



**AHCWA**

Aboriginal Health Council  
of Western Australia

# ANNUAL REPORT

2019 - 2020

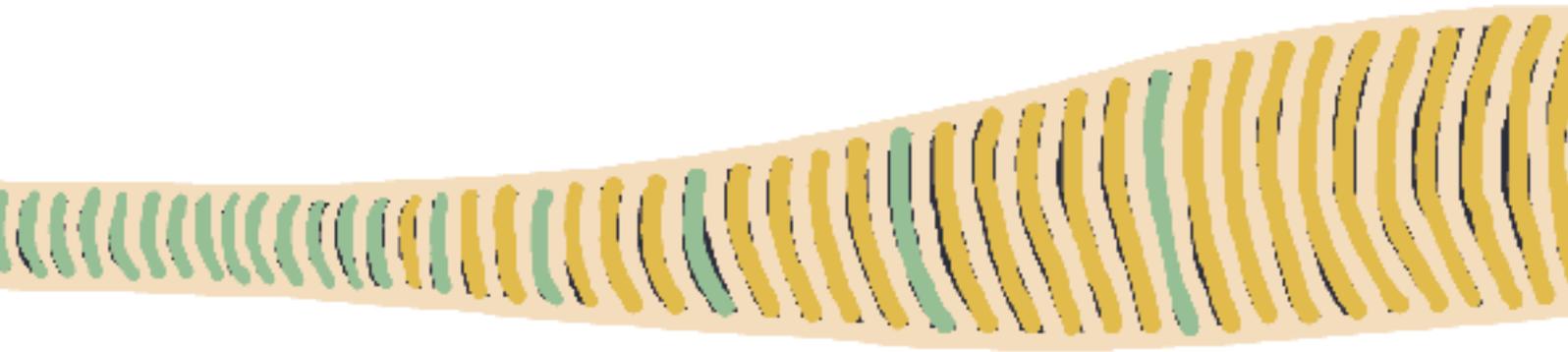




#### Disclaimers

- A. The term 'Member Services' is inclusive of all Aboriginal Community Controlled Health Services (ACCHS) in WA.
- B. The word 'Aboriginal' has been used throughout this document. When referring to 'Aboriginal' we are referring to all Aboriginal and Torres Strait Islander peoples.





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## Who We Are and What We Do

### Vision Statement

Aboriginal people in Western Australia enjoy the same level of health and wellbeing as all Western Australians.

### Mission Statement

As the leading authority for Aboriginal health in Western Australia, we strive to strengthen and promote the ACCHS Model of Care, empowering Aboriginal people to achieve health equality in their communities.

## Organisational Values

### Values

AHCWA operates on the foundational pillars of Aboriginal leadership, self-determination and cultural diversity that underpin and shape the way the organisation conducts its business. These values are designed to guide and promote a strong and high-performing organisational culture that is responsive to the state-wide needs of its Member Services.

#### 1. Culture

Acknowledging and understanding the importance and diversity of Aboriginal culture in all that we do.

#### 2. Resilience

Embracing challenges and harnessing opportunities to empower our communities for self-determination.

#### 3. Accountability

Being accountable to all our Members, stakeholders and the community.

#### 4. Collaboration

Fostering and contributing to shared objectives through inclusiveness and engagement with our Member Services.

#### 5. Passion

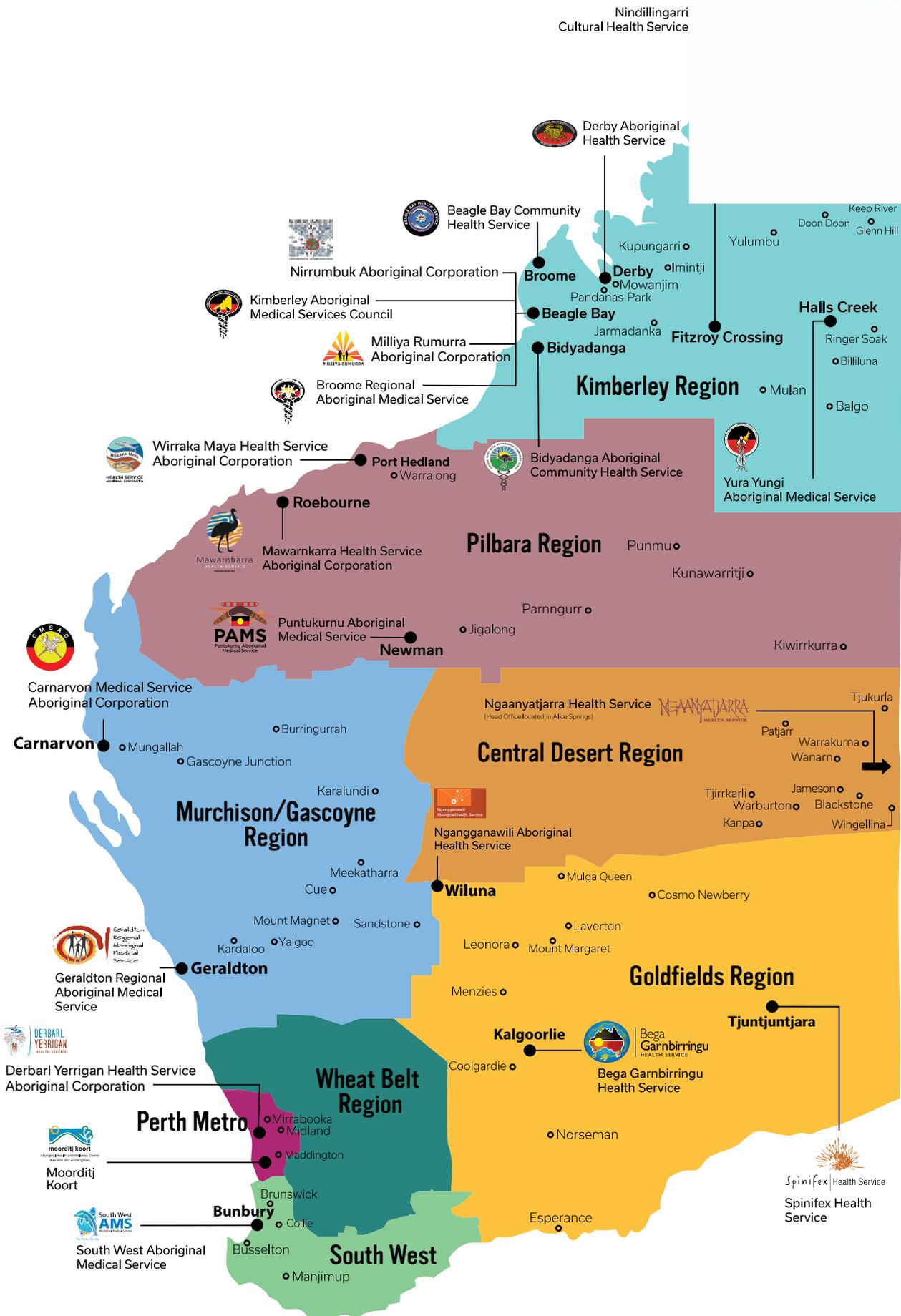
Exhibiting passion, positivity and commitment in all that we do to inspire and empower all people, Member Services and communities to reach their potential.

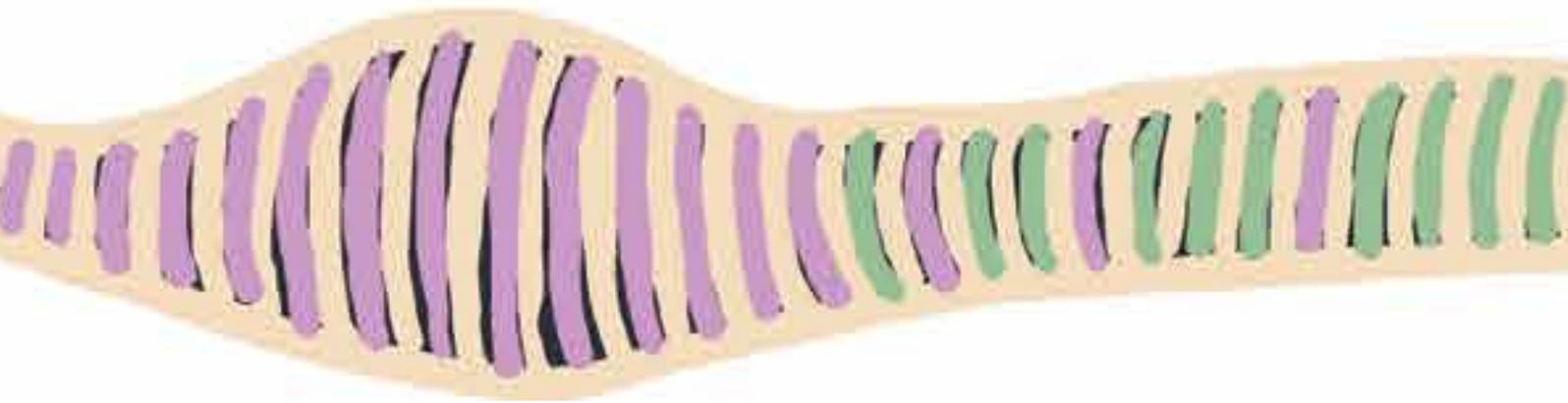
#### 6. Integrity

Working with personal and collective integrity whilst striving to achieve service excellence for our Members and community.



# AHCWA's Member Services





## Chairperson and Chief Executive Officer's Report

As Chairperson and Chief Executive Officer of the Aboriginal Health Council of WA, it gives us great pleasure to share some of the highlights of the 2019/2020 year.

### Closing the Gap

Following the momentous signing of the Partnership Agreement on Closing the Gap between all Australian Governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations (Coalition of Peaks) in March 2019, AHCWA has worked hard over the past year to support the development of a formal National Agreement.

While the Partnership Agreement confirmed a commitment by government and the Coalition of Peaks to share decision-making on a refresh of the Closing the Gap initiative, it was essential that in 2019/20, a blueprint for the design and implementation of structures and activities to Close the Gap was developed.

In August 2019, it was agreed that a National Agreement to detail the ambitions and priorities for Closing the Gap was required, and more importantly, it was agreed the National Agreement would be informed by Aboriginal people and their communities, and ensure accountability of governments and the Coalition of Peaks for Closing the Gap.

As the sole WA peak body member of the Coalition of Peaks, AHCWA has been deeply involved in every step of the process to develop a National Agreement.

With support of governments, the Coalition of Peaks facilitated engagements across the country to hear the views of Aboriginal people and their communities about their priorities for the new Agreement. From October to December 2019, representatives of AHCWA supported the facilitation of engagements on Closing the Gap in Geraldton, Katanning, Port Hedland, Kalgoorlie, Broome and Perth.

**Central to the Closing the Gap engagements, was the consultation on four Priority Reforms to underpin the National Agreement:**

1. Developing and strengthening structures so that Aboriginal and Torres Strait Islander people share in decision-making with governments on Closing the Gap.
2. Building formal Aboriginal and Torres Strait Islander community-controlled service sectors to deliver Closing the Gap services.
3. Ensuring mainstream government agencies and institutions that deliver services and programs to Aboriginal and Torres Strait Islander people undertake systemic and structural transformation to contribute to Closing the Gap.
4. Ensuring Aboriginal and Torres Strait Islander people have access to, and the capability to use, locally relevant data and information to monitor the implementation of the Priority Reforms, the Closing the Gap targets, and drive their own development.

Through regular attendance at Partnership Working Groups with representatives of all Australian Governments and key members of the Coalition of Peaks, AHCWA has participated in strategic negotiations on the details of the National Agreement this year. AHCWA has also worked consistently, and in unity, with the Coalition of Peaks to advance towards a community-informed National Agreement on Closing the Gap.

AHCWA has been a proactive member on the Coalition of Peaks from the beginning, and strongly supports the establishment of the National Agreement. However, work has only just begun. AHCWA will continue to work with the Coalition of Peaks and Australian Governments to ensure that the National Agreement is fully implemented and that our mutual commitment to Closing the Gap is realised.



## **Constitution and Annual General Meeting**

In February 2020, following the AGM, AHCWA held a successful workshop with the Member Services on the AHCWA Constitution, with changes being explained and agreed to. It is hoped that AHCWA Member Services will be able to meet in late 2020 to finalise the new Constitution. AHCWA's next AGM will also involve elections for the Office Bearer positions and Regional Representation on the AHCWA Board.

## **WA Aboriginal Community Controlled Health Sector Conference**

The AHCWA WA Aboriginal Community Controlled Health Sector Conference 2020, inclusive of the Youth Conference and Members' Planning Day scheduled to be held in March 2020, regrettably had to be cancelled due to COVID-19. However, it is hoped that AHCWA will be able to hold a very successful 2021 Conference in March next year.

## **COVID-19 Pandemic**

The response to the COVID-19 pandemic by AHCWA, the Aboriginal Community Controlled Health Services (ACCHS) Sector and the State Government has allowed Western Australia to be in an enviable position without being complacent. During the period, AHCWA was able to establish strategic relationships with philanthropic and mining and resource companies, BHP and the Munderoo Foundation. It was through these companies that AHCWA was able to negotiate and secure significant funding to assist Member Services during COVID-19.

AHCWA also connected with the WA Council of Social Service (WACOSS) and other peak bodies during this time to engage with Department of Communities and address regional and remote issues.

