategic Directions, it has also progressed the Priority Reforms of the National Agreement on Closing the Gap.

Three national programs fund the sector: the Enhanced Syphilis Response, the COVID-19 Program, and the Blood Borne Virus (BBV) and Sexually Transmissible Infections (STI) Program. A total of 121 members and seven affiliates received funding to deliver localised programs in their communities.

Continued funding for the sector

Though a \$4.4b funding deficit remains to close the health gap, the Australian Government has progressed some of the sector's priorities. The 2024 Federal Budget allocated \$94.9m over two years for communicable disease responses in Aboriginal and Torres Strait Islander communities. This funding maintains the sector programs already funded through NACCHO. In addition, \$12.5m over four years was provided to facilitate community-led distribution of menstrual products in regional and remote communities to improve access for Aboriginal and Torres Strait Islander women, girls and gender diverse people. This program will begin next year.

Strong workforce delivering for community

The sector's front-line workers have a far greater impact than in mainstream delivery because of ACCHOs' connection to and understanding of their communities. The highly skilled and trusted workforce funded through NACCHO's programs works directly with people to communicate, educate and support their journey. This is particularly important in the highly stigmatised areas of sexual health and BBVs.

NACCHO has programs that are both well established and are the result of ongoing sector advocacy and determination. None more so than the Enhanced Syphilis Response, running since 2018, externally evaluated as successful, and providing a benchmark for other communicable-disease programs (www.equityeconomics.com.au/report-archive/evaluation-of-nacchos-role-under-the-enhanced-syphilis-response).

Our programs in communities have enabled:

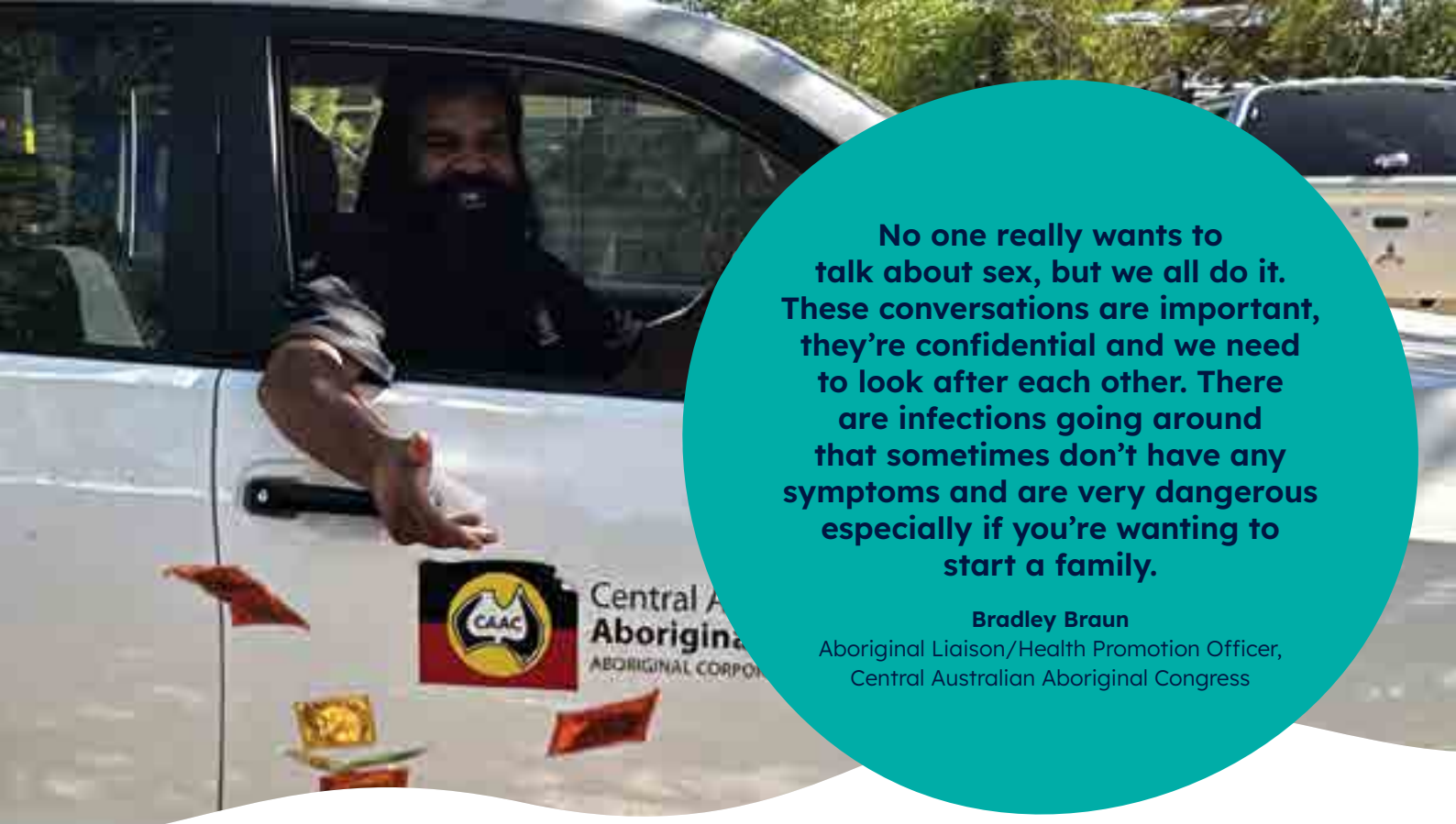
- the development of a strong sexual health, BBV and COVID-19 workforce
- increased community engagement and awareness
- increased testing and treatment
- a broad range of health-promotion activities
- innovative care models designed for and by Aboriginal and Torres Strait Islander communities, including home visits, mobile clinics, and activities with local schools and in other community settings.

Before COVID-19, syphilis testing rates were increasing. COVID-19 impacted many aspects of service delivery; however, as a sector we are testing above pre-COVID-19 levels for the target age group 15–34 years.

I got into sexual health because, while working as a Primary Health Care Nurse, the best part of my job was putting peoples' minds at ease and making them feel comfortable, no shame.

Dominic Zambelli, Registered Nurse, Enhanced Syphilis Response, Central Australian Aboriginal Congress





No one really wants to talk about sex, but we all do it. These conversations are important, they're confidential and we need to look after each other. There are infections going around that sometimes don't have any symptoms and are very dangerous especially if you're wanting to start a family.

Bradley Braun

Aboriginal Liaison/Health Promotion Officer,
Central Australian Aboriginal Congress

Systemic reform and shared decision-making

NACCHO continues to push for systemic reforms where barriers in the health system are identified, with much input from the wider sector on issues and potential solutions. Some highlights include:

- the Closing the Gap Pharmaceutical Benefits Scheme (PBS) co-payments, instrumental in improving medicines access and now extended to cover s100 highly specialised drugs from 1 July 2024, including for hepatitis B, HIV and opioid-dependent treatments, among others
- recognition of syphilis as a national issue, following NACCHO's strong advocacy for much greater action to address the outbreak including national prioritisation and funding—gains have been made, but a great deal remains to be done.

NACCHO Deputy CEO, Dr Dawn Casey continues to co-chair the National Aboriginal and Torres Strait Islander Health Protection (NATSIHP) subcommittee of the Australian Health Protection Principal Committee (AHPPC) with DoHAC's First Assistant Secretary. NATSIHP also includes strong representation from the sector, providing culturally-safe advice on health matters for Aboriginal and Torres Strait Islander people and communities. NATSIHP's focus is on communicable and chronic diseases, environmental health, disaster management in primary health settings, and health issues related to COVID-19.

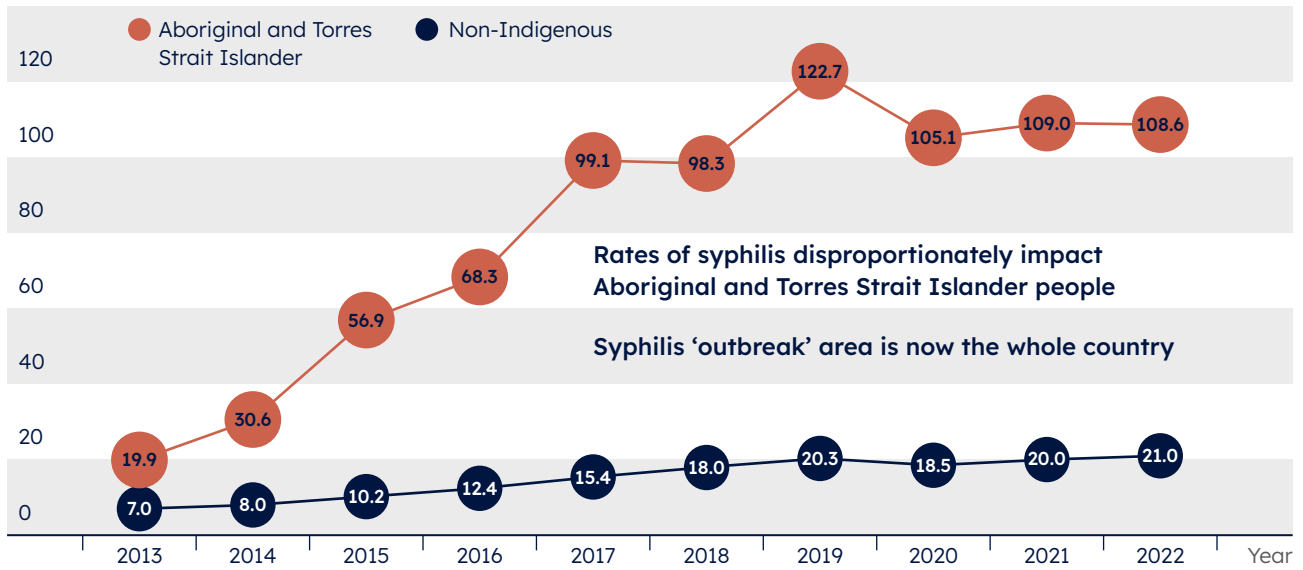
ACCHO sector recognised as leaders

Aboriginal and Torres Strait Islander people continue to be disproportionately affected by sexually-transmissible infections, blood borne viruses, COVID-19 and vaccine-preventable illnesses. For example, rates of syphilis are seven times higher among Aboriginal and Torres Strait Islander adults than other adults. The statistics for congenital syphilis are even more compelling. Recent data indicates that, for Aboriginal and Torres Strait Islander babies, Australia is no longer meeting World Health Organization triple-elimination targets. Between 2016 and the end of 2023, 89 congenital syphilis-associated deaths were reported in Australia. Approximately two-thirds (62 per cent) of these infants were from Aboriginal and Torres Strait Islander communities. That little ones come to such harm from an entirely preventable and treatable infection is unacceptable.

National experts across the country agreed in May 2024: **The Aboriginal Community Controlled Health sector are leaders in the national syphilis response and should be supported and funded to set the policy direction and lead an expanded response to congenital syphilis.**

Syphilis data

Age-standardised rate per 100,000



Increasing community control

Sector advocacy to the Australian Government gave rise to the Enhanced Syphilis Response, a coordinated, community-led response to the syphilis outbreak in Aboriginal and Torres Strait Islander communities. Since then, the Australian Government has been handing over responsibility for the program to NACCHO. This year saw further developments with NACCHO taking on full responsibility for coordinating the program, including delivering training and supporting quality assurance of syphilis point-of-care testing with enrolled services from 1 July 2024.

Blood borne viruses, harm reduction and priority populations

The sector's input to national BBVSTI policy, including the five national strategies, called for more investment in the ACCHO sector and workforce, comprehensive embedded approaches, prevention, harm reduction, testing, treatment and ongoing care both in the community and in prisons.

NACCHO supported the sector to showcase best practice and success at the 2023 NACCHO Members' Conference with sessions on harm reduction, needle and syringe programs, prisons, and LGBTQIASB+ Aboriginal and Torres Strait Islander people.



Case study

Successful Needle and Syringe Program at Derbarl

In 2008 Perth-based Derbarl Yerrigan Health Services Aboriginal Corporation was the first ACCHO in Western Australia to start a Needle and Syringe Program (NSP). The program offers sterile equipment, safe-disposal containers and education to promote safer injecting. It aims to prevent transmission of diseases such as HIV and hepatitis B and C.

People who inject drugs come from all parts of the community, but those with trauma, mental health issues or prison histories are at higher risk of injecting. Shame, stigma and discrimination are some factors preventing Aboriginal people who use drugs from accessing NSPs. This highlights the importance

of non-judgmental staff and culturally-safe locations such as ACCHOs (Australian Department of Health, 2008).

Derbarl's clinics dispense 650 fit packs a month, and almost 70 per cent of clients identify as Aboriginal. NSP clients' ages range from under 18 to over 60. Research recommendations for improving Aboriginal people's access include: NSP cultural security, harm-reduction community education and awareness, and holistic service models. Derbarl's successful NSP helps to reduce stigma, improve access to holistic health care in a culturally-safe environment, and lessen BBV transmission.

COVID-19

As we continue to live with COVID-19, the community-controlled health sector remains crucial in supporting Aboriginal and Torres Strait Islander communities in managing COVID-19 and its long-term health impacts.

In 2023–24, the sector focused on integrating COVID-19 care into routine operations and addressing the disproportionately higher burden of COVID-19 and vaccine-preventable diseases among Aboriginal and Torres Strait Islander people. This involved disseminating clinically-accurate and culturally-appropriate information around COVID-19 and long COVID, in addition to education and engagement to address vaccine hesitancy and to promote general vaccinations, continued testing and treatment. The period since the pandemic has seen decreasing vaccination rates, both in the childhood schedule and for other adult vaccines, making these engagement and education efforts even more critical.

To support these efforts, NACCHO continues to work with members, affiliates, DoHAC and other stakeholders to support the community-controlled health sector in accessing necessary COVID-19 resources and funding. To date, more than \$82m has been committed to equip the sector to deliver these services.

NACCHO has begun an evaluation of the sector's response to COVID-19, expected to be finalised in 2025 and to provide valuable insights into the successes and lessons learned in relation to pandemics and communicable diseases.

HTLV-1

NACCHO is working with Central Australian Aboriginal Congress, AMSANT and others to address HTLV-1 in affected Aboriginal communities. This work has included developing a research framework to support appropriate and culturally-safe HTLV-1 research with Aboriginal communities, and the development of national HTLV-1 guidelines for primary health care services. Expected to be finalised by late 2024, the guidelines will be accompanied by a suite of resources to support health professionals in understanding HTLV-1 and in discussing testing and transmission with at-risk groups.

Our hearts in our hands

In recent years NACCHO has prioritised action on acute rheumatic fever (ARF) and rheumatic heart disease (RHD)—entirely preventable conditions that only occur in high-income countries when the social and cultural determinants of health are not equitably addressed.

In Australia, Aboriginal and Torres Strait Islander people continue to be disproportionately affected by ARF and RHD. In 2018, the Australian Government pledged to eradicate ARF and RHD by 2030. In 2021, the government committed to a new model of care, community-owned and community-led and coordinated by NACCHO, for ARF and RHD prevention and treatment in communities with a high incidence of the conditions. The ARF and RHD

Program enables ACCHOs to increase their local workforce and capacity to implement sustainable and evidence-based strategies.

The program is supported by a national governance structure incorporating the Australian Government, states and territories, experts working in Aboriginal and Torres Strait Islander health, and ACCHO representatives. Investment from partners, including DHAC, BHP, and, more recently, the Snow Foundation, is a significant enabler of this work.

Now in its third year (2023–24), the program has seen significant growth in the number of participating ACCHOs, and increased engagement by these ACCHOs in program activities. At 30 June 2024, there were 24 ACCHOs funded through the program across the Northern Territory, Western Australia, Queensland and South Australia, compared to six in the previous year.

2023–24 program highlights in numbers

\$1 million

additional contribution to expand the program by the Snow Foundation

\$42.2 million

total investment

2 meetings

of the ARF and RHD Expert Working Group

9 meetings

of the national ARF and RHD Community of Practice

24 ACCHOs

in areas of high incidence of ARF and/or prevalence of RHD now participating in the program

~83.5 FTE

positions funded in ACCHOs to design and implement local approaches to preventing and managing ARF and RHD

25

ACCHO staff tested and provided feedback on Echo in ACCHOs training and equipment recommendations

6

Aboriginal Health Workers/Practitioners supported in leading three physician-supervised screening clinics to practise ultrasound scanning techniques.



Dolly Wash, an approach to skin health promotion developed at Gurriny Yealamucka in Yarrabah, was presented to members of the RHD Community of Practice. Members from the Kimberley adopted and delivered a local version of Dolly Wash, photographed here.

Community-led activities and Community of Practice

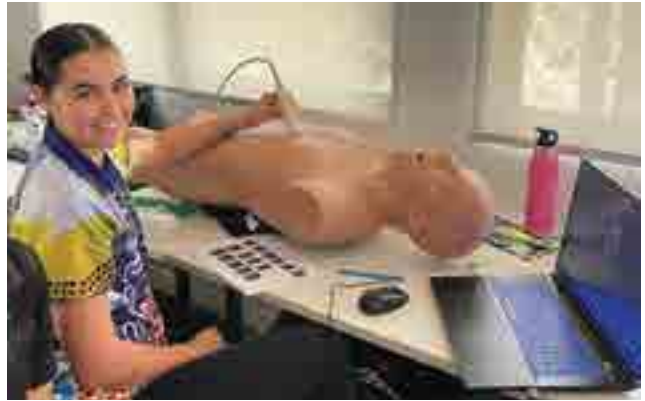
A key priority for ACCHO-led activity has been to establish and grow the capacity of the local ARF and RHD workforce—an estimated 83.5 FTE work across 85 ACCHO sites (including clinic and homeland communities).

Program priorities vary according to community need and the outcomes of community consultations; however, there are a number of common activities in the program. The majority of ACCHOs work across prevention, screening, early diagnosis, treatment, supportive care and data improvement. Preventing ARF and RHD through environmental-health projects is the most common activity planned by ACCHOs. This includes developing processes for environmental-health referrals, developing housing-audit assessment tools, embedding hygiene and primordial education into housing assessments, and raising awareness of the connection between environmental health and RHD.

With the Community of Practice now well underway, nine meetings were held in 2023–24, including one national face-to-face meeting for participating ACCHOs. At these meetings ACCHOs regularly present on program activities and share ideas and strategies to strengthen their activities and learn from one another. One ACCHO's approach to skin-health promotion was shared at a Community of Practice meeting and gained quick traction with members; it has since been delivered in a locally-appropriate way in ACCHOs across the country. In the accompanying photos, a Health Promotion Officer shared the activity's success in their community.

To quote an RHD Community of Practice member:

It was a big hit. Had lots of kids very eager to engage and had some great yarns about keeping skin strong. Thanks so much to the team for sharing their awesome program.



Representatives from Broome Aboriginal Medical Service, Apunipima, Gurriny Yealamucka and Wuchopperen participating in Echo in ACCHOs training and providing input into equipment requirements.

Echo in ACCHOs

In early ARF and RHD consultations, the potential benefits of screening to identify high rates of undiagnosed RHD in children and young people living in high-risk communities were discussed with the NACCHO team. Funding to engage an external partner (the University of Melbourne) to deliver face-to-face

training and purchase equipment for participating ACCHOs was secured, and NACCHO initiated what is now known as the Echo in ACCHOs Program.

In Cairns in November 2023, the University of Melbourne delivered the practical course for the first time to 14 people representing three ACCHOs in the region. A longer five-day workshop was delivered in

ARF and RHD Program staff from across the Kimberley at the Kimberley Aboriginal Medical Service offices in Broome, WA, with representatives from DHAC, Sonosite, the University of Melbourne and NACCHO.



Broome in February 2024. In this format, participants were provided with a day to complete the online theory component of the course, and two days to learn the practical skills. Some trainees also had an opportunity to test their newly learned skills in the clinic, with supervision from the trainers. These two trial courses provided valuable feedback to NACCHO and the training team, and will inform delivery of a pilot program from 2024 onwards.

Raising awareness of ARF and RHD

In August 2023, the Heart Foundation and the Snow Foundation, in partnership with RHD researchers, held a national symposium on RHD in Adelaide. NACCHO Deputy CEO, Dr Dawn Casey delivered a keynote address, discussing partnerships and priorities identified by the ACCHO sector as critical to improving outcomes for Aboriginal and Torres Strait Islander people.

This was followed in November 2023 by a keynote address at the inaugural World Congress on RHD, held in Abu Dhabi. In February 2024, a Perspectives piece was published in the Medical Journal of Australia, 'Australia's rheumatic fever strategy three years on'.

In October 2023, the RHD Team coordinated several ARF and RHD activities at the 2023 NACCHO Members' Conference:

- **RHD concurrent session:** a panel discussion involving ACCHOs participating in the ARF and RHD Program, bringing together program staff to yarn about what has been happening on the ground and what the program means to them and their community; the University of Melbourne also presented on the Echo in ACCHOs Program
- **Environmental health concurrent session:** participating ACCHOs presented on environmental-health activities being delivered under the program; members of the Environmental Health Workforce Steering Committee spoke to different environmental health models of service and their role in community service provision
- **RHD trade table:** over two days the team responded to program enquiries, discussed opportunities with ACCHO CEOs and staff, and had an ultrasound simulator present for delegates to try. The trade table attracted a lot of engagement, leading to an additional ACCHO expressing interest and later joining the program.



Representatives from the ARF and RHD Community of Practice and the University of Melbourne at the annual national face-to-face meeting in Perth, November 2023.



Left: Dr Vladislav Matic, Dr Dawn Casey, Cherrie Glasson, and Adrian Singh on Mornington Island to discuss RHD and other issues. Right: Representatives from Kimberley Aboriginal Medical Service, Department of Health and Aged Care, the University of Melbourne and the NACCHO team after a day in Bidyadanga community supervising primary healthcare scanners to undertake RHD screening, and road-testing equipment

Case study

Health promotion event on ARF and RHD motivates participants

At one ACCHO a recent Yarning Circle organised by the Health Promotion Program delved into issues related to ARF and RHD. The session utilised culturally-sensitive storytelling and interactive elements tailored to the community. Attendees, including board members, ranged in health literacy levels.

Community members actively participated, expressing increased awareness and a strong enthusiasm for prioritising their health. During bush trips, the Health Promotion Team seamlessly integrated RHD education into open discussions around the kangaroo tail cooking. The team covered topics such as common signs of ARF and RHD, when to seek medical attention and the importance of early diagnosis. Information was accessible and relevant to the participants with iPads used to show videos.

In this informal setting, community members engaged in conversations, shared experiences and asked questions. Some participants said they had not heard of RHD and were keen to know more.

I used to think that I am strong and these health issues were far from me, but now I see that anyone can be affected. It's good to be informed and take steps to be healthy.

18-year-old male

I need to look after my family, this information is serious, my mob needs to be safe.

29-year-old male

Seeking national notification for ARF and RHD

Although both ARF and RHD have been notifiable in some jurisdictions for some time, inconsistent definitions and poor access to notification and other data for both ACCHOs and other primary health care services have impeded national progress toward a holistic evidence-based response. To address this, NACCHO consulted with the RHD Joint Advisory Committee (comprising representatives of state/

territory health services, affiliates and the RHD Expert Working Group) to develop a proposal for ARF and RHD to be included on the National Notifiable Diseases List (NNDL). This proposal was presented to the NATSIHP AHPPC subcommittee in February 2024 for endorsement. In April, NACCHO presented the proposal to the Communicable Diseases Network Australia (CDNA), the subcommittee of the AHPPC responsible for the NNDL. CDNA members agreed to form an assessment panel.

Disability

NACCHO advocates for and supports ACCHOs to provide high quality, localised, culturally safe and responsive disability supports and services.

Disability reports

This year, both the Final Report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the Independent Review into the National Disability Insurance Scheme (NDIS) Review, were released.

The Final Report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was released in November 2023, with a dedicated *Volume 9: First Nations people with disability* which made 13 recommendations specific to Aboriginal and Torres Strait Islander people. The Australian Government has primary or shared responsibility for ten of the 13 recommendations and has accepted, or accepted in principle, all ten recommendations. It has committed to working with Aboriginal and Torres Strait Islander people with disability, community-controlled organisations, mainstream support providers and other disability providers to improve cultural safety in service provision, including through improved market stewardship and regulation.

The final report of the NDIS Review, *Working together to deliver the NDIS*, was released in December 2023. It advanced 26 recommendations and 139 supporting actions. Specific actions included that the Australian Government develop a national strategy to improve the quality of the disability ecosystem for First Nations people.

The review recognised that: **First Nations people experience disability at up to twice the rate of non-Indigenous Australians. Historically discriminatory policies continue to affect the safety and accessibility of supports and services ... We need to do better, together, to create a more inclusive and accessible society that recognises and reflects the lived realities of First Nations people.**

NACCHO continues to work with the Australian Government and the National Disability Insurance Agency (NDIA) to develop partnerships and improve cultural safety through advice, submissions and advocacy.





Orange Aboriginal Medical Service welcomed the NACCHO Disability Team in March 2024 to showcase their ADLO and NDIS programs in action.

Aboriginal Disability Liaison Officers

The Aboriginal Disability Liaison Officer (ADLO) Program, a \$9m initiative funded by the NDIA continues to enable 40 ACCHOs in regional and urban areas to employ more than 55 staff who provide a critical service for Aboriginal and Torres Strait Islander people with a disability, supporting better

access and utilisation of disability services and the NDIS. The program includes a nationwide monthly Community of Practice forum, where ADLOs come together to share learnings and build networks across the sector. NACCHO continues to work with the NDIA and advocate for the program's long-term funding to ensure services are adequately remunerated and the program's reach expanded.

Aged care: Elder Care Support Program



Elder Care Support

Implementation of the \$8m, three-year Elder Care Support (ECS) Program (formerly known as Trusted Indigenous Facilitators) is well established after the completion of three tranches of funding. The target is to recruit 250 staff nationally.

NACCHO’s Aged Care Team collaborates with affiliates and participating ACCHOs to develop and deliver training and communications resources to support the development of a strong, sustainable workforce. Workforce Training Coordinators and Project Officers within affiliates and regional partners are funded to provide non-accredited training and support to their jurisdictional ACCHO ECS Coordinators and Connectors. Predominately drawn from local communities, the growing ECS workforce is helping Aboriginal and Torres Strait Islander Elders and older people, their families and carers to navigate the complex aged-care system and connect to the care and support they need.

The ECS workforce’s national distribution reflects the strength and commitment of the community-controlled sector. At 31 May 2024, 245.1 FTE positions had been filled by 98 ACCHOs. This includes 25.5 FTE funded within ten affiliates and regional partners.

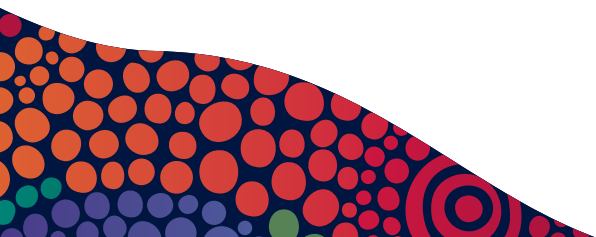
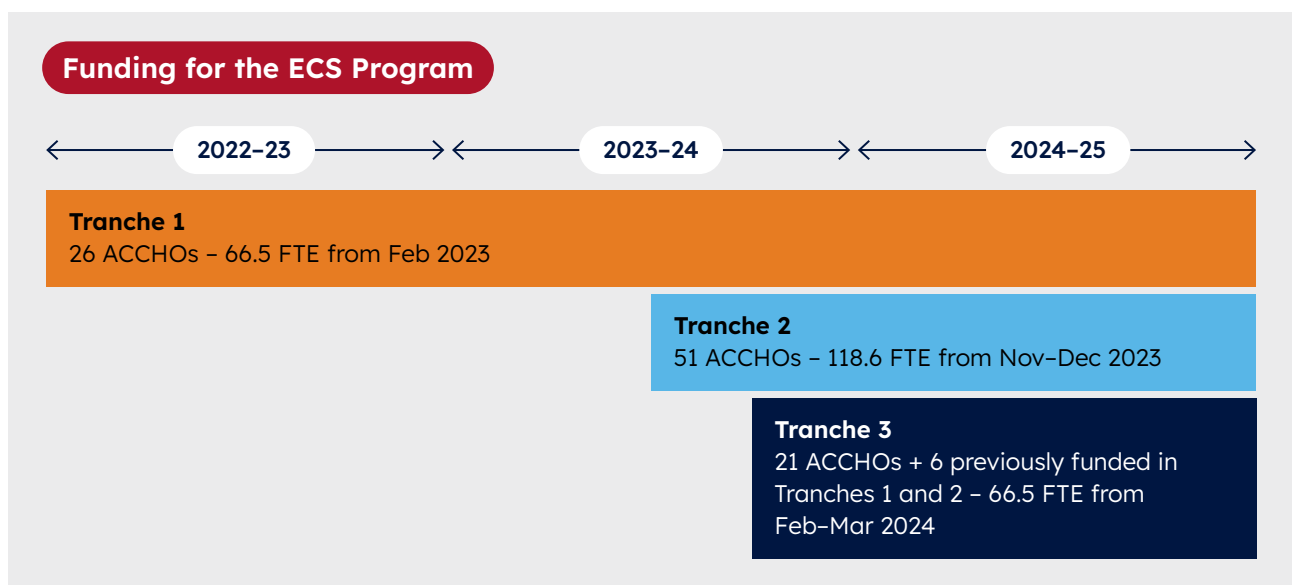
Demand to participate in ECS remains strong; applications through the three funding tranches far exceeded the 250 FTE positions available.

Increasing workforce capability in the community-care sector is challenging, especially during one of the most difficult recruitment environments in decades. Nevertheless, NACCHO members remain undaunted. All are dedicated to finding the right people for these vital positions designed to improve culturally-safe access to care for older Aboriginal and Torres Strait Islander people against a backdrop of rapidly growing demand for and uptake of these services.

DHAC data reveals that, at the end of June 2024, some 350 eligible Aboriginal and Torres Strait Islander people were being supported by the new ECS workforce and connected to services via My Aged Care.

ECS core mission

The core mission of the program and its new workforce is to gain the trust and confidence of older people and their families in communities, and to overcome long-held fears and barriers, often arising from previous unsatisfactory experiences with service providers. Furthermore, due diligence is required to nominate culturally-safe and appropriate service providers to deliver care and support despite limited or no choice and/or significant service gaps nationwide.



ECS workforce awareness, training and support

ECS Workforce Training Coordinators and Project Officers from affiliates and regional partners are now delivering training and support to their local ECS workforce. Non-accredited training is centred around the four key themes of the unique ACCHO model of care: Culture, Care, Community and Conversations.

The training provides participants with up-to-date information on the types of aged-care services, how to access them via My Aged Care, and the aged-care quality and safety standards. Using case studies and tools, participants consider cultural considerations and challenges faced by communities, including current barriers to access and how to manage changing situations and challenging conversations.

The training also links participants to resources including information, emerging research and assessment tools.

There is growing awareness of and considerable interest in the ECS Program within the Aboriginal and Torres Strait Islander community-controlled sector and among non-Indigenous aged-care bodies and organisations. Yarning Circles, communities of practice, including the University of Queensland's Elder ECHO, support the new ECS network of skilled professionals to share best practice, find solutions to problems, and access professional advice and advocacy. The diagram below shows the training journey for ECS workers.

The inaugural National Yarning Circle (NYC) for the ECS Program was held in June 2024—see pages xx-xx.

ECS Program context

Ageing of the community

Reluctance to access services.

Difficulties in accessing services on Country.

Aboriginal and Torres Strait Islander Australians experience much poorer health and higher rates of disability than non-Indigenous Australians.

Aboriginal and Torres Strait Islander people use aged-care services at an earlier age than the rest of the population.

Royal Commission into Aged Care Quality and Safety

Aboriginal and Torres Strait Islander people are entitled to receive support and care that is culturally safe and recognises the importance of their personal connection to Community and Country.

Aged-care reform

The aged-care system is in a state of change.

The priority is to enable Elders to access services in their home—'age in place'.

My Aged Care is now the primary way to access aged-care support services. The Australian Government has provided a dedicated My Aged Care resource for the exclusive support of ECS workers.



Eyes and ears

NACCHO continues to lead programs and advocate for reform in relation to eye and ear health programs for Aboriginal and Torres Strait Islander people.

Since July 2022 NACCHO has led the National Ear Health Coordinator Program, the Care for Kids' Ears Campaign and development of a National Aboriginal and Torres Strait Islander Ear and Hearing Health Strategy under contract from DHAC.

Trachoma

NACCHO presented at two conferences with the Kirby Institute (14th National Aboriginal and Torres Strait Islander Environmental Health Conference and National Aboriginal and Torres Strait Islander Eye Health Conference) on the elimination of trachoma as a public health concern within Australia.

Both presentations highlighted the significant work done to date: national overall trachoma prevalence has declined from 14.3 per cent in 2007 to 2.0 per cent in 2023. Overall trachoma fell below 5 per cent at the state/territory level for the first time in 2022. Rates below 5 per cent were maintained in 2023, with overall trachoma prevalence at 0.5 per cent in New South Wales, 2.5 per cent in the Northern Territory, 0 per cent in Queensland and South Australia, and 1.6 per cent in Western Australia. If these patterns continue, Australia will be eligible to apply for international validation of elimination of trachoma as a public health problem in 2025.

National Eye Health Campaign

The PrioritEYES Survey, conducted in 2022, was designed to understand the priorities and gaps for eye and vision care in Aboriginal and Torres Strait Islander health services. The survey was sent to all NACCHO members, and a final report completed in February 2023.

Since then, NACCHO has designed five online eye-health modules and engaged creative agency Rhythm to develop the modules' interactive components. Work on the creative elements has commenced, with filming of four short videos in four ACCHOs across the country and recording of voiceovers to begin in June 2024. Four eye-health webinars are in the design phase, with the first webinar to be released in July 2024.

The National Eye Health Expert Group met on 27 March 2024 on Kurna country to review and provide guidance on the National Eye Health Campaign. The workshop was a successful networking event bringing together eye-health champions from across the country. It identified key components and concepts of the campaign.

Eye health expert reference group meeting on Kurna country.





Filming with our talent (Griffin Banfield, Chris Reksinis and Kelli McGuinness) at VAHS and The ACO for our eye health modules.

Ear health forums

Members of the Ear Health Team attended the:

- 25th Libby Harricks Memorial Oration presented by Professor Kelvin Kong
- roundtable on First Nations Ear and Hearing Care collaborations
- Deafness Forum roundtable meeting with a select group of influential stakeholders aiming to address the hearing-health disparities prevalent in First Nations communities.

All forums provided important opportunities for networking and discussion of shared aims.

ASOHNS project

NACCHO worked with Kevlin Kong and his team on an ASOHNS (peak body for ear, nose and throat [ENT] and head and neck surgeons) program focused on advancing Aboriginal and Torres Strait Islander ear and hearing health through better access to surgery. The project has highlighted that a life-course perspective on ear and hearing health offers important opportunities for improvement, and that multiple systemic barriers prevent closing the ear and hearing health gap, in particular, timely access to appropriate ear surgery.

The project is working to increase investment in:

- population health and prevention activities, including addressing social and cultural determinants of health
- lessening barriers to medical treatments, especially ENT surgery
- health infrastructure, especially for ENT surgery
- a culturally-responsive workforce
- transparent and universal data collection, collation and reporting.

Ear Health Coordinator Program

The National Ear Health Coordinator Program is supported by a monthly Community of Practice which brings together Ear Health Coordinators from across the country to align on the program's aims and strengthen the program's impact.

In April 2024 NACCHO hosted the Ear Health Coordinators two-day workshop, a successful event that celebrated program successes, identified key initiatives, strengthened the national network and supported development of effective goals. The workshop was also a good opportunity to capture feedback on the National Aboriginal and Torres Strait Islander Ear and Hearing Health Strategy being led by NACCHO.

Care for Kids' Ears Resources

The Care for Kids' Ears Resource Program is now fully coordinated by NACCHO following a successful new website launch, communications campaign and migration of all campaign content from DHAC's website. An analysis of the current resources, a medical expert review and a survey have been conducted to support a planned update of these resources, first launched in 2011.

National Aboriginal and Torres Strait Islander Ear and Hearing Health Strategy

The final iteration of this strategy is now being developed under the guidance of the Aboriginal and Torres Strait Islander Ear and Hearing Health Strategy Expert Reference Group. Aboriginal-designed artwork for use within the strategy has also been developed.

Maternal and child health

NACCHO is working in partnership with the Australian Government Departments of Education, and Health and Aged Care, and the Secretariat of National Aboriginal and Islander Child Care (SNAICC) to support the coordination and delivery of a range of maternal and child health (MCH) programs and policies.

These programs include Connected Beginnings (school-readiness) and Healthy Mums, Healthy Bubs. NACCHO also engages with, and advocates on behalf of, the sector, and has partnered in reviewing, designing and promoting policies, research and activities to strengthen outcomes for Aboriginal and Torres Strait Islander women, children and families. MCH is being integrated across NACCHO's activity spectrum in areas such as workforce, mental health, disability and clinical support.

Department of Health and Aged Care and NACCHO staff visit Ord Valley Aboriginal Health Service during a Connected Beginnings community consultation in Kununurra.

Connected Beginnings

NACCHO is an active Program Partner through collaborative relationships with SNAICC, DHAC and the Department of Education, regularly discussing feedback from member services, program challenges, potential solutions and continuous improvement strategies.

NACCHO worked to strengthen and implement the recommendations of the Connected Beginnings Mid-Term Evaluation to improve program delivery and health outcomes for Aboriginal and Torres Strait Islander children. NACCHO also supported SNAICC's community consultations to transition the role of the community backbone from several mainstream organisations to ACCHOs, advocating for the sector throughout this process. NACCHO has now endorsed 51 backbone sites across Australia and worked with DHAC to identify and fund 49 health partners. NACCHO has been instrumental in establishing and supporting ACCHOs' participation in a Connected Beginnings Data Working Group, advocating for Indigenous Data Sovereignty in alignment with Closing the Gap Priority Reform 4.



Aboriginal and Torres Strait Islander Maternal and Child Health Plan

NACCHO progressed additional research analysis and community consultations to inform development of a 10-year sector-owned Aboriginal and Torres Strait Islander Maternal and Child Health Plan. To be delivered in late 2024, this aspirational plan will articulate a vision, framework and clear approach to coordinate and improve MCH services, prioritising prevention and early support.

The MCH Team hosted a workshop at the 2023 NACCHO Members' Conference in Perth to understand the current MCH landscape, share members' knowledge and help define the sector's needs. NACCHO draws on member services' experiences through a newly established Aboriginal and Torres Strait Islander Maternal and Child Health Expert Panel guiding the plan's development. The first panel meeting, held in May 2024, highlighted the need for strength-based local approaches supported by adequate and sustainable funding.

In May 2024, a sector-wide MCH survey was distributed, so all NACCHO members could share their successes and challenges; 52 ACCHOs responded from all states and the Northern Territory. Complementing the survey in June, over ten deep-dive interviews were conducted with respondents to discuss models of care and service needs in detail, helping NACCHO to refine the plan's scope, framework and required funding.

Replanting the Birthing Trees

NACCHO continues to partner with the University of Melbourne on the \$5m Medical Research Future Fund (MRFF) grant, titled Replanting the Birthing Trees, led by Professor Cath Chamberlain. NACCHO is providing secretariat support to the Governance Group, made up of representatives from peak bodies to ensure the research is effectively translated into policy and outcomes of the research are accountable to the community. Through four years of co-design with Aboriginal families, Elders and perinatal service providers, a comprehensive program has been developed to improve trauma awareness, recognition, assessment, and support for Aboriginal and Torres Strait Islander parents in the first 2,000 days.

The project won another \$5m MRFF: 2023 Early to Mid-Career Researchers Grant Opportunity titled *Relighting the Firesticks*, to be incorporated under the existing Governance Group. The grant's objectives are to integrate and evaluate Aboriginal-

led, trauma-aware, healing-informed health promotion interventions and establish tools, resources and infrastructure to facilitate a developmental evaluation approach and progress towards sustainability. NACCHO is working on activities to support these projects, including policy briefings to support translation of this research, complementing NACCHO's broader MCH work.

Strong Born

Strong Born is a culturally-informed and strengths-based campaign on Fetal Alcohol Spectrum Disorder (FASD) co-designed by NACCHO and the Aboriginal community-controlled sector in 2022 to raise awareness of the harms of drinking alcohol while pregnant and breastfeeding.

In partnership with the Foundation for Alcohol Research and Education (FARE), NACCHO extended the *Strong Born* campaign in consultation with the National Aboriginal and Torres Strait Islander FASD Working Group. *Strong Born* toolkits were provided to 140 ACCHOs and 32 ACCHOs received *Strong Born* grant funding to localise resources and organise community events to raise awareness of FASD and available support. Seven of these ACCHOs translated *Strong Born* animations into nine languages, increasing the campaign's reach.

With support from NACCHO, approximately 150 multidisciplinary health staff and 18 community members participated in eight FASD training workshops across seven locations around Australia. Outcomes of the training included a greater understanding of FASD, increased ability to recognise FASD, and better understanding of how to support and refer patients and their families to appropriate services.

The MCH Team advocates for improved FASD policy and health guidelines, underpinned by more academic research. NACCHO submitted recommendations to the FASD/ND-PAE Guidelines Development Group, highlighting the need to improve access to culturally-appropriate FASD screening, diagnosis and support. NACCHO has published online news articles on FASD and an item on *Strong Born* in the International Journal of Environmental Research and Public Health. A *Strong Born* event was held at Parliament House in September 2023 (see pages 32-33).