## **Ownership of AHCWA Building**

A proud highlight of 2020 has been the official ownership of the AHCWA premises, located at 450 Beaufort St Highgate. Having moved between various office spaces throughout Perth, AHCWA purchased the building at 450 Beaufort St in July 2014. As of June 2020, the Board was extremely proud to announce that AHCWA now own the premises outright. This is a significant achievement and represents a central home for all our Member Services across the State.

## **National Aboriginal Community Controlled Health Organisation (NACCHO) Constitutional Reform**

For a number of years, NACCHO have been working towards amending their Constitution to create a modern day document that reflects funding arrangements with the Commonwealth, as well as other changes. A lengthy consultation process took place with the NACCHO Members, the AHCWA Board, and the Member Services, before the proposed amendments were voted on at the NACCHO AGM, held in Darwin in November 2019. Unfortunately, the changes were not passed and it was proposed that an Extraordinary General Meeting was to be held in Sydney on March 19 2020. However, due to COVID-19, this meeting was subsequently cancelled and NACCHO are waiting to see how the health orders and travel restrictions may affect holding the 2020 NACCHO Members' Conference EGM and AGM in Perth.

## **Member Services Support**

AHCWA continued to support the 23 Member Services with considerable resources and are in the process of implementing a new Member Services portal that will expand the online resources available to Member Services CEOs and staff.

In closing, AHCWA would like to thank the AHCWA Board of Directors for their continued support during the past twelve months and the AHCWA staff who have worked hard, through challenging COVID-19 times, to implement the strategic intent of the Board, whilst meeting the needs and expectations of all stakeholders. AHCWA would also like to thank all of the funders and key stakeholders and partners for their continued support to AHCWA.



# Board of Directors

## Executive Committee



**Chairperson**  
Vicki O'Donnell



**Deputy Chairperson**  
Raymond Christophers



**Secretary**  
Fabian Tucker



**Treasurer**  
Susan Oakley

## Regional Representatives



**South West**  
Ernie Hill



**Metro**  
Jonathon Ford



**Pilbara**  
Phyllis Simmons



**Goldfields**  
Eric Simpson



**Gascoyne  
Murchison**  
Rachael Mallard



**Kimberley**  
Chris Bin Kali

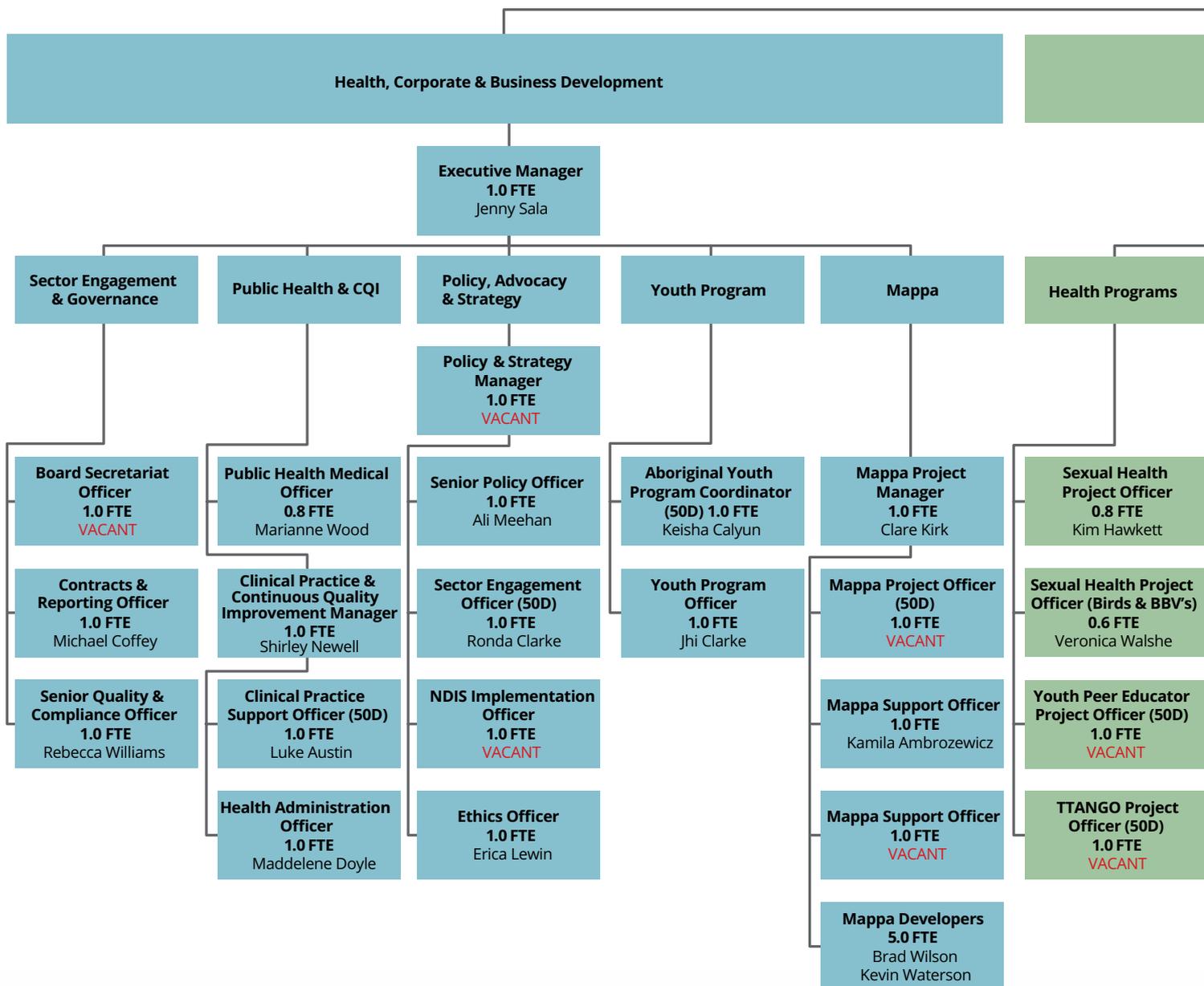


**Central Desert**  
Preston Thomas



**Youth Advisor**  
Wade Garwood  
(Observer)

# AHCWA Organisational Chart



**Aboriginal Health Council of Western Australia Board of Directors**  
 (Chairperson 0.5 FTE)  
 Vicki O'Donnell

**Personal Assistant to CEO**  
 1.0 FTE  
 Kerry Mann

**Senior Administration Officer**  
 1.0 FTE  
 Angela Brett

**Chief Executive Officer**  
 1.0 FTE  
 Des Martin

**Workforce & Health Programs**

**Corporate Services**

**Executive Manager**  
 1.0 FTE  
 Amanda Collins-Clinch

**Executive Manager**  
 1.0 FTE  
 Andrew Webster

**Registered Training Organisation**

**Workforce Development Manager**  
 1.0 FTE  
 VACANT

**Family & Wellbeing Program Coordinator (50D)**  
 1.0 FTE  
 Brett Walley

**Health & Wellbeing Trainer**  
 1.0 FTE  
 Michelle De La Haye

**Immunisation Coordinator**  
 1.0 FTE  
 Stacey Burrows

**Ear Health Coordinator**  
 1.0 FTE  
 Lorraine Tau

**Ear Health Officer**  
 0.5 FTE  
 Deisha Price

**Administration Officer**  
 0.6 FTE  
 VACANT

**Tackling Indigenous Smoking**

**Tackling Indigenous Smoking (TIS) Coordinator**  
 1.0 FTE  
 Tricia Pearce

**Tackling Indigenous Smoking (TIS) Educator**  
 1.0 FTE  
 Dawn Flanagan

**Tackling Indigenous Smoking (TIS) Educator**  
 1.0 FTE  
 Zac Alexander

**Tackling Indigenous Smoking (TIS) Educator**  
 1.0 FTE  
 Samuel Stubbs

**QALT Project Officer (50D)**  
 1.0 FTE  
 Rickesha Burdett\*

**QALT Project Officer**  
 1.0 FTE  
 Tara Rowe

**Human Resources & Org Development**

**Human Resources Advisor**  
 1.0 FTE  
 Kimberley Biggs

**Human Resources Officer**  
 1.0 FTE  
 Kristy Monaghan

**Human Resources Administrator**  
 1.0 FTE  
 Lailah Eloche

**Finance**

**Finance Manager**  
 1.0 FTE  
 Deepa Vaghjani

**Assistant Accountant**  
 1.0 FTE  
 Oxana Logutova

**Accounts & Payroll Officer**  
 1.0 FTE  
 Susie Schipp

**Accounts & Payroll Officer**  
 1.0 FTE  
 Bhumi Hirani

**Communications & Design**

**Communications & Publications Coordinator**  
 1.0 FTE  
 Tash Gillespie

**Senior Graphic Designer**  
 0.6 FTE  
 Rachael Salter

**Graphic Designer (50D)**  
 0.8 FTE  
 Harley Richards

**Graphic Designer (50D)**  
 0.4 FTE  
 Tyrown Waigana

**Videographer Casual**  
 Ashley Spratt

**Information, Communication & Technology**

**ICT Support Officer**  
 1.0 FTE  
 Kurt Allen

**Administration**

**Receptionist**  
 1.0 FTE  
 Grace Caine



# Health, Corporate and Business Development





## Health, Corporate and Business Development

### Summary

During the reporting period, the Health, Corporate and Business Development (HCBD) Team expanded to include the Aboriginal Youth Team. The embedding of a youth voice into AHCWA's policy and advocacy work has been extremely beneficial and the Youth Committee Chairperson's engagement as the Youth Advisor to the AHCWA Board, has created an effective synergy.

The HCBD team continued to support Member Services with policy and advocacy, as well as providing leadership in clinical and corporate governance and continuous quality improvement. The work of the COVID-19 Member Support Team not only supported Member Services, but cemented the reputation of the Aboriginal Community Controlled Health Sector with both government and the non-for-profit sector alike. AHCWA and the Member Services have embraced technology and ways of working outside of the norm, as AHCWA continue to sustain the efforts to meet the health care needs of Aboriginal people in WA.



## Sector Engagement and Governance

### Corporate Governance and Secretariat Support

Throughout the 12 month period, the AHCWA Governance team held 13 Board meetings, many of which had to be conducted as video and teleconferences due to COVID-19. During the peak of COVID-19, the team also provided secretariat functions to the AHCWA COVID-19 Members Support Team who met six times in March; 16 times in April; 10 times in May and once in June. The team also provided support and assistance to the CEO Network; WA Aboriginal Health Partnership Forum; AHCWA Executive Management Team; AHCWA Operational Management Team; Annual WA Members Day; and WA Aboriginal Community Controlled Health Sector Conference, as well as organising the Annual General Meeting and Member Services Constitutional Workshop.

Governance and compliance is maintained for AHCWA with the Australian Securities and Investments Commission (ASIC) and the Australian Charities and Not-for-Profits Commission (ACNC), as well as maintaining ISO accreditation.

The Governance team also provided support to our Member Services, particularly during the COVID-19 pandemic, to ensure they were kept informed on legislative changes across the various Acts (Corporations Act; Corporations (Aboriginal and Torres Strait Islander) Act; ACNC Act and WA Associations Act) and their duties as Directors and CEOs during the pandemic. This included advice in relation to governance; industrial relations; work health and safety; and various other legislative changes, such as the Whistle-blower requirements.

#### Governance support was also provided to:

- WA ACCHS regarding the NACCHO constitutional review;
- WA ACCHS regarding the AHCWA constitutional review;
- Puntukurnu Aboriginal Medical Service on the contracting for their Newman Hub;
- Moorditj Koort Aboriginal Corporation on revision of their Rulebook;
- Ord Valley Aboriginal Health Service with a two day Corporate Governance skillset training;
- Yura Yungi Health Service with a two day Corporate Governance skillset training; and
- Ord Valley Aboriginal Health Service with redrafting Governance policies.

#### Under a State Health Grant AHCWA were able to:

- Develop and Deliver a Vocational Education and Training (VET) accredited Certificate IV in Business (Governance) to five AHCWA staff members;
- Deliver a two day CEO Network upskilling workshop;
- Deliver two separate, three hour information upskilling sessions with the AHCWA Board on Constitutional Review;
- Deliver Emerging Leaders Training to 12 AHCWA and Derbarl Yerrigan Health Service Aboriginal Corporation staff; and
- Secure two places for Aboriginal employees in the Sector to join the WA Department of Health Aboriginal Leadership Excellence and Development (LEAD) program in 2020: Broome Regional Aboriginal Medical Service (Health Promotion Manager) and Ord Valley Aboriginal Health Service (Deputy CEO) inclusive of bursaries of \$5,000 each for travel costs to attend the course.



## Contracts and Reporting

**The Contracts and Reporting Team continues to support AHCWA to apply for grants, negotiate contracts and establish reporting requirements. Some of the highlights for the year included:**

- Supporting the development of six funding applications, securing \$1,797,864 in new funding for AHCWA, plus \$983,792 in funding for Mappa;
- Reviewing AHCWA's 20 contracts and funding agreements to ensure compliance and reporting requirements are encompassed;
- Managing appropriate AHCWA policies and providing administrative assistance to use; Contracting of Consultants and Contractors, Sub-Contracts; Member Service Agreements, Memorandum of Understanding (MoUs), letters of support, grant applications and reporting policies;
- Collating information and data from all relevant work units to produce the six monthly and annual core funding reports for NACCHO and State Department of Health; and
- Developing a Member Service booklet inclusive of a Fee for Service schedule to offer a wider range of support to our Member Services.