Mental health

NACCHO leads in advocating for and resourcing improved mental health and social and emotional wellbeing (SEWB) programs and policies for Aboriginal and Torres Strait Islander people, families and communities.

NACCHO continues to partner with the Transforming Indigenous Mental Health and Wellbeing Project and the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, both based at the University of Western Australia, led by Professor Pat Dudgeon.

Culture Care Connect

NACCHO continued national implementation of the first of its kind, the Culture Care Connect (CCC) program, funded by DHAC until 30 June 2025. NACCHO worked in partnership with the sector to support the design and delivery of community-controlled suicide prevention networks and aftercare services. Throughout 2024, the program has grown from strength to strength, demonstrating improved suicide-prevention planning, response activities and integration, as well as building a sustainable and supported workforce.

This year CCC achieved the following milestones:

- 36 community-controlled suicide prevention networks (including affiliate networks) across the country
- 37 aftercare service sites nationally
- two program onboarding training sessions for network coordinators and aftercare workers, partnering with the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention's Michael Mitchell who provided training to attendees on the Manual of resources for Aboriginal and Torres Strait Islander suicide prevention
- Communities of practice to provide a space for CCC coordinators, aftercare workers and Aboriginal and Torres Strait Islander Mental Health First Aid Trainers to discuss and collaborate across the sector
- the first face-to-face CCC Jurisdictional Coordinator Community of Practice in Canberra to support future planning, knowledge sharing and key learnings nationwide
- the inaugural National CCC Summit over three days in September 2024, enabling sharing of knowledge, learnings and successes across the CCC program sites and providing an opportunity for the workforce to showcase implementation of their networks, identify any gaps, and cultivate professional relationships.





A key focus this year was supporting the DHAC-led monitoring and evaluation process of the CCC program's implementation. Initial responses have been overwhelmingly positive, with the ACCHO sector reflecting on the impact that flexible, co-designed and community-led responses to suicide can achieve.

To promote the success of the CCC model, NACCHO's Executive Director, Monica Barolits-McCabe presented to an international audience at the World Indigenous Suicide Prevention Conference held at Niagara Falls in the Seneca Nation in July 2024, and at the National Rural Health Alliance in Perth in September 2024, showcasing the sector's work in delivering trauma-aware, healing-informed mental-health supports and wellbeing services for our mob.

“If the client's not wanting to just be a number, then we have that service available to them where they are a person and they are treated in a culturally appropriate way.”

— CCC Aftercare Worker

“If we don't have programmes or services such as these, we're not going to get the opportunity to be able to make the change.”

— CCC Aftercare Worker

Mental health and wellbeing support and campaigns

NACCHO managed funding to support Aboriginal and Torres Strait Islander communities' mental health and wellbeing in the aftermath of the Voice to Parliament Referendum (October 2023). Funding was distributed to affiliates, ACCHOs and other community-controlled peak bodies in the latter half of 2023, with activities continuing through 2024. The funding enabled provision of culturally-safe, targeted and appropriate mental health and wellbeing services, including:

- community-strengthening events, which included BBQs with social work and counselling sessions for attendees, workshops in team building, self-reflection and healing
- social media campaigns based on positive social and emotional wellbeing, self-care and respect
- art therapy classes, cooking classes for men and women in alcohol and other drugs programs, youth programs, and breakfast yarns programs
- workforce support including dedicated staff lunches and gatherings to discuss the Referendum's impacts
- development of a directory providing contact and background information on local services known to deliver culturally-safe care.

NACCHO supported additional mental health and wellbeing resources and initiatives for promoting Connection, Strength and Resilience, including development of the Pause. Breathe. Connect.

resources in collaboration with the Healing Foundation. An online portal was also established housing self-care and wellbeing resources, and the Australian Indigenous Psychologists Association led a series of self-care yarning circles for sector staff.

NACCHO worked with its NACCHO youth to design and lead a youth campaign pilot promoting wellbeing and support among young people in the lead up to 26 January. The campaign was about starting strengths-oriented and healthy conversations between mob on a day that gives rise to complex emotions for many. The #ThisDayMyWay campaign was a huge success, and the team will build on this work for future youth-focused wellbeing campaigns.

Northern Australia suicide-prevention projects

NACCHO continued its partnership with AMSANT in the rollout of community suicide-prevention education program across northern Australia. Throughout 2024, AMSANT worked in collaboration with its northern partners (across the Northern Territory, Kimberley, Pilbara and North Queensland) to develop adaptable suicide-prevention resources, education and training.

AMSANT also continued delivery of Suicide Story in the Northern Territory in partnership with the Suicide Story Aboriginal Advisory Group.

Through Aboriginal-led workshops in Aboriginal services and communities, this work provides a culturally-safe and place-based way to equip community members with the skills, knowledge and confidence to recognise and respond to the risk signs of suicide.

Support for flood-affected communities

In 2023–24 NACCHO continued to manage funding to ACCHOs impacted by the devastating flooding that occurred, in July 2022, October 2022 and December 2022 to March 2023, across the Northern Territory, Western Australia, Queensland, Victoria and New South Wales. The funding enabled ACCHOs to provide additional support and/or services to individuals, families, staff and communities affected by the floods. Supports were tailored to community needs, including locally-designed, culturally-appropriate activities contributing to community healing.

ACCHO activities included:

- Mental health workforce activities Flooding and its aftermath brought significant challenges and emotional distress to individuals, families and communities, mitigated by assistance from a mental-health workforce.
- Brokering relationships with other services ACCHOs worked with a range of outreach services to provide emergency relief and SEWB support to individuals, families and Elders in flood-impacted communities.
- Building community connectedness Some ACCHOs focused on building community connectedness through activities including men's/women's groups focusing on peer connections, as well as therapeutic activities such as Elders' lunches and art, gardening, cooking and cultural activities.
- Support for ACCHO staff Several ACCHOs provided support to their staff to ensure they were being cared for and could in turn support community members.

NACCHO Research Committee

The NACCHO Research Committee is now in its second year of operation and continues to advocate for community-developed solutions through standardised appraisal of research-related requests.

In 2023–24 the committee reviewed 54 research-related requests, a 17 per cent increase on the previous year. Of these, NACCHO supported 25 projects via letters of support, participation in governance mechanisms, research partnerships, or participation as an investigator team member. Projects supported by NACCHO ranged across health areas including cancer, communicable diseases, data sovereignty, disability, genomics, primary health care reform, mental health and youth wellbeing.



Medicines

We aim to ensure all Aboriginal and Torres Strait Islander people have equitable access to new and existing medicines and that associated pharmacy services are high quality, culturally safe and appropriate for our sector.

Dr Dawn Casey, Deputy CEO, NACCHO



This year has been a year of expansion and enhanced program delivery for NACCHO's Medicines Policy and Programs Team. We extend thanks to member services, affiliates and NACCHO leadership, including Dr Dawn Casey, who have provided us with knowledge and guidance during this period. As we build our networks and influence, our focus remains on ensuring optimal access to medicines for Aboriginal and Torres Strait Islander people and safe and effective use of medicines.

Milestones in 2023–24 included:

- the Australian Government's responding to NACCHO's successive pre-Budget submissions to improve Closing the Gap (CtG) script access by allowing the CtG subsidy for Highly Specialised Drugs (e.g. opioid replacement therapy and BBV treatment) and subsidising Aboriginal and Torres Strait Islander peoples' hospital discharge medicines through CtG (to start 1 January 2025)
- receiving exemption from the Minister of Health and Aged Care for nicotine replacement therapy to undergo price reductions that would threaten its viability on the Pharmaceutical Benefits Scheme (PBS)
- after NPS MedicineWise was decommissioned in 2023, signing a new MoU with the Australian Commission on Safety and Quality in Health Care to continue work similar to that pursued with NPS, including improving the impact of and access to the commission's standards and systems
- successfully leading several new and existing medicines programs that support the sector
- receiving several small grants from stakeholders and industry to develop medicines-related resources
- continuing to work with the sector, medicines companies and the Therapeutic Goods Administration (TGA) to mitigate the impact of medicines shortages (e.g. antibiotics including Bicillin LA), including through direct communication with members and newsletters
- Dr Dawn Casey's membership of the national Health Technology Assessment Policy and Methods Review Committee which ran from late 2023 to April 2024; the final report is now available
- appointment of NACCHO Medicines Team director, Mike Stephens, to the Drug Utilisation Subcommittee of the Pharmaceutical Benefits Advisory Committee (PBAC)

- since the Medical Services Advisory Committee recommended funding for the IPAC project (originally a research project, Integrating Pharmacists within Aboriginal Community Controlled Health Services to Improve Chronic Disease Management) in May 2023, working with government to support implementation of a national IPAC program
- continuing to build strategic partnerships with stakeholder organisations, such as government agencies (e.g. TGA, PBAC representatives), NGOs, academia, industry and consulting firms and peak bodies such as the Pharmaceutical Society of Australia (PSA) and Advanced Pharmacy Australia (AdPha); a NACCHO Pharma Collaborative Committee has been established to address mutual priorities across our sectors, including improving medicines access, mitigating shortages and supporting Health Technology Assessment reform

- presenting/hosting panels at several national conferences, including:
 - PSA23 pharmacist conference
 - Medicines Australia Horizons Scanning event 2024
 - PharmAus23
 - APMNC practice managers conference
 - Medical Technology Association of Australia (MTAA) MedTech conference 2023
 - NACCHO Members' Conference.

Clockwise from top-left: Mike Stephens presents at PharmAus Conference, Parliament House September 2023; Dr Alana Gall presenting at NACCHO members conference medicines stream; L-R NACCHO Medicines Team 2023 Alice Nugent, Teegan Gold, Harrison Mile, Hannah Loller, Mike Stephens, Claire Callaghan.



Ongoing medicines projects, policy and consultation

A new Community Pharmacy Agreement (8CPA) commenced on 1 July 2024. While the IDAA program (Indigenous Dose Administration Aid) remains within the 8CPA, a new process alongside the 8CPA will be established. This will be a complementary pharmacist-focused agreement, led by the PSA, may include such programs as the Indigenous Health Services Pharmacy Support (IHSPS) program, the IPAC program, Home Medicines Reviews and more.

NACCHO has been involved in several small to medium grant-funded projects including:

- Medicines Safety Project (ACTMed) running from 2022 to 2024 with the University of Queensland involving three Queensland ACCHOs; the research phase finished in mid-2024; data analysis is now being undertaken before further research translation, publication and sector consultation
- two separate DHAC grants to conduct several smaller medicines projects, including supporting: traditional Aboriginal and Torres Strait Islander medicines; medicines transport, storage and disposal; medicines-information communication for remote ACCHOs—work will continue into 2025
- several small industry grants to deliver quality use of medicines resources and materials, e.g. for chronic obstructive pulmonary disease
- a grant from the Australian Commission on Safety and Quality in Health Care for provision of resources to members about antibiotic shortages
- partnering in a University of South Australia-led consortium; NACCHO's role is to adapt medicines-information materials for ACCHOs and the broader Aboriginal and Torres Strait Islander health sector.

The Medicines Team supports ACCHO staff including pharmacists to improve how medicines are used for Aboriginal and Torres Strait Islander people. The monthly NACCHO Medicines Newsletter is produced 11 times a year, and currently has around active 300 subscribers. These subscribers share content with colleagues and adapt it for internal communications. The Newsletter highlights the team's work and promotes medicines programs, resources and research that will benefit the sector.

Subscribers appreciate reporting of PBS changes (new medications being added, items being removed, criteria changes), TGA safety alerts and information about medication shortages. Subscribe today! www.naccho.org.au/medicines-and-pharmacy/

The team runs regular catch ups with pharmacists working in ACCHOs to share learnings, upskill and discuss medication-related issues (e.g. shortages) affecting the sector. Information gathered is used to inform policy and advocacy work, including on prioritising medications for PBS listing. During the year, the NACCHO Medicines Team made submissions to PBAC supporting the listing of several medications, as detailed in this report's list of NACCHO Policy Submissions.

Quality Use of Medicines (QUM)

Did you know?

The term and concept Quality Use of Medicines (QUM) was founded in Australia's National Medicines Policy; however, the idea has been expanded beyond medication to include optimising use of diagnostics, pathology and therapeutics. Therefore, the term 'QUDTP' is sometimes used to broadly capture both QUM and these other medical processes.

From early 2023 DHAC redesigned the Quality Use of Diagnostics, Therapeutics and Pathology (QUDTP) Program to offer two competitive grant opportunities (available every few years). In March 2023 NACCHO was successful in its QUDTP Health Professional Education Grant application, enabling delivery and expansion of three established and complementary nationwide QUDTP projects targeted at professionals in Aboriginal and Torres Strait Islander health settings:

- Good Medicine Better Health (GMBH) QUM training and resources
- NACCHO Antimicrobial Stewardship Academy
- QUDTP web resources: an online comprehensive collection of up-to-date, evidence-based QUDTP resources, curated for health professionals and consumers in Aboriginal and Torres Strait Islander settings.

NACCHO Antimicrobial Stewardship Academy

My name is Claire Callaghan.

I am a pharmacist working in the Medicines Policy and Programs Team at NACCHO. Part of my role as Senior Project Officer is to oversee and coordinate the NACCHO Antimicrobial Stewardship (AMS) Academy.

The AMS Academy is a free five-month program aimed at health workers or health professionals working in our sector who are interested in upskilling in antibiotic use, audit, stewardship, surveillance and resistance.

The AMS Academy originated in 2020 with a group of passionate clinicians around Australia who realised that the Australian National Antimicrobial Resistance (AMR) Strategy did not mention Aboriginal and Torres Strait Islander health or remote health, despite antimicrobial resistance affecting Australia's Aboriginal and Torres Strait Islander people at some of the highest reported rates in the country.

The original AMS Academy was led by HOT NORTH, with programs in 2020 and 2022. NACCHO then obtained departmental funding through a QUDTP grant to enable AMS Academy programs in both 2024 and 2025.

The NACCHO AMS Academy is guided by the AMS Academy Advisory Group, comprising ten members from around Australia. The first Advisory Group

meeting was held in December 2023, where the Terms of Reference were endorsed. Three consecutive meetings, held between January and April 2024, finalised the AMS Academy curriculum, speakers and program.

Advertising and recruitment for the AMS Academy occurred between February and April 2024, involving extensive use of social media, emails and newsletters. The program attracted 53 applicants, of whom 29 were selected for the 2024 academy after the Advisory Group decided to cap numbers.

The first AMS Academy lecture was held on 10 April 2024, with fortnightly one-hour lectures held online on Microsoft Teams thereafter. The 2024 program consisted of 12 lectures and concluded in mid-September 2024.

The NACCHO AMS Academy transfers meaningful skills to Aboriginal and Torres Strait Islander health professionals. It is hoped that fostering health workers with these skillsets will help to create a cadre of antimicrobial stewards, advocates and spokespeople to ensure that Aboriginal and Torres Strait Islander Australians are included in national efforts to address antimicrobial use and resistance.

NACCHO AMS Academy lead Claire Callaghan and co-founder Professor Asha Bowen at the final AMS Academy lecture. The two caught up for the last 2024 lecture after both attending the Public Health Association of Australia National Conference held on Whadjuk Noongar Country.



Yama Maliyaa My name is Teegan.

I am a proud Kamilaroi woman from Red Chief Country Gunnedah, NSW. I am a Project Officer for NACCHO's Good Medicine Better Health (GMBH) Program. I am also a student registered nurse, transitioning into this role after two years as the 2021 NSW Aboriginal and Torres Strait Islander undergraduate nursing cadet.

The GMBH Program is designed to support Aboriginal and Torres Strait Islander Health Workers and Practitioners through a series of Continuing Professional Development (CPD)-accredited learning modules and consumer resources. These modules focus on various health topics to enhance the quality and safe use of medicines and medical tests within Aboriginal and Torres Strait Islander communities.

One aspect of GMBH that particularly resonates with me is the focus on core values and governance that underpins the program and NACCHO itself.

The program promotes health within Aboriginal and Torres Strait Islander communities through self-determination, governance and leadership. This whole-of-community approach ensures that health initiatives are culturally inclusive and community-led, critical for meaningful and lasting improvements in health outcomes for our people.

By taking direct custodianship, NACCHO is securing the future of GMBH and ensuring that it remains aligned with the cultural, social and health needs of the ACCHO workforce and Aboriginal and Torres Strait Islander people and communities. This transition also represents NACCHO's continued commitment to driving health equity and addressing systemic health disparities in a manner that respects and empowers communities.

NACCHO Medicines
Team after IHSPS 2024
Workshop delivery



GMBH implementation

The GMBH Program is guided by the GMBH Advisory Group, comprising six experts who ensure it is grounded in best practices and evidence-based knowledge. Their work is crucial in shaping culturally-safe and inclusive health initiatives that address health disparities and social determinants of health.

2023–24 saw the first cycle of NAACHO-led implementation of the GMBH Program, after its transition from NPS MedicineWise stewardship. During this cycle, the Advisory Group met five times, guiding the development and update of modules. Community engagement and user testing were conducted at the 2024 Indigenous Health Services Pharmacy Support Program Workshops (see below). Focus group sessions were held at the Institute for Urban Indigenous Health. Photo:GMBH IHSPS

With QUDTP grant funding, NACCHO and the Medicines Team successfully collaborated with other health organisations in the sector, resulting in the development of two more GMBH modules and the update of two existing ones (on sexual health and asthma).

Sector representation at the National Medical Technology Association Australia conference 2023. L-R Mike Stephens (NACCHO), LaVerne Belleair (CEO Redfern AMS), Polo Guilbert-Wright (Edwards Lifesciences), Selwyn Button (Lowitja Inst. Chair) and Deb Guion (J&J).

Indigenous Health Services Pharmacy Support Program

My name is Harrison Milne. I started at NACCHO in August 2023. My background is in nutrition and community health, having worked in Aboriginal communities in north-east Arnhem Land and internationally in Guatemala with an Indigenous-run NGO. I run the IHSPS Program and other projects on Aboriginal and Torres Strait Islander workforce development and policy.

2023–24 saw the third cycle of the IHSPS Program, a national QUM initiative. This program (a continuation of two former programs known as QUMAX and s100 Support Allowance) has been enhancing QUM and health outcomes for Aboriginal and Torres Strait Islander people for over a decade.

Funded under the Seventh Community Pharmacy Agreement and managed by the Pharmacy Programs Administrator with a dedicated Program Officer from NACCHO, the IHSPS Program is all about making a positive impact. Each year, funds are distributed among participating Indigenous Health Services, including ACCHOs and state/territory government-run services. The QUM support categories are:

- QUM Pharmacy Support
- QUM Devices
- QUM Education
- Patient Transport.





IHSPS Workshop Brisbane 2023

ACCHOs have two options for managing the program: either to receive payments directly to commission any of the four QUM support categories and report on the activities, or to enter an agreement with an eligible service provider (independent pharmacist or community pharmacy) to provide QUM-support activities. In the latter case, the service provider submits documentation and receives payments on behalf of the ACCHO.

IHSPS cycle

This cycle saw 131 ACCHOs participate in the program, an increase of three from the previous year. The NACCHO Program Officer supported services to achieve deliverables and report to DHAC. The entire NACCHO Medicines Team pitched in, providing extra support to ensure services made the most of their funds and could access other funding streams, boosting their ability to promote QUM in Aboriginal and Torres Strait Islander communities.

IHSPS workshops

Face-to-face workshops are a crucial component of the IHSPS Program. These gatherings bring together ACCHO staff from all over the country to dive deep into the program, share ideas and learn from each other, leading to enhanced program implementation.

The workshops were held in Sydney (16 April 2024), Brisbane (30 April) and Darwin (30 May). A total of 36 participants from nearly 40 ACCHOs across Australia participated.

Objectives of the workshops included:

- exchanging ideas and perspectives on how to enhance QUM for Aboriginal and Torres Strait Islander communities
- gaining a comprehensive understanding of the specific guidelines of the IHSPS Program, including its deliverables, eligibility criteria and the four QUM support categories
- recognising the potential and practical advantages of the IHSPS and other medicines/pharmacy programs so they can be customised to local community needs
- networking with other ACCHOs about the program and QUM initiatives
- sharing ideas, success stories and feedback.

Aboriginal and Torres Strait Islander Pharmacist Scholarship

This program began in 2022 for two students and has now been expanded to include five recipients annually. We are fortunate enough to have secured funding from Scholarship sponsor Sanofi until 2025. Sanofi Australia and New Zealand Country Lead congratulated this year's recipients, the judging panel and the NACCHO team for their leadership in this vital scholarship program. Building the skills of future Aboriginal and Torres Strait Islander pharmacists is essential to ensuring culturally-safe care within the pharmacy profession.

The 2024 Aboriginal and Torres Strait Islander Pharmacist Scholarship winners are:

- 1 Dean Webber
- 2 James Sowter
- 3 Matthew Cloake
- 4 Isaac Burgoyne
- 5 Shi-Anne Wallace.

Through the lens of my heritage and the guiding light of education, this NACCHO Aboriginal and Torres Strait Island Pharmacist Scholarship embodies a profound journey of resilience, opportunity and cultural pride. It's not just financial support; it's a bridge to realising dreams, honouring ancestral wisdom, and empowering generations to come. It signifies the fusion of tradition and modernity, where healing and knowledge converge to shape a brighter future for my community and beyond.

Dean Webber

I am a proud Aboriginal woman, a part of the Mamu mob in the Innisfail region of far north Queensland. Receiving this scholarship means the world to me! It gives me the opportunity to do what is best for my study and my career without the constant worry about the expenses of everyday living. I have more time to dedicate to my studies and be able to aim higher than ever before. This offer is life changing and I cannot wait to see where I go and what I can do with this support behind me. Thank You So Much!

Shi-Anne Wallace

I am incredibly honored to have been granted this scholarship from NACCHO for 2024. Pharmacy has always been a passion of mine and the opportunities that this scholarship will open for my future are endless. I am very excited to see what my future will hold with the support from NACCHO and generosity of Sanofi Australia. I will put my rural upbringing to good use and form greater connections between my community and the pharmacy practice.

Isaac Burgoyne

Aboriginal and Torres Strait Islander Pharmacy Leadership Grant

This significant initiative, supported by Pfizer Australia, aims to empower outstanding individuals to develop invaluable leadership skills through an international and cross-cultural experience. By supporting future Aboriginal and Torres Strait Islander pharmacist leaders—such as this year’s recipients, Cheyne Sullivan and Jes Pearson—NACCHO aims to amplify their voices to advocate for community needs and enhance the cultural safety and effectiveness of health-care delivery.



Cheyne Sullivan, a Barkindji woman and SA Pharmacy Aboriginal Health and Beyond the Gap Project Lead, shared her excitement:

Winning the NACCHO leadership grant will provide an opportunity to gain a global perspective on challenges, approaches, and strategies related to medicines management for Indigenous peoples. Through cultural exchange, connecting and learning from diverse perspectives, I will apply learnings to my work as SA Pharmacy Aboriginal Health and Beyond the Gap Project Lead. I am looking forward to deepening my understanding of medicines management for Indigenous peoples and fostering collaboration to assist me in continuing to serve my community. Thank you to NACCHO for this opportunity.



Jes Pearson, a Wiradjuri woman originally from Wellington, NSW and currently working towards becoming a registered pharmacist, shared her thoughts on receiving the grant:

Growing up as an Indigenous person in my community, I struggled with opportunities to discover my culture, as well as career prospects as a First Nations student. I’m only the second person in my immediate and extended family to attend university, behind my older sister who graduated as a Physiotherapist in 2023. During my studies, I have been able to help other First Nations students uncover the opportunities available to them and realise that they, too, can achieve these goals that seem so unattainable.

NACCHO Pharma Collaborative Committee

The NACCHO Pharma Collaborative Committee comprises representatives from pharmaceutical companies committed to improving Aboriginal and Torres Strait Islander health and wellbeing. The group originated from the NACCHO Pharma roundtable

event in August 2023. This event saw representatives come together to ‘scan the horizon’ for projects and policy opportunities companies can help facilitate. The group had its establishing meeting in May 2024 at the NACCHO Canberra office.





NACCHO affiliates

AH&MRC

Aboriginal Health and Medical Research Council of New South Wales



AH&MRC
Aboriginal Health & Medical
Research Council of NSW

The AH&MRC continues to support the health and wellbeing of Aboriginal communities by providing health promotion, education, training, advocacy, and governance support to NSW ACCHOs. Our operational divisions maintain regular engagement with Members to deliver programs that are in line with community need. In addition, the organisation has made ongoing contributions to develop and implement targeted programs and resources across key health areas.

Key outcomes 2023–24

Member engagement

The Member Engagement team comprises of six program areas: chronic care, sexual health, ear health, AOD, mental health and suicide prevention. This unit works in partnership with the NSW Ministry of Health to ensure Aboriginal health programs are culturally safe and evidence-based. The unit's key priorities include sector engagement, resource development, information sharing and capacity building for the Sector.

The Member Engagement Team facilitated 15 community health expos, forums and training events, attracting over 1,000 attendees. Training included Aboriginal Mental Health First Aid (AMHFA) and Youth AMHFA, certifying 141 health workers from nine services. Ear health workshops, such as otoscopy and ear wax removal, enhanced clinical skills for 21 health professionals. The 2024 Chronic Care Conference, a collaboration between AH&MRC and the NSW Agency for Clinical Innovation, addressed health disparities in chronic diseases, drawing 122 attendees and 60 online participants. The event emphasised culturally-responsive care and strategies aligned with Closing the Gap priorities.

Building member services' capacity

The Compliance Team is dedicated to improving members' capabilities; it conducted 12 on-site training sessions, held five accreditation workshops, and hosted a Continuous Quality Improvement (CQI) Forum with 60 attendees from 23 services. The newly-established Recovery department will work closely with Compliance to assist services 'of concern' or

recently out of special administration, collaborating with boards, CEOs and executive staff to improve processes and strengthen delivery across governance and operations.

Upskilling the ACCHO workforce

The Training and Innovation Team empowers members by enhancing control over workforce training, focusing on flexibility and tailored outcomes to meet services' needs. With 133 students enrolled and 94 graduates, the team achieved several milestones:

- **ASQA audit and RTO registration:** Successful audit by the Australian Skills Quality Authority (ASQA) and successful renewal of AH&MRC's Registered Training Organisation (RTO) through to May 2030
- **NACCHO First Nations Traineeship Program:** Launched to upskill workforce across the health sector
- **Indigenous Health Worker Training:** Trained 15 workers under this DHAC initiative, securing ongoing funding
- **Elder Care Support:** Designed to provide essential services to elderly community members.

Ethics and research

The Ethics Team and committee successfully hosted the 2024 Ethics Forum, attracting 200 participants and raising over \$45,000 through ticket sales. The forum brought together researchers, Human Research Ethics Committees and institutions to explore critical topics such as genomics and Aboriginal data sovereignty. The event highlighted AH&MRC's commitment to facilitating meaningful discussions and advancement in research practices, reinforcing our role in promoting responsible and culturally-respectful research within the community.

Advocating for policy reform

The Policy Team has worked towards advocating for policy reform at both the state and national level. The team developed four policy submissions and convened the 2nd Indigenous Health Summit, held at Sydney's International Convention Centre in March 2024. The three-day event, themed 'Live Longer, Stronger', gathered over 360 delegates to discuss best-practice models of care, systems reform, and the cultural determinants of health.

Public health

The AH&MRC Public Health Team assists ACCHOs in delivering on-the-ground health services. This year, a new clinical nurse specialist in sexual health joined the team, boosting resource development and practical advice. The year's highlights included the expanded two-day Deadly Doctors Forum, featuring cultural and clinical education for 30 GPs, and a Leadership and Innovation Workshop on emergency preparedness. Additionally, the team hosted two webinars: 'Let's keep yarning about genetics' and 'Identification and management of common dermatological conditions in primary care'. Resources in sexual health and the emergency-activation framework were also expanded.

'Our Healthy Kids'

The 'Our Healthy Kids' program was launched by the AH&MRC in 2024 to improve health, wellbeing and education outcomes for school-aged children. In Term 1 alone, the program reached 276 students. The program has received positive feedback, with plans for further expansion.

Communications

Communications to our Member Services, stakeholders and partners is vital to the work we do. The Communications and Marketing team has been reviewing processes and identifying ways to improve the delivery of our messages and resources. The team now includes two additional staff members to focus on resources, social media and newsletters. They distribute three types of newsletters and have launched a new website featuring enhanced resources, a shop and a member portal.



AHCSA

Aboriginal Health Council of South Australia Limited

As the affiliate for South Australia, AHCSA continues to support member services and their communities through advocacy and engagement. It also works alongside members to improve health outcomes for Aboriginal people and communities across the state.

Key outcomes 2023–24

Public health and primary health care

The Public Health and Primary Health Care Team supports comprehensive public health and primary health care initiatives in member services across South Australia. The team focuses particularly on system development and digital-health support to deliver best-practice care and efficient reporting. It provides evidence-based public health advice and supports members with their own CQI strategies, particularly in relation to accreditation.

As well as responding to members' needs, the team assisted in dealing with emerging infectious diseases, particularly TB outbreaks in South Australia over the past year. Efforts have focused on advocating for community-led outbreak-response strategies, co-designed activities, a commitment to the principles of Aboriginal data sovereignty, and culturally-appropriate engagement.

Ear health

Otitis media is a major cause of ear disease in Aboriginal children and can lead to severe ear pain, headaches and hearing difficulties. The effective and timely management of otitis media can significantly improve children's physical health, and more broadly outcomes in wellbeing, education, social development and employment. Working closely with NACCHO, AHCSA's Ear Health Program raises awareness and provides education and support to services and their communities, striving for best-practice ear care through upskilling ACCHO staff.





Above: Elder Care Support workers from regional and rural SA Community Controlled Organisations joined together at AHCSA for a two-day training course on 13 and 14 March. It was a valuable opportunity to meet other Elder Care Support coordinators and connectors, to share, listen and learn from each other. The session focused on advocacy and building an Elders inclusive community.

Elder Care Support

Navigating the complex aged-care system is a challenge for many older Aboriginal people. AHCSA's Elder Care Support works closely with members and external stakeholders to ensure Aboriginal and Torres Strait Islander Elders and their families understand and can access the aged-services to which they are entitled, particularly care on Country. The program also strengthens clinical and non-clinical employment rates and career opportunities for Aboriginal and Torres Strait Islander people in the aged-care sector.

Registered Training Organisation

AHCSA has made significant strides in advancing the education and training of Aboriginal Health Workers and Practitioners through its RTO, following significant national developments. In October 2023 the First Nations Health Workers Traineeship Program (FNHWTP) was established to support up to 500 First Nations people in their studies, and ASQA extended the teach-out period for Certificate III and IV in Aboriginal and/or Torres Strait Islander Primary Health Care.

The RTO successfully commenced two new classes with 24 trainees enrolled. In addition, 14 trainees from prior student cohorts have completed qualifications in the previous six months, reflecting the RTO's

commitment to providing culturally-responsive training in a supportive community space.

On 7 March 2024 NACCHO officially launched the FNHWTP at AHCSA, where we welcomed AHCSA's first FNHWTP trainee cohort. The event was attended by the Assistant Minister for Indigenous Health, Senator the Hon. Malarndirri McCarthy.

The RTO is fortunate to have Aboriginal Health Practitioner (AHP) Educators leading the facilitation of primary health care qualifications. Our AHP Educators play a vital role within the RTO by forefronting cultural knowledge and lived experiences in the education and training process.

Aboriginal Maternal Infant Care

The Aboriginal Maternal Infant Care (AMIC) program aims to improve birthing outcomes for Aboriginal and Torres Strait Islander women by supporting ACCHOs in providing culturally-sensitive, appropriate, and accessible antenatal, birthing, and postnatal care programs within their local communities. AHCSA will coordinate the program and facilitate the establishment of a sector-led, state-wide Aboriginal Birthing Services Advisory Committee. The program will enhance the existing model of care, build AMIC workforce capacity and deliver accredited training to new AMIC workers.

AHCWA

Aboriginal Health Council of Western Australia



As Chairperson and Chief Executive Officer of the Aboriginal Health Council of Western Australia, we are delighted to present some of the highlights of 2023–24, reflecting a busy and productive year. We thank the board and AHCWA staff. Staff have worked hard to implement the board’s strategic intent, while also attending to the needs and expectations of members and other stakeholders. AHCWA thanks all member services, funders and key partners for their continued support.

Key outcomes 2023–24

2023 Voice to Parliament Referendum

AHCWA acknowledged the outcome of the Voice to Parliament Referendum held in October 2023. While the Referendum’s defeat was disappointing, the organisation remains committed to improving the health and wellbeing of Aboriginal Western Australians, including dealing with the adverse impacts of the Referendum outcome on our people’s social and emotional wellbeing.

Closing the Gap

AHCWA plays a crucial role in the governance structures underpinning the National Agreement on Closing the Gap. AHCWA’s active participation spanned key forums including the Coalition of Peaks, Partnership Working Group and the Joint Council. AHCWA was particularly pleased to welcome the Council of Aboriginal Services Western Australia (CASWA) as a new representative on the Coalition of Peaks, amplifying the voice of Aboriginal people in our state.

AHCWA continued to drive positive change through strong advocacy and leadership in developing and implementing critical state-based initiatives. This included shaping the Aboriginal Expenditure Review, Sector Strengthening Plans and the whole-of-government ACCHO Strategy. Engagement with the Department of the Premier and Cabinet has evolved the conversation around Closing the Gap,

particularly considering the recent Productivity Commission Closing the Gap review. AHCWA has provided substantial feedback on policy frameworks, emphasising the importance of refining how targets are set, measured and analysed. AHCWA focuses on ensuring that the data collected is meaningful, and that progress towards the Priority Reforms is effectively measured and reported.

By focusing on selected Closing the Gap targets, AHCWA is working towards more targeted, strategic outcomes that reflect the real needs of WA Aboriginal communities. AHCWA will continue championing these reforms to ensure our people’s voices are central to policy development and implementation.

Annual General Meeting

The AHCWA Annual General Meeting was held on 27 October 2023. Members welcomed two newly-elected regional representatives to the board: Mr Stanley Watson, representing the Pilbara region, and Mrs Doreen Nelson, representing the Metro region. The board remained largely unchanged, with Vicki O’Donnell AM being unopposed as Chairperson; Christopher Bin Kali re-elected as Deputy Chairperson; June Councillor elected as Treasurer and Fabian Tucker re-elected as Secretary. Regional representatives included Ernie Hill (South West); Eric Simpson (Goldfields); Raymond Christophers (Kimberley) and Preston Thomas (Central Desert). Deborah Woods stepped down from her position as Treasurer and was elected as the representative for Murchison Gascoyne.

Conference

The theme for the 2024 Conference was ‘We are the change – Breaking the barriers’. Held in April–May 2024 at the Esplanade Hotel, Fremantle, the program had four key elements: Youth Conference, Members Forum, State Sector Conference (held over two days) and Awards Dinner. The event featured keynote speakers and highlighted ground-breaking initiatives improving the health and wellbeing of Aboriginal people. More than 265 people attended the conference; with 53 delegates at the Youth Conference; 64 speakers, and 217 attendees at the Awards Dinner, with 47 award winners.

The Members Forum, a one-day program exclusive to AHCWA members, included updates from the NACCHO Chair, Deputy Chair and Acting CEO, as well as Kimberley Aboriginal Medical Service Executive Manager Workforce, Julie McIntyre and AHCWA's Western Australian Aboriginal Health Ethics Committee team.

AHCWA's Report Card and Strategic Direction were presented at the Members Forum, followed by a workshop that allowed members to provide input into the Strategic Direction.

Registered Training Organisation

In late 2023, the AHCWA Board engaged a consultant to review AHCWA's RTO to assess its future viability, as AHCWA does not receive any core funding for its operation. The review highlighted that for AHCWA to continue operating the RTO, the cost would be approximately \$1.2m, which at this stage is unaffordable. AHCWA continues to advocate for sustainable funding for the RTO and Aboriginal community-controlled RTOs located across the state.

Aboriginal Environmental Health Model of Care

AHCWA was funded in 2023 by the WA Department of Health to develop a contemporary Aboriginal Environmental Health Model of Care based on the perspectives, experiences and aspirations of the Aboriginal community-controlled sector. To develop the model, two co-design forums were held in 2024 with Aboriginal environmental health service providers, the ACCHO sector and the State Government. The co-design process included detailed consideration of the program focus, future program growth and required resourcing.

Transition of funds

AHCWA has commenced discussions with the WA Government on First Nations funding transitioning to Aboriginal community control. The First Nations Health Funding Transition Program Advisory Group has met several times since its inception in June 2023 to review specific programs and sub-programs and identify activities that could be implemented by First Nations-led and community-controlled organisations. These important discussions will continue into next financial year as part of Closing the Gap Priority Reform 2.



AMSANT

Aboriginal Medical Services Alliance Northern Territory



During the year, AMSANT continued to provide strong health leadership in the Northern Territory and nationally, as a partner of the NT Aboriginal Health Forum (NT AHF) and supporting the Closing the Gap partnership through Aboriginal Peak Organisations NT (APONT).

Key outcomes 2023–24

Workforce Expert Advisory Group

Workforce remains a critical concern. As a result of AMSANT’s advocacy, a Workforce Expert Advisory Group (EAG) was established resulting in the development of an agreed action plan involving NT Health, NT Primary Health Network (NT PHN) and AMSANT. It is proposed that the EAG be transitioned into a sub-committee of the NT AHF. The action plan includes the co-design of an NT-based locum program, an audit of NT clinics and housing to establish a needs-based approach to upgrades and maintenance, and a project to investigate new and enhanced workforce retention incentives.

Public health indicators

The NT AKPIs are a set of clinical indicators that predated NKPIs; they overlap with many of the NKPIs but include some indicators particularly relevant in northern Australia e.g. on childhood anaemia and rheumatic disease prophylaxis. AMSANT receives a pooled set of NT AKPI indicators for all ACCHOs. Though these indicators have generally been worsening over the last two years, nearly all indicators from January 2023 to December 2023 actually improved, highlighting the sector’s resilience and some early improvements in workforce stability. All childhood immunisation indicators improved (though still below 2019 performance).

CQI Collaborative

AMSANT held a very successful CQI Collaborative in Alice Springs in 2023 with over 120 attendees. The focus was on COVID-19 recovery, particularly immunisation and rheumatic heart disease. Comments on the event were very positive, emphasising the benefits of coming together after the pandemic. The CQI Steering Committee is working on reviewing the NT CQI approach.

Remote food security

AMSANT is actively developing a remote food security strategy in partnership with the National Indigenous Australians Agency, NACCHO and other affiliates with remote populations. Consultations across NT remote communities have highlighted significant challenges, including high food prices, poverty and climate-related events that cut communities off for protracted periods, leading to significant food shortages. The strategy, which aims to address food insecurity through policy and practical measures, is expected to be finalised by February 2025. AMSANT’s submission focused on poverty alleviation as a critical aspect of food security.

Ear and hearing health

The ear program has supported services with the new NKPI, using it as an opportunity to educate staff about tympanometry and recording of ear data in Communicare. Two regional workshops focused on improving integration with visiting services and exploring how primary health care could take a greater role in ear and hearing health, including through transition of Northern Territory Remote Aboriginal Investment (NTRAI) services to community control. AMSANT is developing a proposal that will include potential transition options.

Sexual health

The ongoing syphilis outbreak is stable, but there are still far too many cases. In the most recent round, syphilis testing has improved, and the sector has been active in reducing the risk of congenital syphilis. This can have a devastating outcome; AMSANT is working with NT Health to minimise congenital syphilis case numbers and participate in a formal review process for all cases.

Social and emotional wellbeing (SEWB)

The SEWB Team has delivered a range of culturally-responsive and trauma-informed initiatives across multiple NT regions:

- the SEWB Workforce Forum, held in May 2024, brought together 65 workers from across seven services and focused on strengthening pathways for healing and wellbeing, showcasing cultural-health models and Aboriginal-centred workforce practices



- training workshops on Aboriginal and Torres Strait Islander Mental Health First Aid (ATSIMHFA) and Culturally Responsive Trauma-Informed Practice (CRTIP), delivered in Central Australia, Barkly, Arnhem, Big Rivers and the Top End, engaging a wide range of Member Services and community organisations; these sessions aim to build capacity, improve workforce practices and foster cultural-healing approaches tailored to local contexts
- Narrative Practice training in Big Rivers region, with plans to deliver this across the board in the near future
- Case Management Workshops for Members.

The team is also developing advocacy packages, frameworks for core SEWB functions, and postvention support models to assist Members in delivering more effective care. AMSANT coordinates Culture Care Connect, supporting its Members in suicide prevention and exploring after-hours SEWB care models to address critical needs in remote communities.

Workforce and leadership support

Initiatives have continued across multiple areas.

- Elder Care Support has assisted 12 ACCHOs with recruitment and training of Aged Care Coordinators—Laynhapuy Homelands Aboriginal Corporation stands out as a success story, with a local Yolngu Aged Care Coordinator now in place.
- The First Nations Health Workforce Traineeship Program is supporting 30 Certificate IV students across seven services.
- Tackling Indigenous Smoking has made headway, with AMSANT supporting teams in the Top End and Big Rivers regions; this has included weekly meetings with two services and continued support for two more.

- The Shared Medical Appointments (SMA) pilot project, a collaboration involving AMSANT, the Australian Society of Lifestyle Medicine, NT PHN and three Member Services, continues to show promising results at all pilot sites; a monitoring and evaluation tool developed by project partners is guiding data collection on the model's outcome; presentations on the SMA model at national conferences are positively received and raise interest in further research and development.