**The Contracts and Reporting Team continued to provide assistance to the Member Services in the areas of:**

- Circulating information on available grants and tenders via the bi-monthly grants list;
- Advice on preparing and writing successful funding applications;
- Assistance with sub-contracting arrangements with the Member Services, such as the philanthropic funding from BHP and Minderoo Foundation.

## Contract Highlights

**COVID-19 Support:** A significant highlight of the year was securing valuable COVID-19 Support Funding of \$770,000 from BHP and \$363,636 from Minderoo Foundation for AHCWA and the Member Services. Thus far, AHCWA has assessed, approved, managed and provided feedback on over 60 contracts to Member Services.

**BHP:** BHP provided funds to AHCWA via its 'Vital Resources Fund', with grants separated into two streams: 'Community Grants' and 'Personal Protective Equipment (PPE), Emergency Response and Food Security'. The support provided through these streams has varied in scope, resulting in improved capacity for ACCHS in both the short-term, while also providing long-term organisational security.

### Examples of funding provided includes:

- Video-conferencing equipment for several Member Services;
- Increased community safety items for several remote and urban Aboriginal communities;
- Funding for extra clinical staff during peak COVID-19 pandemic period;
- Perspex partition screens for patient transfer vehicles across a number of Member Services;
- Valuable emergency PPE including facemasks, latex gloves, hand sanitiser and other hygiene supplies;
- Remote respiratory clinic setup and materials costs.



**Munderoo Foundation:** The Munderoo Foundation also provided funding through a 'Community Grants' stream, again proving that philanthropy backed by the mining and resources sector is taking a strong interest in strengthening Aboriginal health outcomes.

**Examples of funding provided through this arrangement included:**

- Provision of scrubs and safe transport options for Member Services;
- ICT and other telehealth equipment for improved telehealth outcomes, for both clinics and mobile clinics;
- Funding to improve contact tracing ability in Member Services;
- Bedding and laundry facilities for remote communities to improve environmental health outcomes exacerbated by COVID-19; and
- Equipment for mobile clinic setups.

AHCWA would like to extend its deepest thanks to both BHP and The Munderoo Foundation for providing vital support to the ACCHS sector during COVID-19. AHCWA see their contribution and the recognition it represents as a crucial function in stakeholder engagement moving forward, and hope to maintain the relationships into the future.

**Quitline Aboriginal Liaison Team (QALT):** Funded by the State Department of Health, AHCWA successfully transitioned a three year funding agreement to host the Indigenous Quitline Enhancement Project.

**National Disability Insurance Scheme (NDIS) Sector Support:** AHCWA continued to work closely with the National Disability Insurance Agency WA in the rollout of the NDIS across regional and remote WA, securing a second year of funding of \$136,364 to facilitate training to Member Service staff in NDIS funded positions.

**Disability Advocacy:** Funding was received from the Department of Community Grants to create a training program for Aboriginal Disability Advocacy to be implemented in the 20/21 financial year.

**Hepatitis C:** Funding was received from EC Australia and the Burnett Institute for Hepatitis training for Member Service staff for a 12 month period from September 2019.

**Mappa Platform:** Mappa received overwhelming support during the 2019-20 period and funding was secured to continue its growth as an innovative project.

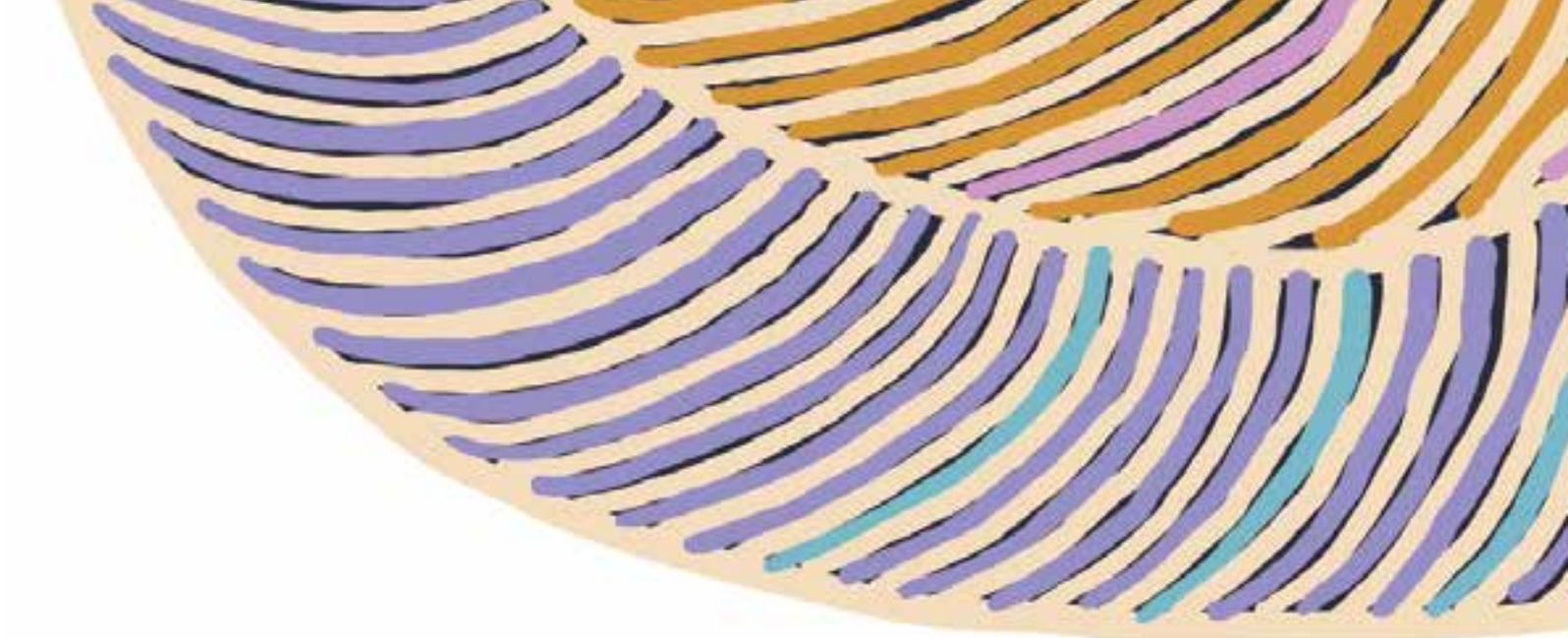
## Quality and Compliance

During the 2019-20 period, there have been a number of big developments and achievements in the Quality and Compliance space.

In early March 2020, AHCWA had its second ISO Surveillance Audit with no non-conformances found and only four recommendations suggested. The Senior Quality and Compliance Officer worked with AHCWA management to implement the four recommendations promptly and effectively. This was an incredibly pleasing result and a real tribute to the work that had been completed in the lead up to the audit, as well as the efforts of all AHCWA staff. This puts AHCWA in a good position for re-accreditation next year.

The Senior Quality and Compliance Officer also assisted the AHCWA Registered Training Organisation (RTO) to streamline some of the compliance and reporting procedures in time for the re-accreditation in 2021. The work consisted of document control and management, as well as consolidating all compliance activities into the one role.

Moving into the next reporting period, the Senior Quality and Compliance Officer will focus on improving organisational reporting and set up a database that can capture data in real time. A number of potential software solutions have been identified and will be rolled out in the near future.



## Public Health and CQI Team

### Summary

The Public Health and Continuous Quality Improvement (PH&CQI) team have been at the forefront of the Public Health response, actively supporting and collaborating with the WA Aboriginal Community Controlled Health Services (ACCHS) to encourage and establish best practice in the Primary Health Care setting.

The Public Health Medical Officer (PHMO), Clinical Practice and Continuous Quality Improvement (CPCQI) Manager and Clinical Practice Support Officer (CPSO) have been busy working on a national, state and local level to advocate and assist for positive recognition and improving the service delivery of the ACCHS in WA.

#### Activity of the PHCQI team this year included:

- Assisting Member Services with clinical audits and practice management improvement;
- Assisting to embed CQI processes in the Member Services;
- Developing an overarching CQI process checklist for Member Services;
- Assisting with the adaptation of clinical policies and procedures for implementation into Primary Health Care settings;
- Assistance with maintaining and improving patient information systems;

- Providing clinical, cultural, facilitation and consultative services to many key stakeholders, such as WA Cancer and Palliative Care Network; Palliative Care WA; Cancer Council WA; Department of Health WA Women's Health; Advanced Care Planning Consortium; and the National Health Information Strategy;
- Strategic planning and mapping for the future business operation of the PHCQI team;
- Assisting with clinical training activities within AHCWA;
- Representing AHCWA on several CQI and Research Collaborative e.g. the Science & Technology Institute for Defence (STRIDE) Centre of Research Excellence; Mayi Kuwayu Research; and
- Representative on state health policy discussions re: "Birthing on Noongar Boodjar".

The PHMO and CPCQI Manager also co-lead the AHCWA COVID-19 response (see COVID-19 section), and along with the COVID-19 Member Services Support Team provided an excellent collaborative and coordinated response to the pandemic during the challenging and unprecedented time for the Aboriginal Health Sector in WA.



## Clinical Practice Support Officer

**AHCWA's Clinical Practice Support Officer (CPSO) has supported our Member Services throughout WA with the following tasks:**

- Navigating, using, and reporting tasks within the patient information recording system (Communicare);
- Assisting Member Services to increase their MBS revenue through training, one-on-one support and developing easy to understand resources;
- Assisting Member Services with their reporting requirements, inclusive of:
  - In-house audits/reports;
  - Reporting for specific programs; and
  - Reporting for State and Federal funders.
- Disseminating and adapting policies and procedures from AHCWA's suite of templates to Member Services upon request, and assisting with implementation;
- Providing extensive administration assistance to the Clinical Leadership Group, PHMO, and the CPCQI Manager;

- On the ground support to Member Services, in the areas of clinical governance and practice management;
- Advocating to stakeholders e.g. Cancer Council of WA; Autism Association of WA; Melbourne University Eye Health; and Telethon Kids Institute to better improve service provision to Aboriginal people;
- Advocating to internet providers, computer program organisations and other key vendors outside of the health sector to address the ICT and telehealth needs for the Member Services; and
- On-going development of the AHCWA Learning Management System (LMS) to migrate the AHCWA programs to an online platform.

The CPSO has also provided extensive administration support to the COVID-19 Member Services Support team at AHCWA throughout the pandemic.





## Policy, Advocacy and Strategy

### Policy and Strategy

The AHCWA Policy, Advocacy and Strategy Team exists to influence Commonwealth and State health policies that impact the health and wellbeing of Aboriginal people, and affect the delivery of comprehensive primary health care services by ACCHS across the state. The team collaborates with AHCWA's Member Services to advocate on issues that are key priorities for their communities, and to lead a policy agenda that promotes optimal health and wellbeing outcomes, and culturally secure services for Aboriginal people.

Guided by AHCWA's Member Services, during 2019/20 the AHCWA Policy, Advocacy and Strategy Team proactively engaged with Commonwealth and State Government agencies on key health issues, and provided formal policy advice and submissions on a diverse array of health related matters. The team also worked hard to maintain strategic relationships with key partners across government and non-government sectors, and advocate for funding commitments for culturally secure health and wellbeing service delivery.

#### **Key areas of activity for the Policy and Strategy team in 2019/20 included:**

##### **Supporting WA ACCHS to respond to COVID-19**

The AHCWA Policy, Advocacy and Strategy Team was a key part of the AHCWA COVID-19 Member Services Support team established to support the ACCHS sector through COVID-19. While the AHCWA Public Health and Continuous Quality Improvement team led collaborative activities with the Commonwealth and State Departments of Health, the Policy, Advocacy and Strategy Team worked with the WA Departments of Premier and Cabinet, and Communities to work through practical challenges caused by COVID-19.

The Policy and Strategy team provided strong and consistent advocacy on the need for accommodation in regional and remote communities to support Aboriginal people returning to Country, and for people needing to quarantine. AHCWA was a representative on various COVID-19 taskforces for Remote Communities, and Homelessness, and worked closely with the Department of Premier and Cabinet to clarify the regulations around the WA hard border, the Designated Biosecurity Zones, and the Remote Aboriginal Communities Directions.

AHCWA continues to proactively engage with government agencies and non-government partners on COVID-19 recovery priorities.

##### **Collaborating with the Mental Health Commission on Suicide Prevention in Aboriginal Communities**

As a representative of the WA Aboriginal Suicide Prevention Action Plan Steering Committee, AHCWA strongly advocated for the development of culturally secure, regional suicide prevention action plans focussed on what works for Aboriginal people and their communities. The Mental Health Commission recommended this approach to the Minister for Mental Health, the Hon. Roger Cook MLA, and a funding commitment was made in July 2020 for the development and implementation of the regional plans.

##### **Advising on a Statewide Aboriginal Empowerment Strategy**

In December 2019, the WA Government started public consultations on a proposed Aboriginal Empowerment Strategy for the state. The intent of the strategy is to provide a common framework for government agencies to work from, to ensure optimal outcomes are achieved with Aboriginal people and their communities. In February, AHCWA convened consultations between the Department of Premier and Cabinet, who are leading the strategy, and the AHCWA CEO Network and Board of Directors. These consultations informed a comprehensive AHCWA submission on the strategy.