Digital health

AMSANT continued to focus on improving the Communicare system, given ongoing dissatisfaction with help-desk response times. AMSANT will be discussing these issues directly with Telstra Health at the upcoming 2024 Digital Health Workshop in Darwin. The team continues to monitor the rollout of Communicare updates, ensuring services are supported as they adopt the new version.

With NT Health, AMSANT has been involved in improving systems such as the NT Clinical Portal and the Territory Kidney Care system.

AMSANT has advocated for better engagement from the Department of Corporate and Digital Development to ensure prioritisation of health programs in digital projects.

Point-of-care testing and data reporting, including the NT AHKPI and Primary Mental Health Care Minimum Data Set, remain key areas of focus. AMSANT continues to push for streamlined, integrated solutions for its Members.

AMSANT is working with Services Australia and NT PHN to address issues related to MyMedicare and immunisation reporting and to ensure compliance with the Australian Immunisation Register by the end of 2024.

QAIHC

Queensland Aboriginal and Islander Health Council



QAIHC has strengthened its policy and advocacy efforts to better support its members in the ACCHO sector. Throughout the year QAIHC has actively engaged with governments and other key stakeholders to ensure members' voices are heard and their needs addressed.

Key outcomes 2023–24

Policy, advocacy, leadership and strategy

Achievements included:

- advocating for the National Health Reform Agreement (NHRA) to recognise the ACCHO sector as core participants in the health system; generally assisting members to navigate and benefit from health reform and Closing the Gap initiatives, within Queensland and nationally
- securing increased funding: boosting QAIHC's core funding from the Queensland Government; securing ongoing support for Cape and Torres Health Commissioning Ltd (CaTHC) as Australia's first community-controlled commissioning entity; allocating \$26m for sector capacity building

- contributing to a regional needs analysis, ensuring members' needs are prioritised in development of a framework integrating input from our sector, Primary Health Networks (PHNs) and Queensland Health and Hospital Services
- improved data sharing: QAIHC's new status as a prescribed entity under Queensland law allows greater access to hospital data, enhancing our ability to plan and advocate effectively
- QAIHC's board endorsing jurisdiction-wide Position Statements on Breast Cancer Screening, Medication Shortages, and Dementia and Cognitive Impairment
- making submissions on Queensland Health Service Directives medication co-payment relief, MyMedicare, medication shortages, the COVID-19 response and amendments to various health laws and regulations.

Sector development

QAIHC remains committed to empowering members through strategic partnerships and targeted initiatives. QAIHC:

- continued its partnership with the Australian Institute of Health and Welfare (AIHW); an AIHW staff member currently placed within QAIHC is focused on developing geospatial mapping of chronic-disease burdens utilising a range of information sources; the project is providing members with valuable insights to address community health challenges





- held member workshops throughout the year on key topics such as aged care, cancer and SEWB; these workshops have been instrumental in identifying members' staffing and training needs, enabling QAIHC to tailor its advocacy efforts to support ACCHOs' place-based work
- in a significant partnership with Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health, successfully secured funding for the first national pilot of a GP Registrar single-employee model led by an ACCHO; QAIHC is working with key stakeholders including a recent workshop to discuss how to attract and secure GP Registrars to work in the Charleville region; the initiative represents a step forward in ensuring rural and remote communities receive the health care they need.

Clinical Leaders Forum

QAIHC supports members through an active online forum for Clinical Leaders, enabling timely discussions on clinical and public health issues. This platform helps resolve clinical concerns, shape policy, and keep staff informed.

The annual face-to-face forum in December 2023 addressed critical issues such as passive immunisation, medication shortages and CQI support. The forum ensures members are well-prepared to tackle clinical challenges and maintain high-quality care; it also feeds into jurisdictional and national policy advocacy.

Immunisation

QAIHC successfully advocated for ACCHOs' inclusion in the Queensland Health 2024 Free Flu Vaccination Program, securing reimbursement for vaccines. ACCHOs were originally ineligible for this reimbursement. We also promoted the new monoclonal antibody (Nirsevimab) for respiratory syncytial virus (RSV) through member engagement and distributing a Q&A resource.

STI/BBV

QAIHC is working with the University of Queensland on the STI/BBV ATLAS project to become a clinical hub, to support members with CQI to reduce STI and BBV burdens. QAIHC's STI/BBV resources, originally developed in 2018, were revised for 2024. They encompass consumer and ACCHO staff resources for STI/BBV health promotion and individual patient care, including guidance on prevention, testing and treatment and how to support conversations about sexual health in plain language. QAIHC resources were shared with NACCHO for wider distribution within the NACCHO member/affiliate network.

General Practice support

QAIHC partnered with James Cook University GP Training to deliver a Masterclass in Cairns on the ACCHO model of care, and contributed to the Australian Government's Review of General Practice Incentives. We are also engaging with the Joint Colleges Training Services.

Medication access

QAIHC advocated for improved medication access for members, focusing on ACCHOs' inability to operate pharmacies and address medication shortages. We collaborated with stakeholders and issued a Position Statement on medication shortages to help 'future proof' this emerging problem.

Rheumatic heart disease

QAIHC contributed to state initiatives combating rheumatic heart disease, including a Discussion Paper to support CQI in the management of Group A Streptococcal throat infections in high-risk settings, and collaborated with key partners on RHD-related programs.

Training and grants

QAIHC supervised a public health physician trainee (Royal Australian College of Physicians), received a grant from the RACP, and offered placement opportunities for higher-degree students.

TAC

Tasmanian Aboriginal Centre

On 23 November 2023, the lutruwita/Tasmania palawa/Aboriginal community and friends came together in nipaluna/Hobart to celebrated 50 years since the TAC’s establishment. The event allowed the community to reflect on our journey over the past 50 years, to acknowledge those (many no longer with us) who were instrumental in the organisation’s development, and to celebrate how far we have come—from one room in the early 1970s to 180 staff in five offices across lutruwita.

The TAC has achieved much of what it set out to do, creating change for our people—fostering cultural revitalisation, campaigning for justice and rights, securing land returns and ancestral repatriation, and expanding the range of health and wellbeing programs, the mainstay of TAC service provision for decades.

Key outcomes 2023–24

Leadership and advocacy

The TAC continued to provide important advice to government and key stakeholders, actively participating in committees, networks and consultations. These advocacy efforts have contributed to substantial growth of the Aboriginal Health Service in lutruwita/Tasmania—a growth marked by an increasing demand for services, staff expansion, and introduction of new and enhanced services, including a capital upgrade for the nipaluna/Hobart site.

To support this expansion, the TAC has introduced CQI measures to improve planning and evaluation across the sector and strengthen the Aboriginal health footprint, including:

- upskilling staff in data collection and usage, particularly through implementation of the ‘Polar’ system, leading to better service delivery and data efficiency
- exploring alternative client information systems for non-medical client services to ensure these services are operationally effective and meet community needs
- supporting development and rollout of policies and procedures for new services to ensure their smooth implementation and maintain high standards of service delivery
- developing service-improvement frameworks, such as the creation of a peer group clinical supervision/oversight system for non-medical client services, enhancing service quality and professional development
- facilitating ACCHO representation in jurisdictional forums, to review and respond to policy documents and ensure adequate representation of local perspectives
- assisting with policy submissions on jurisdictional and national strategies to ensure they align with the unique needs and concerns of the Aboriginal community.

These efforts have collectively contributed to the strong growth and improved capacity of the Tasmanian Aboriginal Health Service, enabling it to meet rising demand and provide high-quality, culturally-appropriate care.





Regional Training Organisation

In recent years the TAC has faced challenges in delivering Aboriginal Health Worker (AHW) training due to lack of ongoing funding for its RTO. This is a critical issue both in Tasmania and nationally. Further complicating the issue, the current Certificate qualification for AHWs was recently superseded, preventing the TAC from delivering training to a student cohort scheduled to commence in December 2023. However, thanks to a partnership with NACCHO and the wider ACCHRTO network, the TAC's RTO was granted a teach-out period for the older qualification. This allowed the RTO to proceed with the scheduled training in December 2023.

Currently, the TAC has 10 trainees enrolled in AHW training across lutruwita/Tasmania, with plans to recruit another cohort in late 2024 to begin the new AHW qualification. The TAC remains the only RTO in lutruwita/Tasmania delivering this training, making the establishment of a sustainable Aboriginal RTO a significant achievement. This development has greatly improved the sector's capacity to meet workforce needs, now and into the future.

Palawa Children's Future Project

In June 2023 the Tasmanian Government funded the TAC to develop models for transferring responsibility for child and youth services, including out-of-home care, to the palawa community. Implementing these models will be part of system transformation having Aboriginal self-determination at its centre.

The exploration stage involved desktop research of other jurisdictions nationally and internationally, and meeting with subject matter experts to learn what works and what to avoid. The models were co-designed by community members across the state, TAC staff and other stakeholders, and refined through workshops, research and learnings from other ACCHOs and Aboriginal peak bodies. An evidence-based and community-led Strategy and Action Plan will be provided to the Tasmanian Government in December 2024. Implementation will be considered in the project's next stage.

nayri milaythina (healthy country projects)

Healthy country supports healthy people.

The TAC manages more than 20,000 ha of Aboriginal land and facilitates numerous programs for community members to engage with land and sea country.

Some key initiatives in 2023-24 were:

- continued delivery of the Lungtalanana Cultural Restoration Project on Clarke Island in the Furneaux Islands (Bass Strait)
- establishing a community camp on a new property in the state's north-east
- partnership with State Government to survey a rare and threatened plant
- annual yula/short-tailed shearwater monitoring on returned Aboriginal lands to inform community management of muttonbirding
- training to revive cultural practices: firestick farming and freediving
- partnership with the Tasmanian Land Conservancy and NRM South to install wildlife cameras at Devils Corner and Apslawn, a three-year project to help monitor wildlife health
- advancing the proposed Tayaritja Milaythina Muka Indigenous Protection Area (IPA) in Bass Strait: developing a marine debris monitoring plan; participation in a CSIRO marine ecosystem survey voyage on the impacts of climate change; partnering with the University of Tasmania on seagrass monitoring
- establishing a Palawa Marine Heatwave Response, to support understanding and respond to risks associated with the marine heatwave that affected Tasmanian waters during spring and summer.

VACCHO

Victorian Aboriginal Community Controlled Health Organisation



VACCHO is the peak representative body for Aboriginal health and wellbeing in Victoria. We work to secure the sustainability, efficiency and impact of an Aboriginal self-determining future, building on our foundations to advocate for communities as we strive for health equity across the state.

VACCHO recognises our 33 Aboriginal community-controlled member organisations for their hard work and leadership. Members continue to draw on Culture to provide for their communities and champion Aboriginal ways of knowing, being and doing. They are proactive and innovative in carrying out inspiring work to advance Aboriginal health. VACCHO also pays tribute to its board and the 33 member CEOs who bring a wealth of experience and dedication to their roles.

Key outcomes 2023–24

Centre of Excellence for Aboriginal Families Wellbeing

VACCHO launched the Centre of Excellence for Aboriginal Families Wellbeing in November 2023 as a dedicated space for advancing the rights and social and emotional wellbeing of families in Victorian Aboriginal and Torres Strait Islander communities. The centre explores new ways of supporting families, fostering a shift in the narrative surrounding Aboriginal families, and celebrating families' enduring strength, resilience and cultural richness expressed in Aboriginal models of parenting and child-rearing.

In June 2024 the centre sponsored the Ngaweeyan Maar-oo Victorian Aboriginal Early Years Summit which outlined the vital role that Aboriginal families play in building strong communities. In August 2024, on Aboriginal and Torres Strait Islander Children's Day, the centre held a Deadly Day of Fun for *boorais* (children) and their families.

Cancer

VACCHO continued implementing its Victorian Aboriginal Cancer Journey Strategy, launched in 2023, embodying community-controlled cancer prevention, screening and support.

VACCHO presented on the strategy and related projects and campaigns at the third World Indigenous Cancer Conference, hosted by the Victorian Comprehensive Cancer Centre Alliance in Naarm. VACCHO led a discussion panel on the exceptional work being done to transform the cancer journey for Aboriginal people in Victoria, highlighting trust, cultural safety, connection, and earlier and more holistic support for individuals and families.

In collaboration with the Royal Melbourne Hospital and Peter MacCallum Cancer Centre, VACCHO launched a special men's possum-skin cloak to support cancer patients on their healing journey. Possum-skin cloaks have deep cultural significance for Victorian Aboriginal people, expressing the powerful connections communities have with Country, Culture, family and ancestors. The cloak features artwork by four men in various stages of their cancer journeys, sharing their resilience and wisdom. It has been placed alongside the women's cloak at the Peter MacCallum Cancer Centre, and is available to all Aboriginal men—to wear or place over their beds—receiving cancer treatment at the two hospitals.





Rainbow Mob resources

With the Wurru Wurru Health Unit at the University of Melbourne, VACCHO developed and published a free online training package to build capacity in the health and wellbeing sector to support Rainbow Mob. The package is RACGP-accredited for CPD and covers topics such as understanding intersectionality, social and cultural determinants of health, Rainbow Mob health priorities, and delivering culturally-safe care to Rainbow Mob. In addition, VACCHO has developed Rainbow Mob resources to assist members in supporting the LGBTQIASB+ community, and hosts a Rainbow Mob Community of Practice for members and stakeholders.

Program Wominjeka recognised

Program Wominjeka ('Wominjeka' being the Wurundjeri word for 'welcome') was a Victorian finalist at the Australian Information Industry Association's National iAwards (Not-For-Profit/Community Solution category) in July 2024. It also won the Best Technology Achievement by a First Nations Person or Group at the 2024 Australian Not-For-Profit Technology Awards.

Program Wominjeka is an ecosystem of digital tools delivering a holistic approach to client management, service-delivery optimisation, data security, and Aboriginal data sovereignty and governance. Co-designed with ACCOs, the program has streamlined time-consuming paper-based processes for case management, saving services many administrative hours and providing accessible and culturally-safe platforms for ACCO staff.

Immunisation training

After 15 years of advocacy, AHP/Ws registered with the Australian Health Practitioner Regulation Agency can now deliver immunisations, a major development

in community access to vaccines. Several Victorian education providers have begun training and upskilling health workers. VACCHO's first cohort of AHPs graduated from the inaugural immunisation course in April 2024.

Yoorook Justice Commission

VACCHO CEO, Dr Jill Gallagher AO has given testimony at the Yoorook Justice Commission several times over the past year, sharing her own personal experiences of injustice and discrimination. VACCHO's submissions have highlighted dispossession, suppression of culture and blatant racism during a brutal and rapid colonisation, followed by discriminatory policies causing substantial harm, including poorer health and wellbeing outcomes that continue to this day. This legacy is exacerbated by systemic failings in the wider Victorian health sector. Each submission put forward recommendations which include valuing Aboriginal ways of knowing, being and doing, restoring self-determination, increasing the capacity and scope of ACCOs, eradicating systemic discrimination, and reinforcing connection to country.

Centre of Excellence for Aboriginal Digital in Health

VACCHO was instrumental in establishing the Centre of Excellence for Aboriginal Digital in Health (CEADH). Under the auspices of VACCHO, CEADH is a national centre, incorporating all NACCHO affiliates, for advancing Aboriginal and Torres Strait Islander digital health. Its goal is to embed Aboriginal and Torres Strait Islander people's views, experiences and innovations in health systems, tools and services using communication and information technology to improve health and wellbeing. CEADH is a shared voice, building visibility of (and strength in) Aboriginal ways of knowing, being and doing across the digital health sector.

Winnunga Nimmityjah Aboriginal Health and Community Services



In 2023–24 Winnunga maintained support for culturally safe, community controlled, comprehensive health and community services, and advocated for the health and wellbeing of Aboriginal and Torres Strait Islander (first Nations) people of the A.C.T. and surrounding regions. We worked on improving service delivery, sharing knowledge and connecting with other organisations to improve health, social and emotional wellbeing outcomes.

Consultations and advocacy

Royal Australian and New Zealand College of Psychiatrists Congress

The Winnunga Nimmityjah Aboriginal Health and Community Service (Winnunga) Chief executive Officer (CEO), Julie Tongs OAM has been a keynote speaker at several National and Territory forums, sharing good news stories and best practice in Aboriginal Health. A highlight this year was the presentation at the Royal Australian and New Zealand College of Psychiatrists Congress in Canberra. The CEO informed the Congress that Winnunga employs a range of social health and mental health staff including a psychiatrist, psychiatry registrars, psychologists, mental health nurses, nurse practitioners and general practitioners. The CEO shared that 28% of Winnunga clients had one or more psychological conditions recorded at some point in

their medical record, 39% of clients aged 25 years and older had one or more psychological condition recorded and depression, anxiety and substance misuse were the 3 most frequently managed psychological problems.

Justice and prison health

Winnunga CEO continues to advocate for greater attention by Governments in health, social and economic issues which impact on the lives First Nations people and community families in the Nation’s Capital and surrounding regions. Major issues affecting the lives of First Nations people in the A.C.T. include poverty, racism, housing, unemployment, mental illness, substance misuse, child protection, poor educational outcomes and imprisonment. Winnunga has been operating a standalone comprehensive health and wellbeing service in the A.C.T. adult prison since 2019. The service provides high quality holistic care for First Nations peoples in prison and continuity upon a client’s release. This in combination with the Winnunga Justice Reinvestment Program is working towards improving health and wellbeing outcomes, reducing recidivism and preventing contact with the justice system.

A First Nations person in Canberra is more than 20 times more likely to be sent to prison than a non-Indigenous person, the highest rate in Australia. As such, a strong advocacy focus of the Winnunga CEO remains addressing the ongoing overrepresentation of First Nations people in prison at the Alexander Maconochie Centre (A.M.C.), including the lack of adequate training, education, and transitional release programs, and the unintended consequences of A.M.C. going smoke-free.



Left: Winnunga CEO speaking at the Royal Australian and New Zealand College of Psychiatrists Congress in Canberra. Right: Sorry Day Bridge Walk 2024.

Opioid Dependence Treatment

The decision of the government to move Opioid Dependence Treatment medications to the PBS significantly impacted Winnunga. While the Winnunga preference was to be exempt from this process, the Affiliate team worked with clinicians and community pharmacy to implement the changes so there was no change in how clients experience services. Advocacy with A.C.T. Health resulted in funding to cover additional costs created by the change.

Continual Quality Improvement

This year, Winnunga engaged consultants Think Change Resolve to undertake a clinical services review and an economic analysis of Winnunga services and funding compared with need for services. Following this review, Winnunga are now in the process of transitioning to a new model of care, which is coinciding with preparation for QIC and AGPAL accreditation in 2025. This has seen the activation of Winnunga's Quality Improvement and Performance Working Group Charter, who are reviewing and developing policy, procedures, guidelines and protocols for operationalising new chronic disease and mental health cycles of care.

Public Health

Management and prevention of respiratory illness (including COVID-19, influenza and Respiratory syncytial (sin-SISH-ul) virus (RSV) has continued, and the team also worked with A.C.T. Health to provide RSV immunisations for First Nations babies prior to winter. The Winnunga Affiliate team has been working with the Tacking Indigenous Smoking, No More Boondah and clinical teams to address the impacts of the 2024 legislative changes on vaping. Winnunga also provided advice on disaster management planning and preparedness through the A.C.T. Health Sector Emergency Management Committee.

Strategic Engagement

Winnunga participates at National Aboriginal and Torres Strait Islander Health Collaboration Meetings and the the First Nations Drafting Group to review the National Health Reform Agreement (NHRA). Winnunga has participated in NHRA Cultural Safety and Data Policy Subgroup and has emphasised Closing the Gap priority reform being embedded throughout the NHRA as part of the review. Winnunga also participates on the National Aboriginal and Torres Strait Islander Health Services Data Advisory Group, the National Indigenous Geonomics Council and the National Aboriginal and Torres Strait Islander Health Protection Sub-Committee.

Partnerships

Centre of Excellence Aboriginal Digital Health

Winnunga has partnered with V.A.C.C.H.O. and seven other Affiliates to establish a Centre of Excellence Aboriginal Digital Health (CEADH). The Deputy CEO and CEO both participated in a CEADH two-day workshop, hosting the second day at the Winnunga Narrabundah Clinic Community Room. Over the two days, the CEADH membership discussed various aspects of co-designing frameworks and principles, to better understand current and future digital in health ecosystems and discuss community of Practice for ICT skilled workers from across the membership.

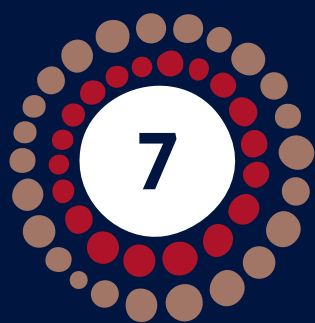
Sorry Day

This year Winnunga joined with the Healing Foundation and other partners to reinstitute the National Sorry Day Bridge Walk which had ceased during the COVID-19 pandemic. It was pleasing to see high community engagement including a large number of school children in attendance. The welcome to country and smoking ceremony were conducted by Ngambri elder Dr Matilda House and Paul House. The Sorry Day Bridge Walk was preceded by a visit to Winnunga by the Kinchela Boys Home Aboriginal Corporation, with presentations made by three survivors of their experience of life in the Kinchela Boys Home following their forced removal from their families when they were children, and the heartbreaking impact which it had and continues to have on their lives. Ongoing observance of Sorry Day brings into focus the distance yet to be travelled in responding to the trauma which so many First Nations peoples have suffered because of their removal or that of a family member and of the continuing personal and inter-generational consequences.

Drug and Alcohol Residential Rehabilitation Centre

Winnunga continues to work on the development of a new First Nations residential drug and alcohol rehabilitation centre. This is a much-needed service and will provide more comprehensive options for people recovering from addiction. The Centre has been designed by, and will be built and managed by Winnunga, ensuring it is fit for purpose and meets the needs of our community.





NACCHO members good news stories

Australian Capital Territory

Winnunga Nimmityjah Aboriginal Health and Community Services embeds Deadly Choices

Winnunga CEO Julie Tongs is thrilled to bring the Deadly Choices program to Ngunnawal/Ngambri Country (Canberra), a health-promotion initiative encouraging Mob to complete 715 Health Checks and earn a Deadly Choices shirt.

Originally developed by the Institute for Urban Indigenous Health, the program is expanding to over nine ACCHOs across NSW, the ACT, Victoria, and Tasmania with \$3 million in Australian Government funding.

“Deadly Choices promotes healthy lifestyles through better nutrition, sport, physical activity, and education on the harms of smoking and vaping, ensuring strong, healthy families and communities,” Julie said.

The program will feature annual health checks at major events like the Australian Open and endorsements from prominent First Nations figures, such as basketball star Patty Mills, in its social media and marketing campaigns.

Article from: deadlychoices.com.au/news-events/news-items/deadly-choices-expansion-announcement



At Winnunga’s *Deadly Choices* launch: NRL legend Petero Civoniceva, ACT Senator and former Rugby great, David Pocock and Winnunga CEO, Julie Tongs.

Queensland

Yulu-Burri-Ba celebrates 40 years

On 10 May 2024, at Dunwich on North Stradbroke Island (NSI), a very proud community came together to celebrate 40 years of Aboriginal community-controlled health services in the Quandamooka region.



Current and former Yulu-Burri-Ba staff members.

In 1984 our founding Elders, including Aunty Lyn Shipway, Maureen Myers, Denis Walker, Oodgeroo Noonuccal and Vincent Martin, recognised the need for improved health services for the island’s Aboriginal community. Their vision, passion and drive has left a legacy that is helping generations of First Nations people to live longer and healthier lives, with support from government, the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane and NSI Aboriginal and Islanders Housing.

Today Yulu-Burri-Ba proudly provides a wide range of services to more than 5,000 people in the NSI, Redlands and Wynnum areas: primary health, dental health, family services, kinship and foster care, Jajum Bajra Birthing in Our Community, youth services, counselling and psychology services, as well as Deadly Choices.

Story from: www.qaihc.com.au/publications/sector-leader-magazine/sector-leader-july-2024

New South Wales

New medical centres coming for Bourke and Coonamble

The Coonamble Aboriginal Health Service (CAHS) and Bourke Aboriginal Corporation Health Service (BACHS) have secured \$6.4m and \$5.3m, respectively, to upgrade their infrastructure as part of the Australian Government’s \$33.7m investment in New South Wales under the \$100m Closing the Gap ACCHO infrastructure program.

CAHS will build a new facility on the current land council office site, which will relocate to CAHS’s existing premises. CEO Phil Naden called the funding a “real team effort,” highlighting support from consultants, architects, and 35 local and regional partners. “This new facility, with 18 offices, disabled access, and an elevator, replaces a clinic older than the organisation itself,” Naden said.

BACHS will use its funding to offset construction costs for a new primary health-care facility—the first major update in 38 years. CEO John Fetuani emphasised the importance of securing long-term health services

for Bourke and nearby communities. Community consultations in Bourke and Enngonia ensured the design is culturally appropriate and meets clinical needs. “The feedback will make our future clinic a better place,” Fetuani said.

Article from: westernplainsapp.com.au/NewsStory/new-medical-centres-coming-for-bourke-and-coonamble/6690aa3447b3f60029f170c1



CAHS board members (left to right): Siffia Fernando, Angela Fernando, David Ryan, Jan Arrowsmith, Phil Naden, Les Trindall.

Northern Territory

New Alukura birthing service opens in Mparntwe/Alice Springs

In April 2024, Central Australian Aboriginal Congress launched the Alukura Midwifery Group Practice (MGP), allowing women to have the same midwife throughout their pregnancy and birth at Alice Springs Hospital.

Congress CEO Donna Ah Chee said the model had been a goal since the early 2000s. “Aboriginal women, like all women, want continuity of care with a known midwife,” she said.

The journey to this milestone began in 1984 when hundreds of Aboriginal women from over 60 communities envisioned Congress Alukura to ensure culturally safe birthing on Aboriginal land. Progress accelerated in 2020 with partnerships securing funding through the Rise Safely project, enabling the service’s establishment.



Malarndirri McCarthy, Kumalie Riley and Selena Uibo at the launch of Congress Alukura. Photo: Congress.

Since 2023, early results have shown improved outcomes, including healthier birth weights and longer pregnancies, crucial for lifelong health. “We are confident this MGP will help close the gap in Aboriginal life expectancy,” Ms. Ah Chee said.

NT Senator Malarndirri McCarthy described the launch as a “beautiful moment” honouring grandmothers and Grandmother’s Law.

Decades-old vision realised as work starts on Moorundi medical centre

A 20-year dream is coming to life at the former Lower Murray Nungas Club in Murray Bridge, with construction underway on a multi-million-dollar medical centre for Moorundi Aboriginal Community



Contractors join Val Rigney, Steve Sumner, Tahlia Lloyd, Lawrie Rankine, Ellen Trevorrow, Derek Walker and Alfred Agius as work begins at the former Lower Murray Nungas Club. Photo: Peri Strathearn.

Controlled Health Service. First envisioned in 2002 by Ngarrindjeri leaders, Moorundi began as a partnership between Aboriginal Health Workers and non-Indigenous GPs. Since its establishment in 2016, it has grown into a vital service with over 40 staff across Murray Bridge, Victor Harbor, and Raukkan.

The \$9 million government-funded centre will be a cultural and community hub, not just a health facility. At the sod-turning, Moorundi CEO Steve Sumner honoured the 2002 visionaries and urged the next generation to carry on: “It’s not just bricks and mortar.”

The centre will provide career pathways for young Aboriginal and Torres Strait Islander people and foster community connection, to further Moorundi’s mission of health and unity for the Ngarrindjeri people.

Article found in: www.murraybridge.news/decades-old-vision-realised-as-work-starts-on-moorundi-medical-centre/

The TAC celebrates 50 years

The 50th anniversary of the Tasmanian Aboriginal Centre (TAC) is a significant milestone for the Aboriginal community in lutruwita/Tasmania, highlighting decades of resilience and advocacy. Since its inception in the 1970s with pioneering legal services and land rights marches, TAC has become a vital voice for Aboriginal people.

Key achievements include the 1980s victory against the Franklin Dam, the establishment of the Aboriginal Children’s Centre, and the 1990s launch of TAC’s health service and language revival programs. In the 21st century, TAC became Tasmania’s first Aboriginal Registered Training Organisation, reclaimed land, and launched initiatives like the Cultural Awareness Training Unit and a successful catering company.

Today, TAC is Tasmania’s largest employer of Aboriginal people and continues to foster community solidarity, celebrating the strength of the palawa people while remaining dedicated to improving their cultural, social, and physical well-being.



Top: The Kutralayna Campaign 2011.
Bottom: Aboriginal Children’s Centre in the ’90s.

Victoria

Gunditjmara Aboriginal Cooperative acquires Lyndoch Primary Health Centre



The Gunditjmara Aboriginal Cooperative in Warrnambool, western Victoria, has acquired the Lyndoch Primary Health Centre, marking a significant milestone for the organization. This purchase of a modern facility will allow for an immediate expansion of services, replacing plans to revamp an older building.

“It was the right moment to purchase,” said CEO Danny Chatfield. The new facility, spanning

3,973 square metres on a 6,491 square metre site, supports Gunditjmara’s vision to enhance healthcare services in a single location and prepare for growth over the next 25 years.

Located next to the culturally significant Hopkins River, the facility aligns with Gunditjmara’s holistic approach to health and well-being. “It will benefit our community members, visitors, and staff,” Danny added. An official opening will be held once they are settled in.

Western Australia

New Ngalla Bidi Bursary to empower First Nations medical students



The Aboriginal Health Council of Western Australia has introduced the Ngalla Bidi Bursary to support Indigenous medical students and increase the number of Aboriginal and Torres Strait Islander doctors in the state. The bursary will enable 40 students to attend the Pacific Region Indigenous Doctors Congress (PRIDoC) in Adelaide this December, providing a platform for knowledge sharing, mentorship, and community building.

AHCWA’s PRIDoC Bursaries Program Coordinator, Keisha Calyun, highlighted that attending PRIDoC not only rejuvenates students but also benefits Aboriginal and Torres Strait Islander patients and communities. AHCWA Chair, Vicki O’Donnell OAM, noted the scarcity of Aboriginal and Torres Strait Islander doctors, with fewer than 600 currently practicing, while 4,000 are needed for population parity. PRIDoC aims to create a supportive environment that fosters community and enhances culturally safe healthcare for Aboriginal people in Western Australia.





Financial statements

Directors' report

Your directors present their report on the company for the financial year ended 30 June 2024.

Directors

The name of the directors in office at any time during or since the end of the financial year are:

- Donnella Mills (Chair)
- Chris Bin Kali (Deputy Chair)
- Rachel Atkinson
- David Dudley
- Kane Ellis
- Raylene Foster
- Michael Graham
- Sheryl Lawton
- Wilhelmine Lieberwirth
- Leisa McCarthy
- Rob McPhee
- Phil Naden
- Vicki O'Donnell
- Craig Ritchie
- Preston Thomas
- Dallas Widdicombe

Directors have been in office since the start of the financial year to the date of this report, unless otherwise stated.

Operating Results

The profit of the company for the 2023-24 financial year after providing for income tax amounts was \$3,605,958 (2022-23: \$1,988,224).

Review of Operations

A review of the operations of the company during the financial year, and the results of those operations, found that during the year, the company continued to engage in its principal activity, the results of which are disclosed in the attached financial statements.

Significant Changes in State of Affairs

NACCHO continues to receive funding from the Commonwealth Government to undertake specific programs to improve health outcomes for Aboriginal

and Torres Strait Islander people. In the 2023-24 financial year, NACCHO has continued to be successful in securing funding for programs to be run in our sector by Aboriginal Community Controlled Health Organisations, Aboriginal Registered Training Organisations and other Aboriginal medical services.

Principal Activity

The principal activity of the company during the financial year was to act as the national umbrella organisation representing Aboriginal Community Controlled Health Services relating to the self-determined holistic approach to Aboriginal Health and Wellbeing. This comprises the running of the National Secretariat and the provision of secretariat services to the National Executive Committee and the full membership. No significant change in the nature of these activities occurred during the year.

Objectives

The establishment or conduct of all or any of the following objectives are within the context of the Aboriginal understanding of health within the Aboriginal community: to alleviate poverty within the Aboriginal community; the advancement of Aboriginal religion; to provide constructive educational programs for members of the Aboriginal community; and to deliver holistic and culturally appropriate health and related services to the Aboriginal community.

Strategy for Achieving the Objectives

NACCHO provides leadership and direction in policy development and aims to shape the national reform of Aboriginal health. This is so that our people can access the highest quality; culturally safe community-controlled health care in a way that builds our responsibility for our own health.

NACCHO builds the capacity of Aboriginal Community Controlled Health Services and promotes and supports high performance and best practice models of culturally appropriate and comprehensive primary health care.

NACCHO develops more efficient and effective services for its members and promotes research that will build evidence-informed best practice in Aboriginal health policy and service delivery.

Meetings of Directors

| Directors | Directors' meetings | |
|-------------------------------|---------------------|------------------------|
| | No. attended | No. eligible to attend |
| Donnella Mills (Chair) | 4 | 4 |
| Chris Bin Kali (Deputy Chair) | 4 | 4 |
| Rachel Atkinson | 2 | 4 |
| David Dudley | 3 | 4 |
| Kane Ellis | 1 | 4 |
| Raylene Foster | 4 | 4 |
| Michael Graham | 3 | 4 |
| Sheryl Lawton | 3 | 4 |
| Wilhelmine Lieberwirth | 4 | 4 |
| Leisa McCarthy | 4 | 4 |
| Rob McPhee | 4 | 4 |
| Phil Naden | 4 | 4 |
| Vicki O'Donnell | 4 | 4 |
| Craig Ritchie | 4 | 4 |
| Preston Thomas | 3 | 4 |
| Dallas Widdicombe | 4 | 4 |

Contributions on Wind Up

If the company is wound up, NACCHO's Constitution states that each member is required to make a maximum contribution of \$10 towards meeting any outstanding obligations. As at 30 June 2024, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$10 per member.

Auditor's Independence Declaration

The lead auditors' independence declaration for the year ended 30 June 2024 has been received.


Signed in accordance with a resolution of the Board of Directors:



Donnella Mills
Director

18 September 2024

Date



Sheryl Lawton
Director

18 September 2024

Date

Statement of profit and loss and other comprehensive income

For the year ended 30 June 2024

| | Note | 2024 (\$) | 2023 (\$) |
|---|------|--------------------|------------|
| Revenue | | | |
| Revenue from Ordinary Activities | 3 | 148,477,321 | 72,950,188 |
| Expenses | | | |
| Employee benefits expenses | 4 | 12,582,008 | 10,563,696 |
| Depreciation and amortisation expense | 4 | 1,000,616 | 793,265 |
| Grant payments | 4 | 120,190,315 | 51,410,365 |
| Other expenses | 4 | 11,098,424 | 8,194,638 |
| | | 144,871,363 | 70,961,964 |
| Profit/(Loss) from ordinary activities | | 3,605,958 | 1,988,224 |
| Other Comprehensive Income/(Loss) for the year, net of tax | | - | - |
| Total Comprehensive Income/(Loss) for the year attributable to the members of National Aboriginal Community Controlled Health Organisation | | 3,605,958 | 1,988,224 |

The above statement should be read in conjunction with the accompanying notes.

Statement of financial position

As at 30 June 2024

| | Note | 2024 (\$) | 2023 (\$) |
|---|------|--------------------|-------------|
| Assets | | | |
| Current assets | | | |
| Cash and cash equivalents | 5 | 101,857,833 | 99,015,564 |
| Investments | 7 | 400,097 | 349,117 |
| Receivables and Other Current Assets | 8 | 39,714,542 | 32,386,976 |
| Total current assets | | 141,972,472 | 131,751,657 |
| Non-current assets | | | |
| Property, plant and equipment | 9 | 4,668,772 | 3,497,656 |
| Total non-current assets | | 4,668,772 | 3,497,656 |
| Total assets | | 146,641,244 | 135,249,313 |
| Liabilities | | | |
| Current liabilities | | | |
| Payables | 10 | 2,914,969 | 3,101,402 |
| Employee Provisions and other liabilities | 11 | 1,052,649 | 715,082 |
| Contractual Obligations – Affiliates, ACCHOs and Others | 12 | 81,692,949 | 92,983,467 |
| Contractual Obligations – Operations | 12 | 49,695,223 | 30,948,193 |
| Grants Repayable | 12 | 17,516 | 24,286 |
| Revenue In Advance | 12 | – | 33,600 |
| Lease Liability | 12 | 691,574 | 558,310 |
| Total current liabilities | | 136,064,880 | 128,364,340 |
| Non-current liabilities | | | |
| Employee Provisions and other liabilities | 11 | 70,054 | 81,645 |
| Non-Current Lease Liability | 12 | 2,427,243 | 2,497,354 |
| Provision for Make Good | 12 | 372,993 | 205,858 |
| Total non-current liabilities | | 2,870,290 | 2,784,857 |
| Total liabilities | | 138,935,170 | 131,149,197 |
| Net assets | | 7,706,074 | 4,100,116 |
| Equity | | | |
| Retained profits | | 7,706,074 | 4,100,116 |
| Total equity | | 7,706,074 | 4,100,116 |

The above statement should be read in conjunction with the accompanying notes.

Statement of changes in equity

For the year ended 30 June 2024

| | Retained surpluses (\$) | Total equity (\$) |
|--------------------------------|-------------------------|-------------------|
| Balance at 1 July 2022 | 2,111,892 | 2,111,892 |
| Net profit/(loss) for the year | 1,988,224 | 1,988,224 |
| Balance at 30 June 2023 | 4,100,116 | 4,100,116 |
| Balance at 1 July 2023 | 4,100,116 | 4,100,116 |
| Net profit/(loss) for the year | 3,605,958 | 3,605,958 |
| Balance at 30 June 2024 | 7,706,074 | 7,706,074 |

The above statement should be read in conjunction with the accompanying notes.

Cash flow statement

For the year ended 30 June 2024

| | 2024 (\$) | 2023 (\$) |
|---|----------------------|---------------|
| Cash flows from operating activities | | |
| Receipts from customers | 68,429,298 | 49,702,396 |
| Grant receipts | 93,126,716 | 82,567,121 |
| Receipt of agent funds for disbursement | 20,061,621 | 19,271,490 |
| Interest received | 3,954,548 | 859,636 |
| Donations | 2,620 | 18,930 |
| <i>Operating activity receipts</i> | 185,574,803 | 152,419,573 |
| Payments to suppliers and employees | (29,254,507) | (27,609,769) |
| Payment of grant and fee for service funds | (131,369,739) | (55,464,547) |
| Payment of agent funds | (20,061,621) | (19,271,490) |
| Interest paid on lease liability | (124,369) | (72,074) |
| <i>Operating activity payments</i> | (180,810,236) | (102,417,880) |
| Net cash provided by operating activities | 4,764,567 | 50,001,693 |
| Cash flows from investing activities | | |
| Payments for property, plant and equipment | (1,357,470) | (249,565) |
| Proceeds from sale of property, plant and equipment | - | - |
| Investment in Term Deposits | (50,980) | (19,553) |
| Net cash used in investing activities | (1,408,450) | (269,118) |
| Cash flows from financing activities | | |
| Repayment of Lease Liabilities | (513,848) | (597,741) |
| Net cash used in financing activities | (513,848) | (597,741) |
| Net increase/(decrease) in cash held | 2,842,269 | 49,134,834 |
| Cash at beginning of financial year | 99,015,564 | 49,880,730 |
| Cash at end of financial year | 101,857,833 | 99,015,564 |

The above statement should be read in conjunction with the accompanying notes.

Notes to the financial statements

For the year ended 30 June 2024

Note 1

Statement of significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

Basis of preparation

These general-purpose financial statements have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the Australian Charities and Not-for-Profits Commission Act, as appropriate for not-for-profit oriented entities.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Comparative Figures

Where necessary, comparative figures have been adjusted to conform to changes in presentation in the financial statements.

Critical accounting estimates

The preparation of the financial statements required the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 2.

New or amended Accounting Standards and Interpretations adopted

NACCHO has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of NACCHO.

Revenue Recognition

Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which NACCHO is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer NACCHO: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Variable consideration within the transaction price, if any, reflects concessions provided to the customer such as discounts, rebates and refunds, any potential bonuses receivable from the customer and any other contingent events. Such estimates are determined using either the 'expected value' or 'most likely amount' method. The measurement of variable consideration is subject to a constraining principle whereby revenue will only be recognised to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The measurement constraint continues until the uncertainty associated with the variable consideration is subsequently resolved. Amounts received that are subject to the constraining principle are recognised as a refund liability.

Grants

Grant funding that contains specific conditions and enforceable obligations on the use of those funds are recognised as and when NACCHO satisfies its performance obligations stated within the grant agreements.

A contractual liability is recognised for both unspent grant funds for which a refund obligation exists in relation to the funding period and for performance obligations that have not yet been met.

General grants that do not impose specific performance obligations on NACCHO are recognised as income when NACCHO obtains control of those funds, which is usually on receipt.

Fee for Service Income

NACCHO receives funding under contractual agreements to manage the procurement of services from member organisations, Affiliates, and other health organisations to meet Government priorities. In addition to this, NACCHO is contracted directly to provide services relevant to Aboriginal health outcomes by Government and other external organisations.

Funding received under contractual agreements are recognised to the extent that NACCHO has satisfied its performance obligations and specified services have been procured from member organisations, Affiliates and other health organisations.

Payments for the procurement of services, by means of grant agreements, are recognised as expenses in the relevant financial year, to the extent these funds have been disbursed. Any remaining funds at year end, where the intent is to procure further services from member organisations, Affiliates and other health organisations in the next financial year are shown as a contractual liability.