### **Promoting Western Australian Aboriginal voices in Closing the Gap**

The AHCWA Policy, Advocacy and Strategy Team provided constant policy advice and support to the AHCWA Chairperson on Closing the Gap throughout the year. From secretariat support at six engagement forums on Closing the Gap across WA, to policy advice to the Coalition of Peaks on the draft National Agreement, the Policy and Strategy team has worked hard to ensure the voices of Aboriginal people from WA are at the centre of Closing the Gap initiatives into the future.

### **Advising the WA Climate Health Inquiry**

A key recommendation of the *Sustainable Health Review* was for the WA Government to establish an inquiry into current planning for, responses to, and recommendations on the health impacts of climate change. In July 2019, the Inquiry Lead, Dr Tarun Weeramanthri consulted the AHCWA CEO Network to gain insight into the challenges posed by climate change for ACCHS service delivery and for the health and wellbeing of Aboriginal people and their communities. AHCWA prepared a submission to the Inquiry and appeared at a formal hearing on 28 November 2019.

### **Supporting ACCHS to engage with the National Disability Insurance Scheme (NDIS)**

With funding from the National Disability Insurance Agency (NDIA), AHCWA employed a NDIS Implementation Officer to support WA ACCHS engaged with the NDIS. AHCWA convened a NDIS Member Support Group for Member Services to enable information sharing and to gather information on issues to feedback to the NDIS. The Policy and Strategy team informed various policy matters raised by the NDIA and also fed into submissions to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

**Other areas of AHCWA Policy and Strategy team activity have focussed on providing feedback from AHCWA's Member Services on discrete health policy issues, including policies relating to the social determinants of health. The team has provided formal submissions on the following matters in 2019/20:**

- AHCWA's Pre-budget Submission;
- Australian Institute of Health and Welfare's (AIHW) National Primary Health Care Data Asset - Data Development Plan;
- WA Department of Water and Environmental Regulation's (DWER) Issues Paper on Climate Change in Western Australia;
- Commonwealth's Health Legislation Amendment (Data-Matching) Bill 2019;
- WA Health's Discussion Paper on Managing Housing Health Risks in WA;
- Commonwealth's Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023; and
- Productivity Commission's Issues Paper on an Indigenous Evaluation Strategy.





## Sector Engagement

It has been a challenging year in terms of sector engagement. The ACCHS Sector has received overwhelming acknowledgement and recognition for its strong leadership in primary health care; a rapid and effective response to COVID-19; the effective level of collaboration; and its strengthened partnerships. AHCWA played an integral role in promoting the voice of its Member Services at a local, state and national level.

### The AHCWA Sector Engagement Officer:

- Represented the ACCHS at a local, state and national level;
- Promoted and supported regional strategic plans, partnerships and forums across the seven regions of WA;
- Showcased and shared the achievements of the Sector;
- Connected Member Services with stakeholders to ensure programs are being developed and delivered by Aboriginal people and their communities;
- Raised issues, concerns and topics that are important to each individual region and service;
- Improved state-wide awareness of the ACCHS Sector; and
- Advocated on behalf of the ACCHS Sector and Regional Aboriginal Planning Forums, the changing health concerns and needs across WA.

## Aboriginal Regional Health Planning Forums

Regional Planning Forums are of great importance to WA ACCHS. These Forums enable AHCWA and its Member Services to: share resources; acknowledge successful programs; help solve common problems; share ideas; build strong alliances; connect with funders; identify the gaps and crossovers in service provision; and connect stakeholders with ACCHS; all while working for a common goal – better access to health care services and improved health and wellbeing of all Aboriginal people and their communities.

### The 25 Aboriginal Health Regional Planning Forums, across the seven regions of WA have had a big impact on Primary Health Care across WA. AHCWA attended:

- Three South West Aboriginal Health Planning Forums (Bunbury);
- Six Kimberley Aboriginal Health Planning Forums (Broome, Derby, Fitzroy and Kununurra);
- Four Pilbara Aboriginal Health Planning Forums (Port Hedland, Newman and Roebourne);
- Three Yamatji Aboriginal Health Planning Forums (Geraldton);
- Three Goldfields Aboriginal Health Planning Forums (Kalgoorlie);
- Two Wheatbelt Aboriginal Health Planning Forums (Northam);
- Two Greater Southern Aboriginal Health Planning Forums (Albany); and
- Two State Regional Planning Forums (Perth).

By having a presence at these Regional Planning Forums, AHCWA were able to advocate, support, and echo the voices of the vulnerable. AHCWA documents the difference in needs and service delivery in each region across WA. Stakeholders shouldn't presume that one size fits all, and regional specific service delivery should be implemented where necessary.

### Significant issues and concerns raised over the last 12 months:

- Edith Cowan University (ECU) partnership in the 'Healing Right Way Project'. This project is aimed at improving access to inter-disciplinary and culturally appropriate rehabilitation services for Aboriginal people following brain injury (stroke and traumatic brain injury) across WA.



- *WA Suicide Prevention Action Plan 2021-2025.* Extensive consultation and engagement with AHCWA and the ACCHS was highly influential on the future implementation of the plans, resulting in a separate Aboriginal Suicide Prevention Strategy with 10 regional streams approved. Further engagement and consultation will occur in 2020-2021.

- The Narrogin Community held a meeting regarding health care provision for Aboriginal people within the Community. The Community identified gaps and requested there be co-design and co-production with the Aboriginal people in the Community.

- Katanning Community held a meeting, facilitated by the AHCWA Chairperson and Deputy Chairperson regarding the health care gaps in their Community. Recommendations and outcomes from the meeting were highlighted. The South West Aboriginal Medical Service (SWAMS) is now committed to providing outreach services to the Community.

- AHCWA and the ACCHS were invited to present at the Climate Health WA Inquiry. The visual presentation 'A picture paints a thousand words' incorporated an artistic representation of the contributions to the submission from the ACCHS.

- AHCWA and the ACCHS in collaboration with the Western Australia Association for Mental Health (WAAMH) has been advocating for Mental Health funding, and service options that respond to mental distress in non-institutional settings, enable personal and family recovery, address social economic and cultural needs, and provide opportunities for community connection and partnership building.

- AHCWA and its 23 ACCHS were sponsors and presenters at the 2019 WA Mental Health Conference and the AHCWA Chairperson facilitated the First Nations panel session on SEWB.

- *WA Housing Strategy:* AHCWA facilitated ACCHS input into the housing strategy, raising issues such as cost and delays of maintenance in rural and remote communities, the three strikes policy, and overcrowding.

- Co-design of the *All Pathways Lead to Home: Western Australia's 10-Year Strategy on Homelessness 2020-2030.*

- AHCWA has supported the development of a more culturally appropriate 'One Stop Shop' service for the Mental Health Emergency Response Line (MHERL), alternatives to the Emergency Department (ED), and emergency telehealth.

- AHCWA facilitated ACCHS input into the Alcohol and Other Drugs (AOD) Crisis Intervention Response.

- Provision of a representative on the Life Line Governance Committee to ensure rural and remote areas are supported, and culturally appropriate services are available in all regions of WA.

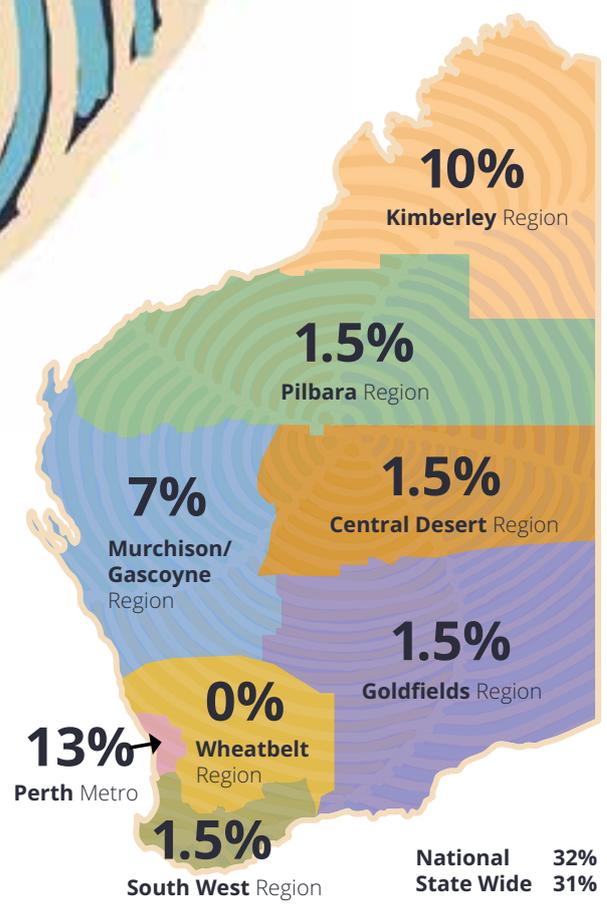
- Preventive Health Conference: due to COVID-19, the conference was held via Zoom, which had 320 delegates register. NACCHO CEO, Pat Turner, and AHCWA Chairperson, Vicki O'Donnell, presented a national and state view of comprehensive Primary Health Care.

- Representation on the Alzheimer's WA Committee on behalf of the Sector to ensure increased awareness and understanding of the barriers Aboriginal people have accessing services throughout rural and remote regions.

- Ongoing partnership with Health Consumers Council addressing the patient journey issues across regional WA.

- Representation on the WA Primary Health Alliance (WAPHA) Strategic Aboriginal Health and Wellbeing Advisory Group (SAHWAG).

AHCWA has been instrumental in sharing information, building networks, advocating for a stronger Aboriginal voice at the table, identifying gaps and opportunities for best practice service delivery, and working at a regional level to make sure information is shared, communication channels are open, people are listening and the sector is heard at all levels of government.



## Ethics

The Western Australian Aboriginal Health Ethics Committee (WAAHEC) is one of three Aboriginal specific Human Research Ethics Committees (HREC) in Australia. The WAAHEC is recognised by, and registered with, the National Health and Medical Research Council (NHMRC).

WAAHEC was established to monitor the ethical standards of Aboriginal health research undertaken in Western Australia and support research that benefits Aboriginal communities.

WAAHEC ensures that research is reflective of the needs of the community and is culturally appropriate. This is achieved, in part, through established partnerships with the Research sub-committees of the Aboriginal Regional Health Planning Forums in the Kimberley and the Pilbara, and with Derbarl Yerrigan Health Service Aboriginal Corporation. These partnerships, and others, enable all parties to collaborate on the development of health strategies, and to maximise the positive impact of research on the people, communities and health services of the regions.

### Membership of the WAAHEC is as follows:

Name	Position
Vicki O'Donnell	Chairperson
Cyril Archer	Aboriginal Elder
Chris Bin Kali	Regional Representative
Deborah Woods	Regional Representative
June Councillor	Regional Representative
Juli Coffin	Research Professional
Rob McPhee	Research Professional
Francine Eades	Health Professional
Jye Walker	Youth Representative
Keisha Calyun	Youth Representative
Kevin Dolman <sup>1</sup>	Lawyer
Sharon Bushby <sup>2</sup>	Health Professional
Laila Walley <sup>3</sup>	Youth Representative

<sup>1</sup> Appointed May 2020  
<sup>2</sup> Resigned November 2019  
<sup>3</sup> Resigned March 2020

### WAAHEC received the following submission during 2019/20:

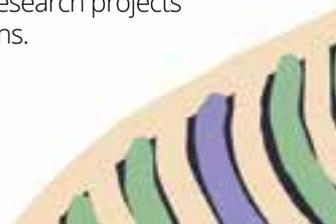
68	New Applications
123	Amendments
84	Progress Reports
10	Final Reports
38	Publications
25	Resubmissions

**Applications were received from research bodies and other organisations across Australia including:** non-government organisations; the Departments of Health in WA and NSW; Telethon Kids Institute; University of Western Australia; Curtin University; Murdoch University; University of Melbourne; and other universities across Australia.

The main regions for research within Western Australia were the metropolitan area, the Kimberley and the Murchison-Gascoyne. The bulk of applications for ethics approval were national and state-wide projects.

The research projects undertaken related to various categories including: statistics, haematology, clinical sciences, immunology, nursing, oncology, paediatrics, public health and health services and, psychology.

The Secretariat continues to provide six monthly approved project summaries uploaded to the AHCWA website for the public to view and monitor quality research projects currently being undertaken in the regions.





## Mappa

Mappa is a new way of working together, by using technology to facilitate better access and health outcomes for Aboriginal and non-Aboriginal people living in metro, rural and remote WA.

During the reporting period, extensive consultation and engagement was conducted with many stakeholders and health service providers, in order to collect data to customise Mappa to best fit each service provider's needs and expectations.

The Mappa 'Controlled Live Trial' (CLT) brought together a vast range of health and community services in a very short period of time. The CLT was utilised to test the core components of the platform including; the product, data, usage and value of information within selected regions and departments.

An effective communication plan was also established, with a website showcasing videos, instructions and information attaining to, and promoting, the benefits of Mappa.