General fee for service income agreements that do not impose specific performance obligations on NACCHO are recognised as income when NACCHO obtains control of those funds, which is usually on receipt.

Sponsorships

Funding for special purpose projects via sponsorship is recognised as revenue to the extent that the monies have been applied in accordance with the conditions of the funding.

Donations and bequests

Donations and bequests that contain specific conditions and enforceable obligations on the use of those funds are recognised as and when NACCHO satisfies its performance obligations stated within the donation agreements. Otherwise, revenue from donations and bequests is recognised when the income is received.

Interest

Interest income from a financial asset is recognised when it is probable that the economic benefit will flow to NACCHO, and the amount of revenue can be reliably measured. Interest income is accrued on a time basis by reference to the principal and the effective interest rate applicable.

Internal revenues

Internal revenues and expenses have been eliminated as part of preparing the consolidated figures for NACCHO.

Income tax

As the company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; is it expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period. All other liabilities are classified as non-current.

Deferred tax assets and liabilities are always classified as non-current.

Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Trade and other receivables

Other receivables are recognised at the amortised cost, less any allowance for expected credit losses.

Inventories

Inventories are stated at the lower of cost and net realisable value on a 'first in first out' basis. Cost represents the price to NACCHO to purchase the inventories from independent suppliers. Net realisable value is the estimated selling price less the estimated costs necessary to make the sale.

Property, plant, and equipment

Plant and equipment are stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant, and equipment (excluding land) over their expected useful lives as follows:

| | |
|------------------------|-------------|
| Right of Use Asset | 3 – 5 years |
| Leasehold improvements | 3 – 5 years |
| Plant and equipment | 3 – 8 years |
| Office equipment | 3 – 5 years |
| Intangible assets | 3 – 5 years |

Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Trade and other payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature, they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Contractual Obligations

Contractual obligations represent NACCHO's obligation to transfer goods and services on behalf of a customer and are recognised when the customer pays consideration to NACCHO, or when NACCHO recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) prior to the goods and services being transferred to the recipient(s).

Employee benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, and experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

Defined contribution superannuation expense

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

Fair value measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date: and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs, and minimising the use of unobservable inputs.

Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses, and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense. 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 tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

Leases

At inception of a contract, NACCHO assesses whether a contract is, or contains, a lease. A contract is considered to contain a lease if it allows NACCHO the right to control the use of an identified asset over a period in return for consideration.

Where a contract or arrangement contains a lease, NACCHO recognises a right-of-use asset and a lease liability at the commencement date of the lease.

A right-of-use asset is initially measured at cost, which is the present value of the future lease payments adjusted for any lease payments made at or before the commencement date, plus any make-good obligations. Lease assets are depreciated using the straight-line method over the shorter of their useful life and the lease term. Periodic adjustments are made for any re-measurements of the lease liabilities and for impairment losses.

Note 2**Critical accounting judgements, estimates and assumptions**

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements estimate and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Estimation of useful lives of assets

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets, including right-of-use assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold are written off or written down.

Impairment of non-financial assets other than goodwill and other indefinite life intangible assets

The company assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

Employee benefits provision

As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

Recognition of Revenue from Contracts with Customers

In determining the amount of revenue to be recognised from its contracts with customers, in accordance with AASB15, NACCHO has assumed the performance obligations associated with these contracts are satisfied over time. Performance obligations under these contracts, and the associated transfer of benefits to Aboriginal and Torres Strait Islander people generally occur over a number of financial years, with performance obligations and associated budgeted expenditure to meet these obligations for the respective programs agreed each financial year. The pattern of benefits transfer and satisfaction of performance obligations is often uneven across a financial year. In determining the dollar value for the relevant percentage of performance obligation that has been met for the program, NACCHO uses the input method and has assessed that actual expenditure for the financial year is a fair measure of the transaction price for performance obligations completed.

Contractual Obligations Remaining with Affiliates, ACCHOs and Other Aboriginal Medical Services

NACCHO provides funding to external Aboriginal organisations to provide services on its behalf, as part of its contractual obligations to its funding body(s). In estimating the balance of performance obligations remaining with external organisations at year end in accordance with AASB15, NACCHO has assumed performance obligations attached to funding provided in the last two months of the financial year, ie May and June, and where the timeframe for performance extends past 30 June of the relevant financial year remain outstanding at year end. The value of these performance obligations has been recorded in NACCHO's balance sheet to reflect these grants are repayable if performance obligations are not met and form part of NACCHO's overall contractual obligations to its funding body(s).

Note 3

Revenue

| | 2024 (\$) | 2023 (\$) |
|-----------------------------------|--------------------|-------------------|
| Grant Funding | 89,568,327 | 44,841,008 |
| Fee for Service Income | 53,563,722 | 26,399,167 |
| Other income | 1,391,196 | 831,447 |
| Interest income | 3,951,456 | 859,636 |
| Donations | 2,620 | 18,930 |
| | 148,477,321 | 72,950,188 |
| Grant funding consists of: | | |
| Funding from Government | 88,963,264 | 43,404,242 |
| Funding from Non-Government | 605,063 | 1,436,766 |
| | 89,568,327 | 44,841,008 |

Grant funding includes amounts paid to NACCHO for services to facilitate improved health outcomes for Aboriginal and Torres Strait Islander people and delivery of government priorities in identified areas. This funding includes amounts received for payment of grants to Affiliates, ACCHOs and other health organisations.

Fee for Service income consists of:

| | | |
|-----------------------------|-------------------|-------------------|
| Funding from Government | 49,889,858 | 25,266,542 |
| Funding from Non-Government | 3,673,864 | 1,132,625 |
| | 53,563,722 | 26,399,167 |

Fee for service income includes amounts paid to NACCHO to deliver, and manage the procurement of, services to facilitate improved health outcomes for Aboriginal and Torres Strait Islander people and delivery of government priorities in identified areas. This funding includes amounts received to facilitate the procurement of these services.

Note 4

Expenses

| | 2024 (\$) | 2023 (\$) |
|--|--------------------|------------|
| Employee Benefits Expenses | | |
| Wages and Salaries | 10,655,861 | 9,107,831 |
| Superannuation | 1,581,658 | 1,341,737 |
| Leave Entitlements | 344,489 | 114,128 |
| | 12,582,008 | 10,563,696 |
| Depreciation and Amortisation Expenses | | |
| Plant and Equipment | 13,986 | 14,732 |
| Office Equipment | 68,530 | 32,434 |
| Intangibles | 29,676 | - |
| Leasehold Improvements | 113,903 | 138,983 |
| Right-of-use assets – leased property | 774,521 | 607,116 |
| | 1,000,616 | 793,265 |
| Grant Payment Expenses | | |
| Grants – Affiliates | 15,496,496 | 8,350,854 |
| Grants – Aboriginal Community Controlled Health Organisations (ACCHOs) | 95,349,088 | 42,282,511 |
| Grants – Registered Training Organisations | 3,922,000 | - |
| Grants – Other | 5,422,731 | 777,000 |
| | 120,190,315 | 51,410,365 |

Note 4 / Expenses (continued)

| | 2024 (\$) | 2023 (\$) |
|--|-------------------|------------------|
| Other expenses from ordinary activities | | |
| Advertising and Promotion | 15,091 | 22,283 |
| Auditor Remuneration ¹ | 140,209 | 113,993 |
| Board Remuneration | 113,920 | 107,200 |
| Computer Expenses | 30,083 | 159,971 |
| Contractors and Consultants | 5,971,366 | 4,087,358 |
| Interest | 155,183 | 73,382 |
| Meetings, Workshops and Seminar costs | 957,377 | 717,874 |
| Minor Equipment | 10,670 | 30,290 |
| Postage, Printing and Stationery | 194,967 | 148,361 |
| Program Resources | 381,517 | 431,220 |
| Occupancy Costs | 54,468 | 103,275 |
| Repairs and Maintenance | 2,813 | 6,770 |
| Staff Costs | 129,009 | 142,981 |
| Telephone | 44,851 | 70,845 |
| Training and Development | 42,265 | 36,389 |
| Travel Expenses | 1,987,286 | 1,638,679 |
| Workers Compensation | 152,615 | 60,825 |
| Other Expenses | 714,734 | 242,942 |
| | 11,098,424 | 8,194,638 |

1 Includes internal and external audit fees

Note 5

Cash and cash equivalents

| | 2024 (\$) | 2023 (\$) |
|--------------|--------------------|-------------------|
| Cash at Bank | 101,857,833 | 99,015,564 |
| | 101,857,833 | 99,015,564 |

Note 6

Deposits held in trust (as agent)

| | 2024 (\$) | 2023 (\$) |
|------------------------|-----------|-----------|
| Deposits Held in Trust | - | - |

As part of its program activities NACCHO receives funding for ACCHOs and Affiliates where it is considered to be acting as an agent, and as such is responsible only for on-passing the funding. Details of these programs and amounts paid out in 2023-24 are as follows:

| Program | Receipts (\$) (GST exclusive) | Payments (\$) (GST exclusive) | Balance (\$) 30 June 2024 |
|---------------------------|----------------------------------|----------------------------------|------------------------------|
| Network Funding Agreement | 18,237,838 | 18,237,838 | - |
| | 18,237,838 | 18,237,838 | - |
| Add GST | 1,823,784 | 1,823,784 | - |
| Total | 20,061,621 | 20,061,621 | - |

Note 7

Investments

| | 2024 (\$) | 2023 (\$) |
|---------------|----------------|-----------|
| Term Deposits | 400,097 | 349,117 |

Funds are held as a term deposit to match a bank guarantee issued by NACCHO's banker, which is required as part of NACCHO's lease arrangements for its premises at 2 Constitution Avenue, Canberra. Any movement in the amount of the term deposit will equate to changes in lease requirements and the associated bank guarantee.

Note 8

Receivables and other current assets

| | 2024 (\$) | 2023 (\$) |
|---|-------------------|------------|
| Trade and Other Debtors (Refer Note 12) | 9,931,982 | 15,451,961 |
| Accrued Income | - | 24,750 |
| Inventory | 36,439 | 56,623 |
| Grants Receivable (Refer Note 12) | 26,776,538 | 16,623,544 |
| Australian Tax Office (GST) | 2,194,976 | - |
| Prepayments | 774,607 | 230,098 |
| | 39,714,542 | 32,386,976 |

Grants receivable relate to funds paid for delivery of services by ACCHOs, Affiliates and Others, which form part of NACCHO's Contractual Obligations (refer Note 12), where the performance of these had not been completed as at 30 June 2024.

Note 9

Property, plant and equipment

Property, plant and equipment comprises both owned and leased assets which do not meet the definition of investment properties.

| | 2024 (\$) | 2023 (\$) |
|---|------------------|-------------|
| Plant and equipment | | |
| At cost | 90,369 | 90,369 |
| Less accumulated depreciation | (84,259) | (70,273) |
| | 6,110 | 20,096 |
| Office equipment | | |
| At cost | 381,717 | 189,104 |
| Less accumulated depreciation | (122,568) | (105,756) |
| | 259,149 | 83,348 |
| Intangibles | | |
| At cost | 108,590 | 13,409 |
| Less accumulated depreciation | (43,085) | (13,409) |
| | 65,505 | - |
| Leasehold improvements | | |
| At cost | 2,188,945 | 1,394,158 |
| Less accumulated depreciation | (1,170,669) | (1,056,765) |
| | 1,018,276 | 337,393 |
| Right-of-use Asset – Land and Buildings (Leases) | | |
| At cost | 4,291,985 | 3,371,837 |
| Less accumulated depreciation | (1,177,986) | (403,466) |
| | 3,113,999 | 2,968,371 |
| Capital Works in Progress | | |
| | 205,733 | 88,448 |
| Total Property, Plant and Equipment | 4,668,772 | 3,497,656 |

Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year as follows:

| | Right-of-use-assets-land and buildings (\$) | Leasehold Improvements (\$) | Plant & equipment (\$) | Office equipment (\$) | Intangibles (\$) | Capital work in Progress (\$) | Total (\$) |
|--|---|-----------------------------|------------------------|-----------------------|------------------|-------------------------------|------------------|
| Balance at the beginning of the year | 2,968,371 | 337,393 | 20,096 | 83,348 | - | 88,448 | 3,497,656 |
| Adjustment to fair value | - | - | - | - | - | - | - |
| Additions | 920,149 | 794,786 | - | 245,628 | 95,181 | 205,733 | 2,261,477 |
| Less: Capitalisation of Work In Progress | - | - | - | - | - | (88,448) | (88,448) |
| Disposals | - | - | - | (53,015) | - | - | (53,015) |
| Write back depreciation on disposals | - | - | - | 51,718 | - | - | 51,718 |
| Depreciation expense | (774,521) | (113,903) | (13,986) | (68,530) | (29,676) | - | (1,000,616) |
| Carrying amount at end of year | 3,113,999 | 1,018,276 | 6,110 | 259,149 | 65,505 | 205,733 | 4,668,772 |
| Total Property, Plant and Equipment | 3,113,999 | 1,018,276 | 6,110 | 259,149 | 65,505 | 205,733 | 4,668,772 |

This right-of-use-asset, created in accordance with AASB 16, is being depreciated over the expected term of the lease. The right-of-use asset was initially revalued in June 2020 to reflect the NACCHO Board decision to further extend the term of its lease on premises at Level 5, 2 Constitution Avenue, Canberra and was further revalued in July 2021, April 2023 and June 2024 following the NACCHO Board decision to extend the term of its existing leases at level 5, 2 Constitution Avenue, Canberra and lease additional premises on level 4 of the same building.

Note 10**Current liabilities – trade and other payables**

| | 2024 (\$) | 2023 (\$) |
|---------------------------------|------------------|------------------|
| Trade creditors and accruals | 2,911,099 | 1,533,582 |
| Sundry Creditors | 3,870 | 422 |
| Australian Tax Office (Inc GST) | - | 1,567,398 |
| | <u>2,914,969</u> | <u>3,101,402</u> |

Note 11**Current and non-current liabilities – employee benefits**

| | 2024 (\$) | 2023 (\$) |
|--|------------------|----------------|
| Current | | |
| Employee benefits – annual leave | 650,517 | 468,191 |
| Employee benefits – long service leave | 107,956 | 54,659 |
| Accrued salaries and other employee benefits | 294,176 | 192,232 |
| Total current | <u>1,052,649</u> | <u>715,082</u> |
| Non-current | | |
| Employee benefits – long service leave | 70,054 | 81,645 |
| Total non-current | <u>70,054</u> | <u>81,645</u> |

Note 12

Current liabilities – other

| | 2024 (\$) | 2023 (\$) |
|---|--------------------|--------------------|
| Contractual Obligations – Operations | 49,695,223 | 30,948,193 |
| Contractual Obligations – Affiliates, ACCHOs and Others | 81,692,949 | 92,983,467 |
| Revenue In Advance | - | 33,600 |
| Grants Repayable | 17,516 | 24,286 |
| Lease Liability (see Note 13) | 806,578 | 558,310 |
| Leasehold incentive (see Note 13) | (115,004) | - |
| | 132,097,262 | 124,547,856 |

Contractual Obligations – Affiliates, ACCHOs and Others includes Cash Held at Bank of \$101.85 million (refer Note 5) and Trade Debtors and Grants Receivables of \$36.71 million (refer Note 8). These funds will be disbursed to relevant organisations consistent with contractual obligations.

Non current liabilities – other

| | 2024 (\$) | 2023 (\$) |
|-----------------------------------|------------------|------------------|
| Lease Liability (see Note 13) | 2,883,783 | 2,497,354 |
| Leasehold incentive (see note 13) | (456,540) | - |
| Provision for Make Good | 372,993 | 205,858 |
| | 2,800,236 | 2,703,212 |

Note 13**Lease liabilities**

The company leases its premises at 2 Constitution Avenue, Canberra ACT. Under the lease terms, the rent payable under the lease increases each year by 3.75%. In 2022–23 the company entered into a further lease agreement to extend its existing leases on these premises until 30 June 2028 to provide operational certainty. Its original lease on the premises was due to expire on 31 September 2024. The cost of this lease extension will be \$2.975 million, which is partially offset by a lease incentive of \$0.43 million.

Lease liabilities included in the statement of financial position as at 30 June:

| | 2024 (\$) | 2023 (\$) |
|---------------------------------|------------------|-----------|
| Current | 806,578 | 558,310 |
| Non-current | 2,883,783 | 2,497,354 |
| Leasehold Incentive Current | (115,004) | - |
| Leasehold Incentive Non-current | (456,540) | - |
| | 3,118,817 | 3,055,664 |

Total cash outflow from leases during the year was \$513,848. The maturity analysis of the company's lease, based on the contractual undiscounted cash flows, is set out below.

| | 2024 (\$) | 2023 (\$) |
|---|------------------|-----------|
| Less than one year | 949,045 | 694,967 |
| One to five years | 3,081,645 | 3,152,386 |
| Less: lease incentive (One to five years) | (623,076) | (422,976) |
| Less: finance charges | (288,797) | (368,713) |
| | 3,118,817 | 3,055,664 |

Note 14**Related party transactions**

No related party transactions took place during the year.

Key Management Personnel

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the company, directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel.

| | 2024 (\$) | 2023 (\$) |
|--------------------------|------------------|-----------|
| Short term benefits | 1,529,943 | 1,242,597 |
| Post-employment benefits | 209,459 | 179,828 |
| Other long term benefits | - | 6,289 |
| | 1,739,402 | 1,428,714 |

The annual fees paid by National Aboriginal Community Controlled Health Organisation in respect of director services provided by the Chairperson and Company Secretary, and their costs associated with providing those services, during the financial year was Chairperson \$94,670 (2023: \$90,942) and Company Secretary \$19,250 (2023: \$16,258). Other directors do not receive any forms of remuneration.

The increase in short term benefits and post-employment benefits reflects the full year impact of an increase in the number of key management personnel following an organisational restructure.

Note 15**Company details**

The registered office of the company is:

National Aboriginal Community Controlled Health Organisation
Level 5, East Tower, 2 Constitution Avenue
CANBERRA ACT 2601

Note 16**Contingent liabilities**

On 6 December 2023 legislation, the *Fair Work Legislation Amendment (Secure Jobs, Better Pay) Act 2022 (CTH) (Secure Jobs Act)*, limiting the use of fixed term contracts was enacted. In response to this change NACCHO is currently moving from fixed term contracts to ongoing employment contracts for eligible employees as existing contracts expire. Changes in employee contracts will take effect from 1 July 2024. This change will mean that some staff may become eligible for redundancy payments where program funding ceases and/or alternate suitable employment options are not available within NACCHO. The cost of this change in employment conditions is not quantifiable at this point in time.

Note 17**Events after the reporting period**

No matter or circumstance has arisen since 30 June 2024 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

Note 18**Economic dependence**

The Company receives significant financial support from the Commonwealth Department of Health in the form of grant funding. The major funding contract with the Department of Health for NACCHO operational expenditure has been renewed through to June 2026. This new contract provides 4 year rolling funding for NACCHO and was signed by both parties on 1 April 2022, and this funding combined with significant other program funding provided by the Commonwealth provides an increased level of economic certainty for NACCHO going forward.

Note 19**Auditor remuneration**

During the financial year the following fees were paid or payable for services provided by RSM Australia Partners, the auditor of the company:

| | 2024 (\$) | 2023 (\$) |
|--|---------------|-----------|
| Audit services – RSM Australia Partners | | |
| Audit of the financial statements | 41,500 | 41,500 |
| Other fees | 20,900 | 18,500 |
| | 62,400 | 60,000 |

Directors' declaration

The Directors of the Company declare that:

- 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 – Simplified Disclosures;
 - b Give a true and fair view of the financial position as at 30 June 2024 and of the performance of the Company for the year ended on that date.
- 2 In the Directors' opinion 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 made in accordance with a resolution of the Board of Directors.



Donnella Mills
Director

18 September 2024

Date



Sheryl Lawton
Director

18 September 2024

Date

Auditor's independence declaration



RSM Australia Partners

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AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of National Aboriginal Community Controlled Health Organisation for the year ended 30 June 2024, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the *Australian Charities and Not-for-profit Act 2012* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

RSM AUSTRALIA PARTNERS

GED STENHOUSE
Partner

Canberra, Australian Capital Territory
Dated: 18 September 2024

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INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Opinion

We have audited the financial report of National Aboriginal Community Controlled Health Organisation, which comprises the statement of financial position as at 30 June 2024, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information, and the directors' declaration.

In our opinion, the financial report of National Aboriginal Community Controlled Health Organisation has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of National Aboriginal Community Controlled Health Organisation's, financial position as at 30 June 2024 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards *Simplified Disclosures* under AASB 1060 *General Purpose Financial Statements* 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 National Aboriginal Community Controlled Health Organisation 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 Information

Those charged with governance are responsible for the other information. The other information comprises the information included in National Aboriginal Community Controlled Health Organisation's annual report for the year ended 30 June 2024 but does not include the financial report and the auditor's report thereon.