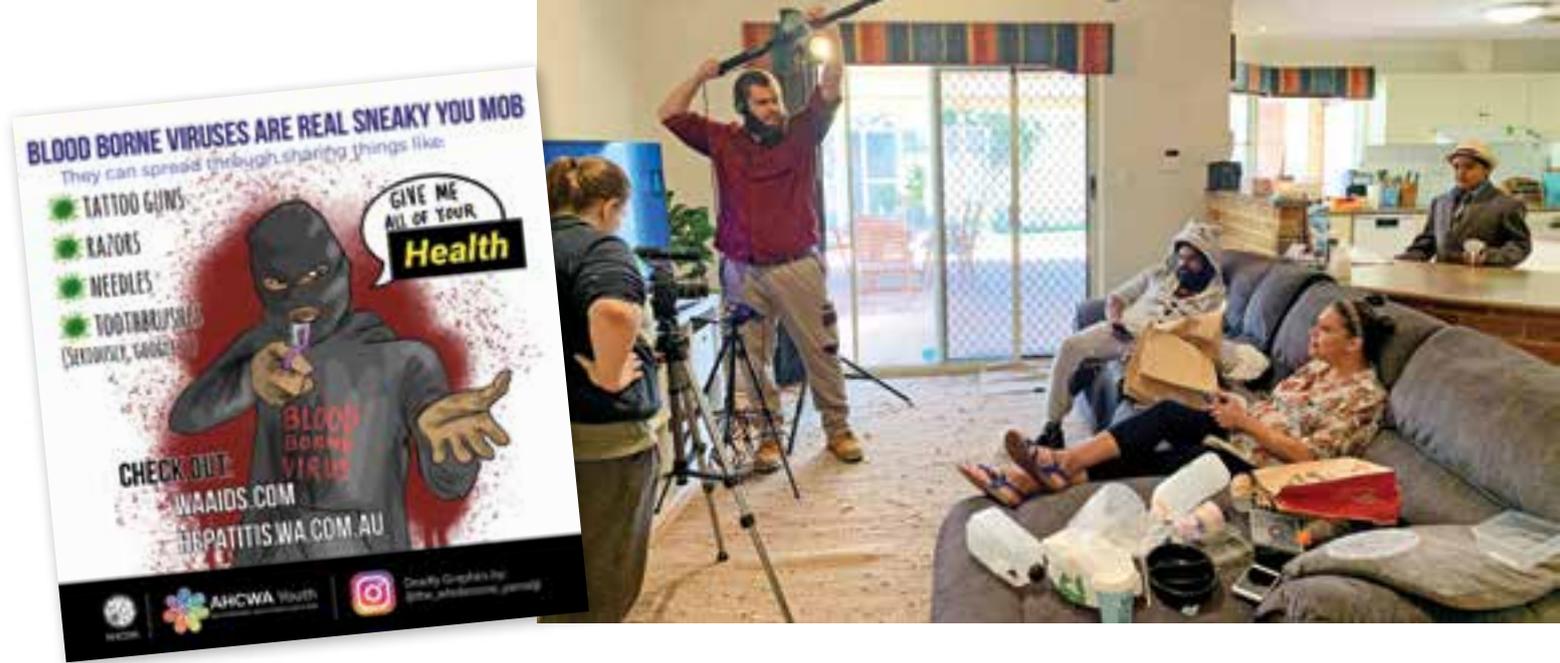
AHCWA is pleased to announce that a number of new features and functionality has been added, along with an improved look and feel for the user experience. This includes tabs showing – About Page, Travel Route, Medical Crises, Help Desk, Cultural Information, and Frequently Asked Questions, Feedback and drop down tabs with key health service information.

Whilst the release of the Mappa platform was delayed due to COVID-19, the pandemic highlighted the great benefit that Mappa will provide in improving the patient journey, telehealth, face to face consults, travel and health service delivery across the state.

AHCWA and the Mappa Steering Committee are committed to working hard to ensure the platform is successfully launched in late 2020. Once completed, Mappa will be a valuable tool for all Western Australians and their communities.

AHCWA would like to acknowledge the Commonwealth Department of Health, WA Country Health Services, Lotterywest and WA Primary Health Alliance for contributing funding to the development of the platform.





## Youth Program

### Summary

The AHCWA Youth Team has had a very productive 2019/2020, with workshops, consultations, award winning presentations and much more.

### AHCWA Youth Program

Targeting issues within Aboriginal youth communities is a main area of focus for the AHCWA Youth Program, and the AHCWA Youth team continues to conduct workshops throughout WA to create working relationships with youth services. By implementing the *West Australian Aboriginal Youth Health Strategy* while conducting these workshops, the Youth team were able to be a bridge between young people and state government policies. The Youth Team conducted regional workshops in Broome, Halls Creek, Albany, Northam and Port Hedland which ensured these regions were consulted on Aboriginal youth issues in their area.

The Youth Program Officer was able to co-host the *Goanna Survey*, a national survey of young Aboriginal and Torres Strait Islander peoples in relation to Sexually Transmitted Infections (STIs) and Blood-Borne Viruses (BBVs). The Youth Program Officer assisted to record information on Aboriginal youths' understanding of sexual health with SWAMS. The Survey was conducted at a regional football carnival and youth event in Bunbury.

The Aboriginal Youth Program Coordinator also had the opportunity to present on Aboriginal youth health at the annual Western Australian Network of Alcohol and other Drugs Agencies (WANADA) conference in August 2019.

### AHCWA Youth Committee

The AHCWA Youth Committee was created to provide Aboriginal youth with a voice in regards to youth health in their region. This includes being able to contribute individual experiences, to ensure more meaningful and regionally specific information is applied to youth health initiatives.

A great achievement by the AHCWA Youth Committee, was the contribution to the *Western Australian Suicide Prevention Action Plan 2021 – 2025*. By consulting with the Western Australian Mental Health Commission, the AHCWA Youth Committee were able to put a youth perspective on mental health and suicide.

AHCWA's Sexual Health and BBVs Program Coordinator also met with the AHCWA Youth Committee around sexual health, trialling some community training to seek feedback. This was a great opportunity for the AHCWA Youth Committee to facilitate Aboriginal youth sexual health training.

### COVID-19 Response

As the COVID-19 pandemic unfolded, the AHCWA Youth team identified the need to create culturally appropriate resources for the Aboriginal youth community about the impacts of COVID-19 on health. The AHCWA Youth team were concerned that young people were still going out, and not following restrictions and rules. Concern was also raised by the Youth Committee around young people not wanting to listen to people of authority when being told to isolate, which is mainly due to young Aboriginal people having had negative experiences with people of authority.

The AHCWA Youth team developed COVID-19 resources that were appropriate for Aboriginal youth, and were active on social media (Facebook and Instagram), disseminating important information to young people. In total, there were 13 COVID-19 social media resources created to target Aboriginal Youth in WA. The Youth team took a comedic approach to the campaign, creating and disseminating memes with important health messages. Between the 13 resources that were posted on Facebook



and Instagram, 40,000 people were reached and there were close to 100,000 views.

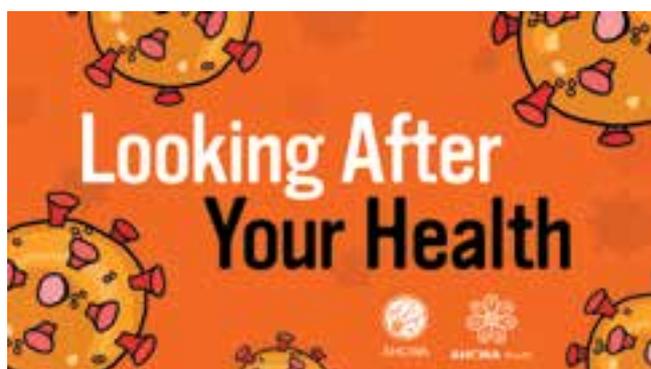
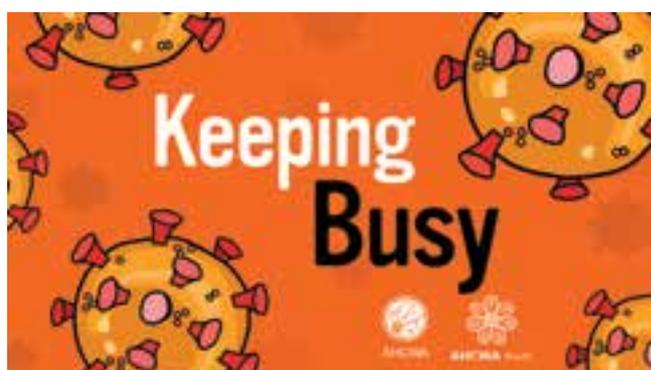
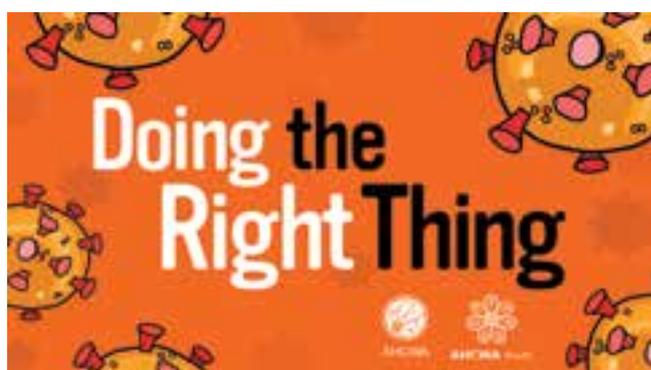
The AHCWA Youth Committee Chairperson represented the committee at Parliament house on the COVID-19 Recovery Ministerial Roundtable on Youth.

### Youth Conference

The AHCWA Youth team had a huge 2020 AHCWA Youth Conference planned, which was unfortunately cancelled due to COVID-19. Seventy youth from around the State were registered to attend the conference; a record number of attendees compared to previous years. Guest speakers from around the State were engaged to speak on topics such as Rheumatic Heart Disease in youth; healing with music and art; and becoming a young Aboriginal doctor. Despite the setback, the AHCWA Youth team are looking forward to convening the AHCWA Youth Conference next year and building on the experience gained from organising this years conference to make it bigger and better.

### 2019 WA Youth Awards

Another outstanding achievement of the year was AHCWA's Mappa Project Officer, Keisha Caylun, winning the Hope Community Services Positive Achievement Award at the 2019 WA Youth Awards. This category recognises an individual who, having overcome difficulties (related to family, culture, geographic location, health or disability), has made an important contribution to society and is an inspirational role model to others.





# Workforce and Health Programs





## Workforce and Health Programs

### Summary

As we reach the end of another year, it is an opportunity to reflect on the milestones, accomplishments, challenges and changes across the Workforce and Health Program Team.

Despite COVID-19 halting the delivery of training to our Member Services and regions across Western Australia, our teams utilised the down time to update resources relating to the training and programs, including course content, assessments and promotional materials.

This practice of continuous quality improvement has enabled all programs to evolve and be ready for the new financial year and the challenges that lay ahead.

**Registered Training Organisation (RTO):** After an external review of the RTO and training programs in August 2019, the AHCWA Board of Directors endorsed the recommendation to cease the delivery of the Certificate IV Aboriginal Primary Health Care Training. Instead, AHCWA will be partnering with Marr Mooditj Training to deliver the training in the Perth metro area.

In addition, AHCWA has decided to cease the delivery of the Cultural Safety Training package and instead engage with other preferred providers.

**Health Programs:** The work in the area of sexual health and blood borne virus promotion, awareness and training continued to gain momentum to support the Member Services and government sectors. The Peer Education program with the Young Leaders training was very popular amongst our youth, and the Birds and BBV Training program presentation was well received at the National Aboriginal Community Controlled Health Organisation (NACCHO) Conference held in Darwin in November 2019. Ensuring Aboriginal people feel comfortable discussing sexual health and healthy relationships, and taking control of their health are key objectives on why these training programs are important to AHCWA.

The Family Wellbeing program continues to be a priority from the Mental Health Commission (MHC) and the team have taken the opportunity to explore the addition of exciting new initiatives in the delivery of the training moving forward. Demand for the training continues to increase with dates already planned into the next reporting period.

**Tobacco Control:** Over the last 12 months, AHCWA has seen a noticeable increase in support to Aboriginal people across Western Australia with the introduction of the Quitline Aboriginal Liaison Team (QALT) who work in collaboration with the AHCWA Tackling Indigenous Smoking (TIS) Team. Increasing the awareness and knowledge level of the WA Quitline Services, as well as increasing Aboriginal workforce capacity to deliver appropriate smoking cessation interventions for our Aboriginal communities, are some of the key objectives of the program. In partnership with the TIS Program, the two teams are able to work in partnership at community events, and various training and educational sessions, for a greater reach to support community members and health service staff. With one program providing the training and the other program providing the population health approach it enables a coordinated tobacco control attack.

There are further changes and initiatives planned for the Workforce and Health Programs work group for the next financial year, with a focus on growth, development and meeting the Member Services educational, workforce and training needs for the future.





## Health Programs

### Sexual Health

Funded by the WA Department of Health, AHCWA's Sexual Health program is designed to provide sexual health and blood borne virus education and support to Aboriginal people via our Member Services across Western Australia. These programs include: Peer Education; TTANGO; Birds and BBV Training; and funding for a Senior Sexual Health Project Officer position.

In January 2020, the Senior Sexual Health Project Officer and Sexual Health Project Officer (Birds and BBVs) supported AHCWA with the TTANGO 2 and Hepatitis C projects.

The Senior Sexual Health Project Officer represented AHCWA on a number of key stakeholder committees and working groups; assisted with resource development and dissemination; and was a key contact for health workers requiring sexual health and blood borne virus information.

#### Key deliverables included:

- Updating the Syphilis Flip Chart with the Department of Health Sexual Health and Blood Borne Virus Program team;
- Supporting the AHCWA Youth Team with the development of the youth specific sexual health and blood borne virus resources; and
- Representation on the following Committee Meetings/Working Groups:
  - AHCWA Clinical Leadership Group;
  - Sexual Health and Blood Borne-Virus Program Advisory Committee and Forum; and
  - The WA Sexual Health and Blood-Borne Virus Applied Research and Evaluation Network (SiREN) – two Research Projects: Injecting Drug Use and STI Testing in Young People.

### Hepatitis C Project

AHCWA received funding from the Burnet Institute for a two-year project to provide face-to-face training and support to clinical teams within ACCHS and other Health Service Providers within the Goldfields and the Midwest (first year) and the Pilbara and Metro (second year).

The team will be working with EC Australia, WANADA and Hepatitis WA to develop a clinical audit tool for the project to perform pre and post project clinical audits.

The project will also work with the ACCHS GPs to identify barriers to prescribing treatment, and develop strategies to overcome them. A part of this process will be dispelling the myths around treatment such as - Aboriginal people do not comply with medication regimes.

Within the Sector there are services that are excelling in the screening, diagnosing and treatment of Hep C. Within the project, the team will identify ACCHS that are doing well in this area to champion as best practice model of service delivery and facilitate opportunities for other ACCHS to adapt this model to meet their service needs.

#### Some of the deliverables to date include:

- Hepatitis C information gathering – Derbarl Yerrigan Health Service Aboriginal Corporation, Hepatitis WA, EC Australia;
- The development of a Monitoring and Evaluation Plan – Log Frame with EC Australia;
- The development of Hepatitis C branding for a PowerPoint presentation; and
- The development of a Hepatitis C education and training session utilising the EC Australia toolkit, Communicare, Continuous Quality Improvement, Hepatitis C testing, treating and tracing.

Unfortunately, due to COVID-19 travel restrictions and isolation, travel to deliver the training with the GPs was not possible. However, it is hoped that the training will be rescheduled with the Health Service providers in the next financial year.



## Sexual Health (TTANGO2)

AHCWA received funding from the WA Department of Health to support the AHCWA Member Services and other health providers across WA to use the Point of Care Testing (POCT) technology to ensure STIs are diagnosed and treated promptly. This is part of the Test, Treat and Go 2 (TTANGO2) research project.

The project provides face-to-face training (where possible), refresher and onsite support, as well as online training through Flinders University where required. AHCWA is also an active member on the TTANGO Operational Group with Flinders University and the Kirby Institute who meet on a regular basis via teleconference to identify any issues and barriers that may occur with the sites.

The TTANGO2 Aboriginal and Torres Strait Islander Reference Group was established to facilitate feedback to the Executive Group and support special projects that improve the cultural safety of the TTANGO2 program. The group meet every six months, and a meeting was held in September 2019 after the Australia Sexual Health Conference in Perth. Work had started on the evaluation of the program, however due to COVID-19, the priorities were refocussed to utilise the machines for COVID-19 testing.

### COVID-19 – Point of Care Testing (PoCT)

Australia has implemented measures aimed at slowing the spread of COVID-19 into and within the country, and to prepare healthcare services and laboratories for a targeted response. *The Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)* provides an overview of the national approach, the operational plan and guidance for the health sector response. Aboriginal people are at a higher risk from morbidity and mortality during a pandemic with a more rapid spread of disease. Pandemics have taken a huge toll on Indigenous peoples throughout the world, including Australia.

On 16 April 2020, the Commonwealth Minister for Health, the Hon. Greg Hunt, announced that the Commonwealth Government would invest \$3.3 million to establish a rapid Coronavirus (COVID-19) Remote Point of Care Testing Program for remote and rural Aboriginal and Torres Strait Islander communities. Once fully rolled out, there will be 83 testing sites in place across Aboriginal communities most at risk, and most in need. Implementation includes funding from the Commonwealth Government for the purchase of machines where not already available, as well as the logistics, transport, training, software support, quality assurance, data reporting and communications for all 83 sites.

Each ACCHS sets its own internal protocols for PoCT PCR testing with support from AHCWA, the Kirby Institute and Flinders University International Centre for Point of Care Testing. Most of the ACCHS have already implemented PoCT for other communicable diseases (trichomonas, chlamydia, and gonorrhoea) and compliance with laboratory standards with regular machine calibration is in place, enhanced by this additional support for COVID-19 PoCT PCR testing.

This PoCT PCR is completed using a special cartridge in a geneXpert machine and takes approximately 45 minutes and four tests can be done at a time. Due to the initial delays in getting results – especially in rural and remote regions, an early result will help avoid the stress and logistics of isolating people while awaiting results (where those results come back negative). It will also facilitate immediate public health action in identifying contacts when tests are positive.

There has been a collaborative approach involved in this project, which includes the Commonwealth, WA Communicable Disease Control Directorate (CDCD), Pathwest, Kirby Institute, Flinders University, the NACCHO and our Member Services. Thank you to the WA Department of Health for funding the AHCWA TTANGO program.



### Sexual Health (Peer Educator)

The Sexual Health Peer Education (Young Leaders) Program, aims to identify future leaders in the Aboriginal health sector and is funded by the WA Department of Health.

The Young Leaders Program provides education about youth health issues, and supports participants to encourage their peers to engage in healthy behaviours. The training is aimed at Aboriginal young people aged between 16 to 25 years.

The program model is centred on peer education, which is particularly relevant for Aboriginal youth, as well as for young people outside of the school environment who may not have access to the same health promotion and education.

The two-day training teaches Young Leaders to talk to their peers about Mental Health, Drug and Alcohol use, Healthy Relationships and Sexual Health. Young Leaders are then supported by the Project Officer to organise community education sessions for their peers.

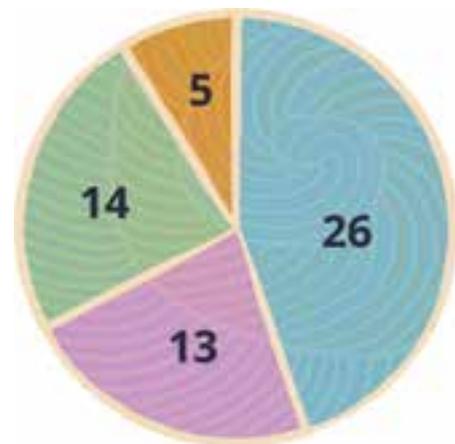
The four sites involved in the training were Geraldton, Newman, Perth and the Ngaanyatjarra Lands, with training sessions held in August, October, November and March 2020.

During the COVID 19, working from home period, the AHCWA Youth Team worked closely with the Sexual Health Team and communities to develop Aboriginal specific Sexual Health and BBVs memes for youth targeting social media.

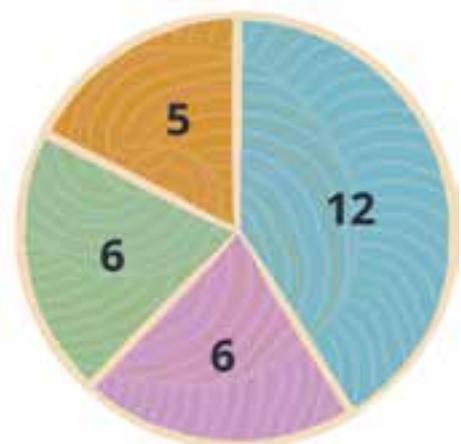
The Program was presented at the Australian Sexual Health Conference in Perth in September 2019. The session was titled 'Culture is Strength: First Nations and culturally secure Sexual Health work in Australia' and the presentation was on 'Working Holistically in Aboriginal and Torres Strait Islander Sexual Health'. This was a great achievement for the work done by AHCWA and all of the Young Leaders who have been involved with the Program.

Thank you to all of the participants and support staff in each of the regions for attending and contributing in the Program. AHCWA would also like to thank the WA Department of Health for funding this Program.

Number of participants in **Peer Educator Training** at each site (total = 58)



Number of **Peer Educators Recruited** at each site (total = 29)





## Sexual Health (The Birds and the BBVs)

The second half of 2019 saw the Birds and BBVs team travel to Kalgoorlie and present both a one day and two day workshop. Both clinical and non-clinical staff from Kalgoorlie, Norseman and Esperance, came together to have some fun learning about STIs and BBVs. Two sexual health staff from the Queensland Aboriginal Islander Health Council (QAIHC) also participated in the program.

The AHCWA Birds and BBVs continues to have a strong partnership with Hepatitis WA with Matthew Armstrong, delivering the BBV component of the training. AHCWA were also lucky to have staff from the WA AIDS Council (WAAC) present a session on HIV at the Perth workshop in October. WAAC will join theTeam again as the training ventures to Albany and Fitzroy Crossing in the near future.

One of the major highlights of 2019 was the opportunity to present at the NACCHO Conference in Darwin in November. The presentation called "Empowering the Workforce Yarn" followed A/Professor James Ward's presentation on the current epidemiology and research on STIs and BBVs amongst Aboriginal and Torres Strait Islander peoples and their communities. The presentation on the Birds and BBVs followed on well from James' presentation, as it described the importance of increasing knowledge, skills and confidence of Workforce when yarning with clients and community about the importance of STI and BBV testing.

During COVID-19, a needs assessment survey was sent out to the Member Services and other organisations who work with Aboriginal people. Interested staff were asked to fill in a survey to help identify gaps in STI and BBV knowledge and how best to deliver this information online. Thirty three people participated in the survey, with the results showing most worked either clinically or in a Sexual Health role; had received STI and/or BBV training in the past; and felt comfortable yarning about STIs and BBVs. All of the participants were able to access an online delivery platform and the majority would prefer shorter sessions run concurrently. The results clearly demonstrate that training in STIs and BBVs can increase the confidence level of Health and Community Workers

to discuss STI/BBV related issues with their clients.

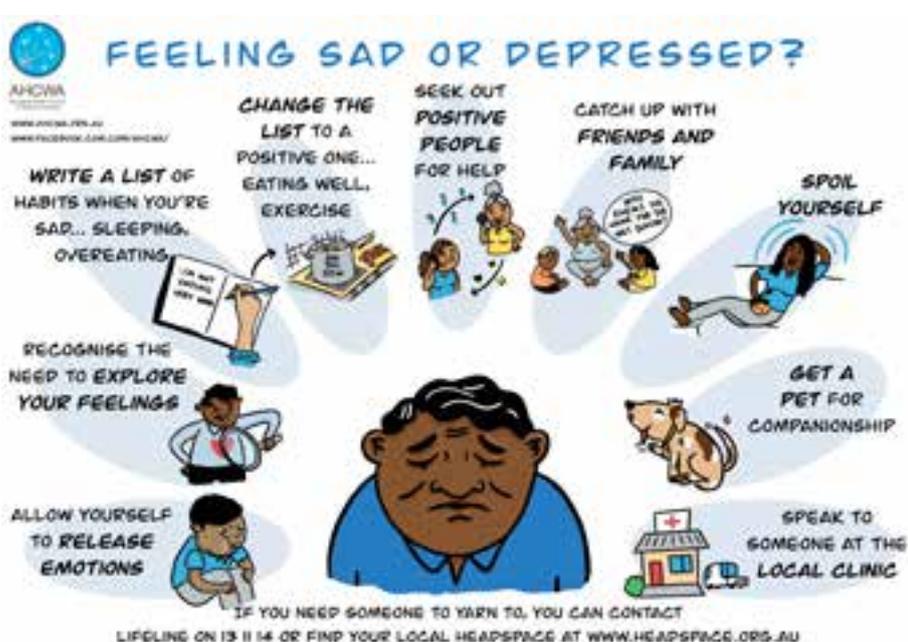
During COVID-19, the Sexual Health Project Officer (Birds and the BBV's) worked collaboratively with the TTANGO COVID-19 Point of Care Testing (PoCT) support team. This PoCT test, which gives a result in 45 minutes, can be used on the TTANGO machine which many of our Member Service's staff are already trained in using. Other non TTANGO services came on board and machines were sent out to these sites such as; Spinifex Health Service and Beagle Bay Aboriginal Health clinic. Support from AHCWA included assisting with site assessments and training in partnership with the Kirby Institute and Flinders University. All allocated ACCHS sites are underway and doing well with testing for COVID-19 in their communities.

The team also designed and developed promotional resources including; bamboo cups and head skins displaying the Birds and BBVs logo and slogan "Its Bloody Piss Easy", which have been shared around the State and at the NACCHO Conference.

In the new reporting period, the Birds and BBVs will be delivering face to face training in Albany, Fitzroy Crossing and Derby. There is also an option to deliver the training online.

AHCWA would like to thank the Department of Health for their continued funding and support for the Birds and the BBVs program.





## Registered Training Organisation

### Family and Wellbeing Program

Funded by the Mental Health Commission, the Family Wellbeing (FWB) training is part of the Family Wellbeing program that aims to support the social and emotional wellbeing of Aboriginal people and their communities within Western Australia.

The intention of the program is to increase awareness of all the contributing factors that impact on family wellbeing and identify strategies to help build better foundations to overcome these factors. The FWB program aims to bring together Aboriginal Health professionals and others who work with Aboriginal people to gain the necessary skills to be able to support individuals, families and communities to overcome their social and emotional challenges and will help create stronger communities and family environments.