THE POWER OF BEING UNDERSTOOD

ASSURANCE | TAX | CONSULTING

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Our opinion on the financial report does not cover the other information and accordingly 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 this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Report

Management are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and for such internal control as the Management 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, Management are responsible for assessing National Aboriginal Community Controlled Health Organisation'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 management either intends to liquidate National Aboriginal Community Controlled Health Organisation or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibilities 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.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

A handwritten signature in blue ink that reads 'RSM'.

RSM AUSTRALIA PARTNERS

A handwritten signature in blue ink that reads 'GED Stenhouse'.

GED STENHOUSE
Partner

Canberra, Australian Capital Territory
Dated: 18 September 2024



Appendices

NACCHO Members

Australian Capital Territory

- Winnunga Mimmityjah Aboriginal Health and Community Services Ltd.

New South Wales

- Aboriginal Medical Service Co-operative Limited
- Albury Wodonga Aboriginal Health Service Incorporated
- Armajun Health Service Aboriginal Corporation
- Awabakal Ltd
- Biripi Aboriginal Corporation Medical Centre
- Bourke Aboriginal Health Service Ltd
- Brewarrina Aboriginal Corporation
- Brungle Health and Community Aboriginal Corporation
- Bulgarr Ngaru Medical Aboriginal Corporation
- Bullinah Aboriginal Health Service Limited
- Condobolin Aboriginal Health Service Inc
- Coomealla Health Aboriginal Corporation
- Coonamble Aboriginal Health Service Limited
- Durri Aboriginal Corporation Medical Service
- Galambila Aboriginal Corporation
- Griffith Aboriginal Medical Service Aboriginal Corporation
- Illawarra Aboriginal Medical Service Aboriginal Corporation
- Katungul Aboriginal Corporation Regional Health and Community Services
- Murrin Bridge Aboriginal Health Service Incorporated
- Ngaimpe Aboriginal Corporation – The Glen Orange Aboriginal Corporation Health Service
- Peak Hill Aboriginal Medical Incorporated
- Pius X Aboriginal Corporation
- Riverina Medical & Dental Aboriginal Corp
- South Coast Medical Service Aboriginal Corporation
- South Coast Womens Health & Welfare Aboriginal Corporation
- Tamworth Aboriginal Medical Service Inc
- Tharawal Aboriginal Corporation
- The Oolong Aboriginal Corporation

- Tobwabba Aboriginal Medical Service
- Ungooroo Aboriginal Corporation
- Walgett Aboriginal Medical Service Ltd.
- Walhallow Aboriginal Corporation
- Weigelli Centre Aboriginal Corporation Inc
- Wellington Aboriginal Corporation Health Service
- Werin Aboriginal Corporation
- Yerin Aboriginal Health Services Limited
- Yoorana Gunya Family Healing Centre Aboriginal Corporation

Northern Territory

- Amoonguna Health Service Aboriginal Corporation
- Ampilatwatja Health Centre Aboriginal Corp
- Anyinginyi Health Aboriginal Corporation
- Central Australian Aboriginal Congress Aboriginal Corporation
- Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation
- Katherine West Health Board Aboriginal Corporation
- Laynhapuy Homelands Aboriginal Corporation
- Mala'la Health Service Aboriginal Corporation
- Miwatj Health Aboriginal Corporation
- Mpwelarre Health Aboriginal Corporation
- Mutitjulu Community Health Service (Aboriginal Corporation)
- Ngaanyatjarra Health Service (Aboriginal Corporation)
- Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (Aboriginal Corporation)
- Nganampa Health Council Inc
- Pintupi Homelands Health Service Aboriginal Corporation
- Red Lily Health Board (Aboriginal Corporation)
- Sunrise Health Service Aboriginal Corporation
- Urapuntja Health Service Aboriginal Corporation
- Utju Health Service Aboriginal Corporation
- Western Aranda Health Aboriginal Corp
- Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation
- Wurli Wurlinjang Aboriginal Corporation

Queensland

- Aboriginal and Torres Strait Islander Community Health Service Brisbane
- Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd
- Apunipima Cape York Health Council Limited
- Bidjerdii Aboriginal & Torres Strait Islanders Corp Com Service Central QLD
- Carbal Aboriginal and Torres Strait Islander Health Services Ltd
- Centre for Rural and Regional Aboriginal and Torres Strait Islander Health Ltd
- Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited
- Cherbourg Regional Aboriginal and Islander Community Controlled Health Services Ltd
- Cunnamulla Aboriginal Corporation for Health
- Galangoor Duwalami Aboriginal and Torres Strait Islander Corporation (Primary Health Care Service)
- Girudala Community Co-operative Society Ltd
- Gladstone Region Aboriginal and Islander Community Controlled Health Service
- Goolburri Aboriginal Health Advancement Company Limited
- Goondir Aboriginal and Torres Strait Islanders Corporation for Health Services
- Gurriny Yealamucka (Good Healing) Health Services Aboriginal Corporation
- Injilinjji Aboriginal and Torres Strait Islanders Corporation for Children and Youth Services
- Institute for Urban Indigenous Health Ltd
- Kalwun Development Corporation Limited
- Kambu Aboriginal and Torres Strait Islander Corporation for Health
- Mamu Health Service Limited
- Mount Isa Aboriginal Community Controlled Health Services Limited
- Mudth-Niyleta Aboriginal and Torres Strait Islanders Corporation
- Mulungu Aboriginal Corporation Primary Health Care Service
- NPA Family & Community Services Aboriginal and Torres Strait Islander Corporation
- The North Coast Aboriginal Corporation for Community Health
- Townsville Aboriginal and Torres Strait Islander Corporation for Health Services
- Wuchopperen Health Service Limited
- Yulu-Burri-Ba Aboriginal Corporation for Community Health

South Australia

- Aboriginal Sobriety Group Indigenous Corporation
- Moorundi Aboriginal Community Controlled Health Service Limited
- Nunkuwarrin Yunti of South Australia Incorporated
- Nunyara Aboriginal Health Service Incorporated
- Oak Valley (Maralinga) Aboriginal Corporation
- Pangula Mannamurna Aboriginal Corporation
- Pika Wiya Health Service Aboriginal Corporation
- Port Lincoln Aboriginal Health Service Inc
- Tullawon Health Service Incorporated
- Umoona Tjutagku Health Service Aboriginal Corporation ICN 7460
- Yadu Health Aboriginal Corporation

Tasmania

- Tasmanian Aboriginal Corporation

Victoria

- Aboriginal Community Elders Services Incorporated
- Ballarat and District Aboriginal Co-operative Limited
- Bendigo and District Aboriginal Co-operative Ltd
- Budja Budja Aboriginal Co-operative Limited
- Cumeragunja Housing & Development Aboriginal Corp
- Dandenong & District Aborigines Co-operative Limited
- Dhauwurd-Wurrung Portland & District Aboriginal Elderly Citizens Inc
- Gippsland & East Gippsland Aboriginal Co-operative Ltd
- Goolum Goolum Aboriginal Co-operative Limited
- Gunditjmara Aboriginal Co-operative Limited
- Kirrae Health Service Inc.
- Lake Tyers Health & Childrens Services Association Inc.
- Lakes Entrance Aboriginal Health Association Inc
- Mallee District Aboriginal Services Limited
- Moogji Aboriginal Council East Gippsland Inc
- Mungabareena Aboriginal Corporation
- Murray Valley Aboriginal Co-operative Limited
- Ngwala Willumbong Co-operative Ltd
- Njernda Aboriginal Corporation
- Oonah Health and Community Services Aboriginal Corporation

- Ramahyuck District Aboriginal Corporation
- Rumbalara Aboriginal Co-operative Limited
- The Victorian Aboriginal Health Service Co-operative Limited
- Wathaurong Aboriginal Co-operative Limited
- Winda-Mara Aboriginal Corporation

Western Australia

- Beagle Bay Community Inc
- Bega Garnbirringu Health Services Incorporated
- Bidyadanga Aboriginal Community La Grange Inc
- Broome Regional Aboriginal Medical Service (Aboriginal Corporation)
- Carnarvon Medical Service Aboriginal Corporation
- Derbarl Yerrigan Health Service Aboriginal Corporation
- Derby Aboriginal Health Service Council Aboriginal Corporation
- Geraldton Regional Aboriginal Medical Service
- Kimberley Aboriginal Medical Services Limited
- Mawarnkarra Health Service
- Moorditj Koort Aboriginal Corporation

- Ngangganawili Aboriginal Community Controlled Health and Medical Services Aboriginal Corporation
- Nindilingarri Cultural Health Services Inc
- Ord Valley Aboriginal Health Services Aboriginal Corporation
- Paupiyala Tjarutja Aboriginal Corporation
- Puntukurnu Aboriginal Medical Service Aboriginal Corporation
- South-West Aboriginal Medical Service Aboriginal Corporation
- Wirraka Maya Health Service Aboriginal Corporation
- Yura Yungi Aboriginal Medical Service Aboriginal Corporation
- 142 NACCHO National Aboriginal Community Controlled Health Organisation

Glossary of terms

Aboriginal Community Controlled Health Organisation (ACCHO) or Aboriginal Community Controlled Health Service (ACCHS) or Aboriginal Medical Service (AMS)

A healthcare service operated by the local Aboriginal and Torres Strait Islander community to deliver holistic and culturally appropriate comprehensive primary healthcare to the local community, controlled by a locally elected board of management. They provide a range of services dependant on the needs of their community, including access to specialist, allied health and dental services; advocacy, research and policy; clinical services; corporate services; health promotion; maternal and child health; and social and emotional wellbeing.

This document acknowledges that acronyms such as AMS, ACCHO and ACCHS are used interchangeably and they all refer to a type of organisation from which a community receives Aboriginal and Torres Strait Islander community controlled comprehensive primary healthcare.

Aboriginal health

Considered as a holistic and culturally-safe comprehensive primary healthcare model. The principles of this model refer to health as not just the physical wellbeing of the individual, but the social, emotional, and cultural wellbeing of the whole community. Healthcare services should strive to achieve the state where every individual can achieve their full potential as a human being, and thus bring about the total wellbeing of their community.

Accreditation

Recognition that an organisation meets the requirements of a defined set of criteria or standards. Accreditation standards used in primary healthcare include those of the Royal Australian College of General Practitioners, Quality Improvement Council and International Organization for Standardization.

Affiliates or Sector Support Organisations (SSOs)

The eight representative bodies for the ACCHO sector representing each state and territory. Affiliates are not members of NACCHO but all members of NACCHO are required to be members of the affiliate based in their state or territory jurisdiction.

Closing the Gap (CtG also used as CTG)

Refers to the new National Agreement on Closing the Gap which was negotiated between the Coalition of Aboriginal and Torres Strait Islander Peaks and Australian Governments and signed in July 2020. The National Agreement is built around what is important to Aboriginal and Torres Strait Islander people to improve their lives. It includes four Priority Reforms for action, new accountability measures for governments and shared monitoring and implementation arrangements to collaborate with Aboriginal and Torres Strait Islander people in every aspect.

Coalition of Peaks

Refers to the Coalition of Aboriginal and Torres Strait Islander Community Controlled Peak Organisations. The Coalition of Peaks is a representative body consisting of Aboriginal and Torres Strait Islander national and state/territory community controlled peak organisations that work to improve life outcomes for Aboriginal and Torres Strait Islander people.

Community control

Refers to the community control initiated autonomously by Aboriginal and Torres Strait Islander communities. It involves governance by bodies elected by the local community to deliver holistic and culturally-appropriate health and health-related services to the community.

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| Continuous Quality Improvement (CQI) | Part of a range of activities that support and improve quality in healthcare. CQI drives service improvements through continuous and repeated cycles that are guided by teams using data to identify areas for action, develop and test strategies, and implement service redesign. |
| CQI Framework | Abbreviations for the National Framework for Continuous Quality Improvement (CQI) in Primary Health Care for Aboriginal and Torres Strait Islander People, 2018–2023. |
| Cultural respect | The recognition, protection, and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people. Cultural respect is achieved when the health system is accessible, responsive and safe for Aboriginal and Torres Strait Islander people, and cultural values, strengths and differences are respected. |
| Cultural safety | Involves ensuring that Aboriginal and Torres Strait Islander people are respected for their identity, rights, cultures and traditions, and that this is observed in service delivery, eliminating the power imbalance that often exists between the majority non-Indigenous position and Aboriginal and Torres Strait Islander people’s needs. Cultural safety in healthcare means recognising and nurturing the unique identities of Aboriginal and Torres Strait Islander people, deviating from mainstream norms if necessary. Only the Aboriginal and Torres Strait Islander person receiving the service or interaction can determine whether it is culturally safe. |
| National Aboriginal Community Controlled Health Organisation (NACCHO) | The national leadership body for the ACCHO sector. It represents eight affiliates and 145 members. Its membership consists of ACCHOs, operating over 550 service delivery sites to provide holistic and culturally-safe comprehensive primary healthcare to Aboriginal and Torres Strait Islander people in urban, regional and remote areas throughout Australia. In representing its membership, the role of NACCHO is to provide advice and guidance to the Australian Government on policy and budget matters and advocate for community developed solutions that contribute to the quality of life and improved health outcomes for Aboriginal and Torres Strait Islander people. |
| Primary Health Care (PHC) | According to the principles of the World Health Organization (WHO) Declaration of Alma-Ata, defined as ‘essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care process’ (source: WHO website). |
| Primary Health Networks (PHNs) | Play a critical role in connecting health services across local communities to patients, particularly those who need coordinated care. They have the best access to a range of healthcare providers, including practitioners, community health services and hospitals. |
| Social and economic determinants | Refers to the disadvantages or other factors affecting Aboriginal and Torres Strait Islander people that may impact on their health and wellbeing, resulting in significant health inequities in relation to other Australians. These determinants include the social and economic conditions, and in some cases, the locations, in which Aboriginal and Torres Strait Islander people live. Among the factors influencing the health status of Aboriginal and Torres Strait Islander people are: connection to family, community, country and culture; criminal justice systems; educational attainment; employment and income; health behaviours; housing; interaction with government systems and racism. |

Abbreviations and acronyms

| | | | |
|-------------------|--|-----------------|---|
| AC | Aboriginal Corporation | AMS | Aboriginal Medical Service |
| ACCHS | Aboriginal Community Controlled Health Service | AMSANT | Aboriginal Medical Services Alliance Northern Territory |
| ACCHO | Aboriginal Community Controlled Health Organisation | ANZSOG | Australian and New Zealand School of Government |
| ACCHRTOs | Aboriginal Community Controlled Health Registered Training Organisations | APONT | Aboriginal Peak Organisations Northern Territory |
| ACCO | Aboriginal Community Controlled Organisation | ARF | Acute Rheumatic Fever |
| ACTMed | Activating Pharmacists to Reduce Medication-related Problems | BBV | Blood-Borne Virus |
| ADLO | Aboriginal Disability Liaison Officer | CASWA | Council of Aboriginal Services Western Australia |
| AFPHM | Australasian Faculty of Public Health Medicine | CATSINaM | Congress of Aboriginal and Torres Strait Islander Nurses and Midwives |
| AGM | Annual General Meeting | CB | Connected Beginnings |
| AHCSA | Aboriginal Health Council of South Australia | CCC | Culture Care Connect |
| AHCWA | Aboriginal Health Council of Western Australia | CDBS | Child Dental Benefits Scheme |
| AH&MRC | Aboriginal Health and Medical Research Council of New South Wales | CEO | Chief Executive Officer |
| AHS | Aboriginal Health Service | CoP | Community of Practice |
| AHW/P | Aboriginal and Torres Strait Islander Health Worker/ Practitioner | CQI | Continuous Quality Improvement |
| AHWPF | Aboriginal Health and Wellbeing Partnership Forum (Victoria) | CSI | Community of Specialty Interest |
| AIHW | Australian Institute of Health and Welfare | CtG | Closing the Gap |
| AIDA | Australian Indigenous Doctors Association | DEWR | Department of Employment and Workplace Relations |
| AMA | Australian Medical Association | DoHAC | Department of Health and Ageing |
| | | ECS | Elder Care Support |
| | | EGM | Extraordinary General Meeting |
| | | EoI | Expression of Interest |
| | | ESR | Enhanced Syphilis Response |

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| FASD | Fetal Alcohol Spectrum Disorders | NATSIEH | National Aboriginal and Torres Strait Islander Environmental Health |
| FDSV | Family, Domestic and Sexual Violence | NATSIHP | National Aboriginal and Torres Strait Islander Health Protection (Sub-committee) |
| FTE | Full-time Equivalent | NDIA | National Disability Insurance Agency |
| GP | General Practitioner | NDIS | National Disability Insurance Scheme |
| HSSO | Human Services Skills Organisation | NFA | Network Funding Agreement |
| H-SSP | Health Sector Strengthening Plan | NGO | Non-Government Organisation |
| HTA | Health Technology Assessment | NHMRC | National Health and Medical Research Council |
| HTLV-1 | Human T-Lymphotropic Virus Type 1 | NIAA | National Indigenous Australians Agency |
| IAHP | Indigenous Australians' Health Program | nKPI | national Key Performance Indicator |
| ICU | Intensive Care Unit | NRHA | National Rural Health Alliance |
| IHS | Indigenous Health Service | NSSS | National Subsidised Spectacle Scheme |
| IHSPS | Indigenous Health Services Pharmacy Support | NSW | New South Wales |
| IMRS | Indigenous Medicines Review Service | NT | Northern Territory |
| IPAC | Integrating Pharmacists within Aboriginal Community Controlled Health Services to Improve Chronic Disease Management | NTAHF | Northern Territory Aboriginal Health Forum |
| IT | Information Technology | NTPHN | Northern Territory Primary Health Network |
| KAMS | Kimberley Aboriginal Medical Service | OCT | Optical Coherence Tomography |
| KPI | Key Performance Indicator | OSR | Online Services Report |
| MBS | Medical Benefits Schedule | PBAC | Pharmaceutical Benefits Advisory Committee |
| MoU | Memorandum of Understanding | PBS | Pharmaceutical Benefits Scheme |
| MSAC | Medical Services Advisory Committee | PGA | Pharmacy Guild of Australia |
| NAATSIHWP | National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners | PHC | Primary Healthcare |
| NACCHO | National Aboriginal Community Controlled Health Organisation | PhD | Doctor of Philosophy |

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| PHMO | Public Health Medical Officer |
| PHN | Primary Health Network |
| PIP | Practice Incentives Program |
| PIRS | Patient Information Recall System |
| PoCT | Point of Care Testing |
| PSA | Pharmaceutical Society of Australia |
| QAIHC | Queensland Aboriginal and Islander Health Council |
| Q&A | Question and Answer |
| Qld | Queensland |
| QUDTP | Quality Use of Diagnostics, Therapeutics and Pathology Program |
| QUM | Quality Use of Medicines |
| QUMAX | Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People |
| RAAF | Royal Australian Air Force |
| RACGP | Royal Australian College of General Practitioners |
| RACP | Royal Australian College of Physicians |
| RDAA | Rural Doctors Association of Australia |

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| RHD | Rheumatic Heart Disease |
| RN | Registered Nurse |
| RTO | Registered Training Organisation |
| SA | South Australia |
| SACOSS | South Australian Council of Social Services |
| SEWB | Social and Emotional Wellbeing |
| SMART | Specific, Measurable, Achievable, Relevant, Time-bound |
| SSN | Sector Support Network |
| STI | Sexually Transmissible Infection |
| STP | Specialist Training Program |
| TAC | Tasmanian Aboriginal Centre |
| UN | United Nations |
| VACCHO | Victorian Aboriginal Community Controlled Health Organisation |
| VET | Vocational Education and Training |
| Vic | Victoria |
| WA | Western Australia |

NACCHO directory

| | | |
|--|---|---|
| NACCHO | Corporate Directory Australian Business Number ABN 89 078 949 710 | |
| Directors 2023–2024 | <ul style="list-style-type: none"> – Donnella Mills (Chair) – Chris Bin Kali (Deputy Chair) – Rachel Atkinson – David Dudley – Kane Ellis – Raylene Foster – Michael Graham – Sheryl Lawton | <ul style="list-style-type: none"> – Wilhelmine Lieberwirth – Leisa McCarthy – Rob McPhee – Phil Naden – Vicki O’Donnell – Craig Ritchie – Preston Thomas – Dallas Widdicombe |
| Company secretary | Erin McMullan | |
| Principal place of business | Level 5, 2 Constitution Avenue Canberra City ACT 2601 | GPO Box 299 Canberra ACT 2601 |
| Contact details | T (02) 6246 9300 E reception@naccho.org.au www.naccho.org.au | |
| Bankers | Westpac | |
| Auditors | RSM Australian Partners | |
| Annual Report | NACCHO thanks all its affiliates, members and partners that have provided content and images used in this report. | |



Our health
in our hands



National Aboriginal Community Controlled Health Organisation

Level 5, 2 Constitution Avenue
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NacchoAboriginalHealth



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@NACCHOTV