Over the past 12 months, the FWB team have delivered the FWB training in Perth, Kununurra, Derby, Mount Magnet, Mullewa, Geraldton and Kalgoorlie. Unfortunately, COVID-19 restrictions ceased training for the rest of the financial year.

During COVID-19, the team used the opportunity to refresh the course content and materials, including new guest speakers, counsellors and artwork. It was also an ideal time to work with Will Bessen from Tuna Blue to develop a set of four posters to support people through the COVID-19 isolation period when people struggled with social and emotional wellbeing issues.

We thank the Mental Health Commission and TAFE SA for their continued funding and support for the FWB training package.

### FWB Training 2019

Date	Workshop	Participants	Location	Organisations
1.7.2019	Block 2 - FWB	8	Derby	DAHS
23.7.2019	Block 1 - FWB	4	Kununurra	OVAHS & Warringarri Aboriginal Corporation
12.8.2019	Grief and Loss		AHCWA	Add on to the Palliative Care for Aboriginal Health Professionals Training
13-16.8.2019	Block 2 - FWB	4	Kununurra	OVAHS & Warringarri Aboriginal Corporation
11-12.9.2019	Block 1 - FWB	12	Perth	
25-26.9.2019	Block 2 - FWB	12	Perth	
18-19.9.2019		8	Mt Magnet	Arranged with Cecilia Kelly who completed the Certificate II in FWB in Geraldton. This is part of the second phase of delivery to co-facilitate regional workshops with participants who completed the Cert II
October	FWB		Mullewa	

### FWB Training 2020

Date	Workshop	Participants	Location	Organisations
February 2020	Block 1 & 2 - FWB	4	Kalgoorlie	Bega Garnbirringu staff
26-27.2.2020 & 4-5.3.2020	Block 1 & 2 - FWB	12	AHCWA	East Metro Health Service



## Immunisation

Funded by the WA Department of Health, the AHCWA Immunisation Program provides important immunisation education and support for Aboriginal Health Workers and Aboriginal Health Practitioners (AHW/P's).

During the year, nine AHW/P's successfully completed the Immunisation course. The students came from a number of different services including Wirraka Maya Health Service, WA Country Health Service (WACHS) - Midwest and Babbingur Mia.

Continuing to upskill AHW/P's in how to immunise will increase the accessibility for Aboriginal community members to receive immunisations, thus increasing the immunisation rates. This is particularly necessary in the metro area where Aboriginal immunisation rates are still at concerning levels.

The WA Health Communicable Disease Control Directorate (CDCD) have established the Western Australia Aboriginal Immunisation Network (WAAIN) to support initiatives to close this gap. This network will bring together various stakeholders from public and private sectors, including AHCWA, to facilitate a system-wide approach to improve Aboriginal immunisation rates.

Unfortunately, COVID-19 postponed planned training between March and June 2020; however, the Immunisation Coordinator is working on rescheduling the training with the affected services. There are plans for the delivery of the Immunisation training in Carnarvon, Broome and the Perth Metro area towards the end of 2020.

We thank the WA Department of Health for their support and funding for the program.

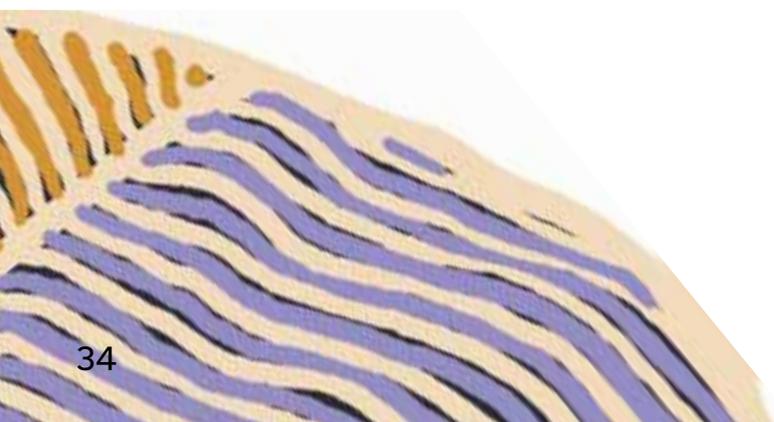
## Training and Development

AHCWA have been working with the Health Consumer Council of WA and the National Justice Project to develop a National Aboriginal Patient Advocacy Training Package, which is aimed at community members. In late 2019, a pilot project was held with further development planned for later in 2020. Plans for the training were on hold during the COVID-19 restrictions and with the changeover of staff at AHCWA.

Cultural Safety Training was provided to AHCWA staff in February 2020 and the Western Australian General Practice Education and Training Ltd (WAGPET) staff as part of the AHCWA/ WAGPET Memorandum of Understanding and partnership.

AHCWA were successful with two tenders: one to develop a training package for Aboriginal Disability Advocacy and the other to continue the work with the Aboriginal and Torres Strait Islander (ATSI) ICT to provide Governance training to Aboriginal organisations across WA. This Governance training will cover a two-day skillset package and a Certificate IV in Governance. AHCWA have a strong relationship with ATSI ICT with the pilot session in late 2019, and the online delivery proposed for late August 2020. Follow up face-to-face sessions will occur when COVID-19 restrictions ease and interstate travel can occur. We look forward to continuing our relationship with the team at ATSI ICT and working with our Member Services and other Aboriginal organisations.

Plans are underway to explore new and innovative programs for the RTO into the future that meet AHCWA's Member Services and community needs. Finalising the Aboriginal Practitioner Scope of Practice, strengthening relationships and partnership with Marr Mooditj Training, and our Member Service RTOs at Wirraka Miya Aboriginal Health Service Aboriginal Corporation, Bega Garnbarringu Health Service, and the Kimberley Aboriginal Medical Service are key priorities in the next financial year. Through the AHCWA RTO network we can ensure the education and training for our Aboriginal workforce is delivered through an Aboriginal community controlled organisation.





## First Aid Training

The delivery of the First Aid Training continued throughout 2019/20, with a small disruption due to COVID-19 restrictions. Interest continues to grow for the training and AHCWA are currently working on a revised Fee for Service schedule for the new financial year.

### HLTAID003 Provide First Aid 2 Day Course

Date	Organisations	Participants
August 2019	GRAMS	8 participants Group 1
September 2019	GRAMS	6 participants Group 2
November 2019	Kiara Senior High School students and AHCWA staff	9 participants
December 2019	Ng Council	10 participants

### HLTAID 003 Provide First Aid - 1 Day Course

Date	Organisations	Participants
December 2019	AHCWA staff	8 participants
February 2020	WAGPET staff	9 participants
March - 2020	WAGPET staff	11 participants

61 participants attended First Aid training with AHCWA.

## Cancer Education Training

In February 2020, the Cancer Council WA, in partnership with AHCWA, delivered its second nationally accredited Cancer Education Course for Aboriginal Health Professionals (HLTAHW035 Provide Information and Support Around Cancer), to provide culturally relevant training in cancer control. The five-day course, facilitated by AHCWA's Health and Wellbeing Trainer and funded by the Tackling Indigenous Smoking program and Cancer Council WA, aimed to increase knowledge and awareness of the resources and services available to help Aboriginal people with cancer.

**This workshop was developed in conjunction with local health professionals in Perth and aimed to improve Aboriginal health professionals' knowledge and understanding of:**

- Cancer, cancer staging and how treatment decisions are made;
- Cancer treatments and their side effects;
- Resources and services available to help Aboriginal people diagnosed with cancer; and
- Cancer prevention, early detection and screening strategies.

Aboriginal health professionals from all regions of WA, from both ACCHS and hospital settings, were invited to participate in the course. This was widely advertised through a number of professional networks including AHCWA, Tackling Indigenous Smoking and the WA Country Health Service (WACHS). Participants were primarily Aboriginal Liaison Officers, Aboriginal Health Workers/Practitioners and Aboriginal Health Promotion Officers from Broome, Kununurra, Halls Creek, Geraldton, Kalgoorlie, Western Desert, Albany and the Perth metro area.



The course included interactive presentations from representatives from the Cancer Council WA, WA Cervical Cancer Prevention Program, WA Department of Health Bowel Cancer Screening Program, WA Cancer and Palliative Care Network, staff from Sir Charles Gairdner Cancer Centre, WA Country Health Service and the Program of Experience in the Palliative Approach (PEPA).

The participants were also taken on tours to Milroy Lodge, and the Cancer Centre at Sir Charles Gairdner Hospital where they visited the chemotherapy, radiation therapy and haematology units.

To conclude the week, participants delivered a group presentation and completed a case study assessment to put what they had learnt into practice. Response to the program from all involved was overwhelming. Thank you to the Cancer Council of WA for providing funding for this training.

*"I've learnt so much valuable information and are now much more aware of the valuable support services that will definitely benefit my cancer clients and community."*

*"I now have a much broader knowledge base around all aspects of cancer and this will greatly affect the way I manage and support my clients from now on."*

*"We have all brought a combined wealth of knowledge to the table so we have exchanged contact details with each other so that we can draw on each other's expertise when dealing with cancer clients in our areas and also knowing that community is often transient, we found that the participants quite often know community members and family members across the State."*

## Ear Health

The AHCWA Ear Health Program was established to support collaborative practice with primary health service providers and all stakeholders to identify and support activities to improve ear health. AHCWA is working collaboratively with Rural Health West (RHW) in providing support to enhance the monitoring and treatment of ear and hearing health, to support access to quality, culturally safe ear and hearing health services for Aboriginal and Torres Strait Islander children and youth.

The AHCWA Ear Health Program has succeeded in achieving a number of its planned objectives in the past year. The AHCWA "Koobarniny" bouncy castle was utilised at a community event held in March 2020 in Northam to celebrate the launch of the Ear Health Program at the Wheatbelt Aboriginal Health Service that is supported and coordinated by Aboriginal Health Practitioners.

National circumstances including the evolution of the COVID-19 pandemic has resulted in the postponement of many of the programs proposed activities such as face-to-face training, meetings and gatherings; attendance of community and health promotion events; and cessation of specialist services.

During this challenging time, the AHCWA Ear Health Program have developed the first in a series of "Simon Says" promotion booklets to assist children and families in maintaining treatment and good hygiene methods. This has been distributed to all services throughout the nation and the next series is planned to be published in September 2020.

This has also enabled time to develop an online ear health training package to assist all Member Services with training remotely in regions. Currently, the online ear health training is offered as an upskill and refresher course which is conducted over two days and a Certificate of Attainment qualification for all participating.

In the future, the Ear Health Team plan to facilitate an Ear Health ACCHS Forum where Member Services and selected providers will be invited to discuss Ear Health activities and concerns across WA.



## Tobacco Control

### Tackling Indigenous Smoking (TIS)

The Tackling Indigenous Smoking (TIS) Team continued its efforts in reducing WA smoking rates by promoting smoke-free messaging, whilst strengthening partnerships within the Perth metro and expanding across the state.

#### Community Engagement

**To achieve some of these outcomes the TIS team participated in several community engagement sessions and events including:**

- Clontarf Girls Academy Health Promotion Educational Sessions;
- Banksia Grove Primary School Health Promotion Educational Sessions;
- NAIDOC Celebrations:
  - AHCWA in-house Event;
  - City of Vincent;
  - City of Perth;
  - City of Stirling (Mirrabooka) ;
  - City of Swan (Midland);
  - City of Bassendean;
  - Governor Stirling Senior High School;
  - King Edward Memorial Hospital;
  - King Edward Memorial Hospital Health Promotional Stall;
- East Metropolitan Healthy Lifestyle Educational Presentation; and
- La Salle College Health Promotional Stall for their Act-Belong-Commit Mental Health Fair.

During COVID-19, the TIS Team have been busy updating program resources, and creating new social media and augmented reality initiatives.

#### Some of the program highlights for the TIS team include:

- NACCHO Ochre Mens Conference (Melbourne);
- NATSIHWA 10 Year Anniversary Conference (Alice Springs);
- Bus Back Campaign (Perth Metro);
- Interviews on the contribution associated with Aboriginal tobacco control; and
- Development and implementation of two new smoking deterrent activity Apps (note: Android phone usage only).

TIS Program motto: 'Quit today for a Healthier Tomorrow – Promoting Smoke-free Western Australian Aboriginal Communities, protecting our next generation'.





## Quitline Aboriginal Liaison Team (QALT)

In July 2019, the Department of Health 'Western Australian Indigenous Quitline Enhancement Project (known as the Quitline Aboriginal Liaison Team – QALT) transitioned from the WA Mental Health Commission to AHCWA.

### The QALT Project involves engaging and supporting:

- Health care services that refer Aboriginal peoples to Quitline;
- Regional and remote Tackling Indigenous Smoking (TIS) WA teams;
- Community events to promote Quitline;
- Provide Brief Intervention Training to upskill health professionals; and
- State-wide distribution of QALT resources.

During the first 12 months of the project, the team have been busy updating, re-designing and re-branding existing materials. This is a preview of the five series brochures to be distributed across Western Australia.

### The QALT Officers have also participated in several community engagement sessions and events including:

- Cancer Council SA site visit (meet and greet with Aboriginal Quitline counsellors);
- Noongar Radio recordings with Jeff Michaels;
- NAIDOC Cockburn Health Promotional Stall;
- Cancer Council SA Stakeholder Engagement and QALT Project Officers (Introduction); and
- Great Southern Aboriginal Health Service, South West Aboriginal Medical Service (SWAMS) and Cancer Council WA Regional Engagements.

The QALT Officers also co-facilitated the Quitskills Training with Cancer Council SA in Northam, Geraldton, Broome, Leonora and Perth.

### Some of the program highlights for the QALT program include:

- Cancer Council South Australia (CCSA) site visit and co-facilitation of Quitskills training;
- Revamping of program resources;
- Creation and filming of social media 'Quit Smoking Messages' for TV and Cinema GWN (Greater Southern and South West);
- Creation of radio ads aired on Noongar Radio; and
- World No Tobacco Day collaborative engagement with Cancer Council SA.

QALT Program motto: 'Life goes too QUICK, I think it's time to QUIT' – Call Quitline 13 7848



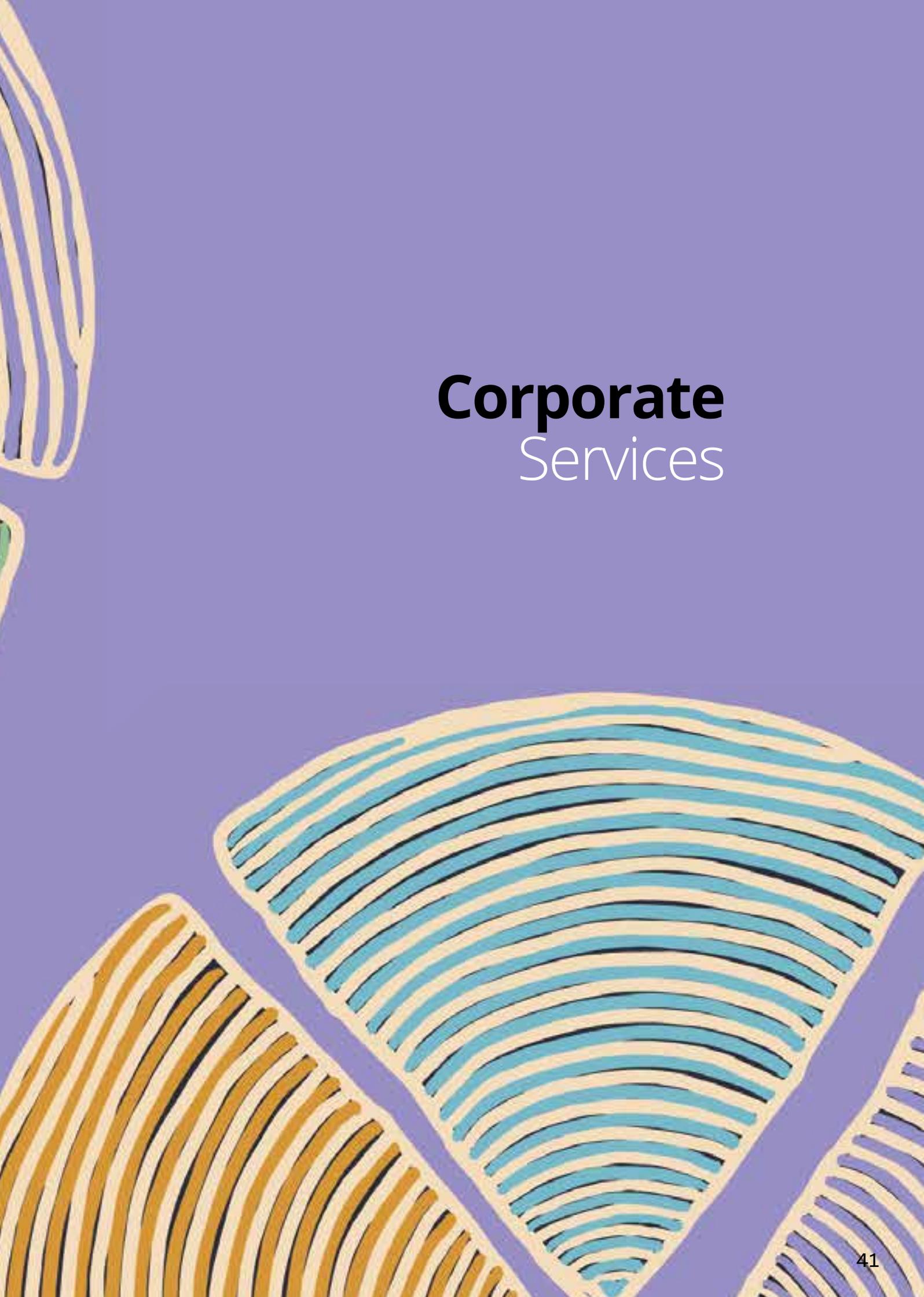
### Combined Tobacco Control Program

The TIS and QALT programs worked collaboratively to combine tobacco control knowledge and experience to promote the 'Effects of Smoking' and 'Accessing Quit Smoking Support'. Despite COVID-19 significantly impacting community engagement from March to June, the two teams attended the following community engagement events:

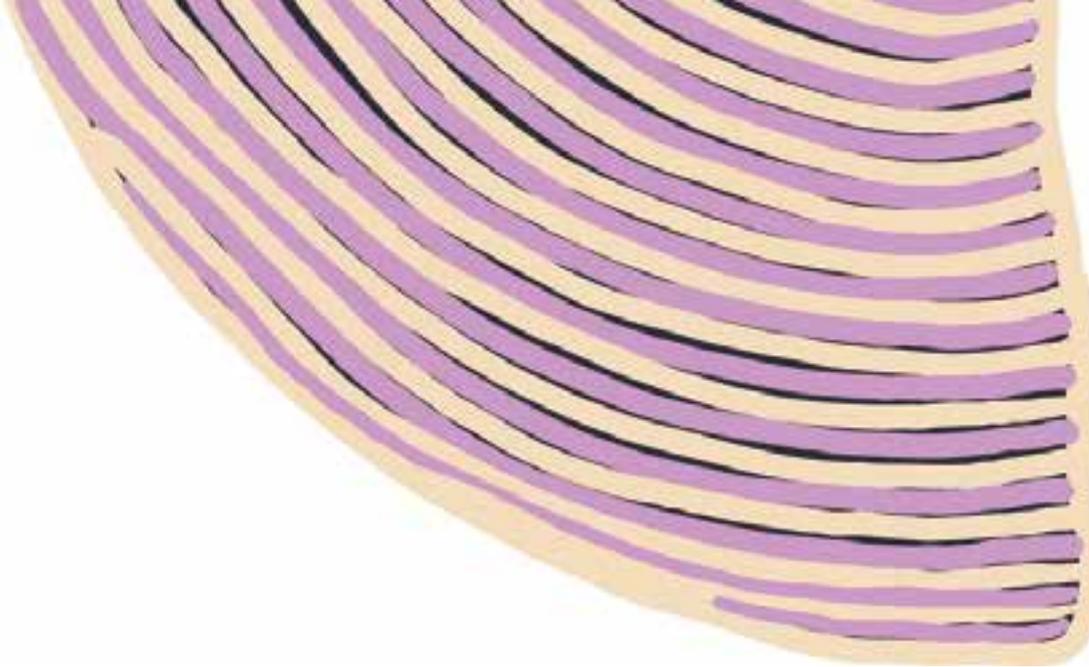
- Wheatbelt Aboriginal Health Service (WAHS) Healthy Ears Event Health Promotional Stall;
- Graham Polly Farmer Foundation Health Promotional Stall (Youth Day);
- Albany Agricultural Annual Show Health Promotional Stall;
- WA Playgroup Annual Fun Day Health Promotional Stall;
- Homeless Connect Annual Event health Promotional Stall;
- WA TIS Jurisdictional Workshop;
- WA Strategic Leadership Group meeting;
- Oceania Tobacco Control Conference;
- AHCWA social media platforms 'quit smoking messaging';
- 'World NO Tobacco Day 2020' Radio Campaign ;
- 'World NO Tobacco Day 2020' (Facebook initiative);
- AHCWA National Reconciliation (in-house recognition activities); and
- Annual Bob Elphick Award Annual Breakfast.







# Corporate Services



## Corporate

### Human Resources

#### Summary

The Human Resource and Organisational Development Team provided high quality, timely and sector-specific HR support for the Member Services, actively addressing unique workforce challenges across the sector, particularly during the unprecedented times of COVID-19.

#### 2019 - 2020 Achievements:

##### Member Support

The team provided comprehensive support and timely advice to all the Member Services on key workforce and HR matters, including recruitment and selection, work health and safety, leave arrangements, industrial relations, flexible work arrangements, workforce planning and rostering and, managing performance remotely.

##### Workplace Culture and Organisational Values

The team implemented a number of new initiatives to help foster and promote a strong, positive and high performing organisational culture, including a Workplace Improvement Committee, Flexible Work Arrangements, and interactive employee and manager in-services. The organisation also hosted an engaging team-building day that was designed to strengthen teamwork, problem solving, time management and communication skills.

The organisation's foundational values of culture, resilience, accountability, collaboration, passion and integrity shone through during the COVID-19 pandemic and have been embedded into the organisation's reward and recognition framework, performance reviews, and recruitment and selection processes.

##### Continuous Quality Improvement

The team sustained a focus on continuous quality improvement initiatives designed to improve the operational efficiency and effectiveness of HR processes, practices and workplace culture. This included incorporating the use of an online feedback tool within the organisation's quality management system to increase the involvement and engagement of employees and ensure a well-documented audit record of workplace improvements.

##### Employee Performance and Recognition

An improvement of the existing Employee Recognition Framework with a focus on reinforcing and rewarding significant achievements, positive contributions and exemplary behaviours reflective of our organisational values was a major focus over the financial year.

The organisation implemented two annual employee awards for recognition of when an employee has demonstrated actions that exceed the responsibilities of their position and align with the organisation's values, mission, vision and strategic goals. These are known as the Gloria Khan Team Impact Award and Maxine Armstrong Leaders Award.

The organisation also celebrated the outstanding contribution of our Chief Executive Officer, Mr Des Martin, who was recognised for 10 years of dedicated service in February 2020.

##### Workplace Culture and Flexibility

Throughout the global pandemic, the organisation continued to embrace its commitment to fostering a culture of flexibility and a family friendly work environment. The organisation ensured all employees were supported with individual flexible working arrangements, including working from home arrangements, flexible work hours and job sharing. This facilitated opportunities for staff to maintain a healthy work-life balance, which has in turn increased productivity, engagement and retention.



A commitment to facilitating and promoting positive social and emotional wellbeing amongst all employees was further enhanced by the introduction of a Workplace Social and Emotional Wellbeing Policy and practical guide for Managers. This initiative was launched at an engaging workshop facilitated by our Employee Assistance Program provider (Acacia Connection) on R U OK? Day in September 2019.

### Recruitment, Selection and Retention

A comprehensive review and enhancement of AHCWA's Recruitment Policy ensured the organisation continued to fulfill its commitment to ensuring all appointments are made on the basis of merit and the principles of equity, fairness and transparency.

In addition, and in accordance with the organisation's Aboriginal Workforce Engagement and Development Strategy, the organisation also created new opportunities for increasing and retaining a strong and highly skilled Aboriginal workforce.

### E-Learning and Professional Development

AHCWA maintained a strong focus on employee learning and professional development by utilising an e-learning platform (AMSED) to empower and facilitate continuous employee development via tailored learning pathways. The platform also provided an effective digital learning library to efficiently record all professional activities, registrations and qualifications.

### Compliance and Record-Keeping

The team transitioned to a paperless electronic filing system that created significant efficiencies in record-keeping whilst also maintaining an exceptional compliance rate (93%).

Number of opportunities for staff to act and/or advance into leadership and managerial positions



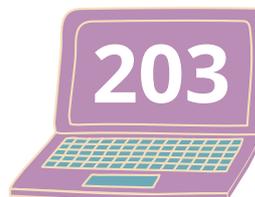
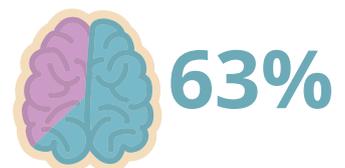
Number of staff who participated in a 3 ½ day Emerging Leaders Program



Number of interns and students hosted



Percentage of staff who participated in training and development activities



Number of mandatory e-learning modules completed

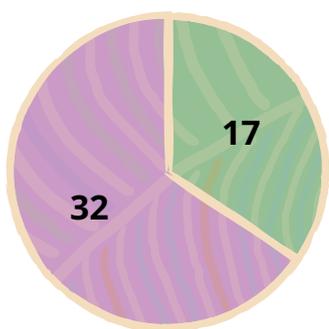
Number of staff who participated in mandatory cultural safety training





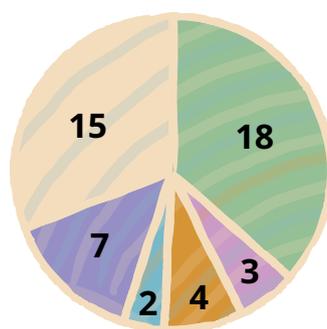
## Human Resource and Organisational Development

Employee Numbers at 30 June	
2016	48
2017	59
2018	62
2019	49
2020	49



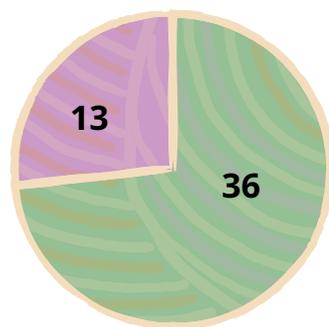
### Aboriginality

- Aboriginal
- Non-Aboriginal



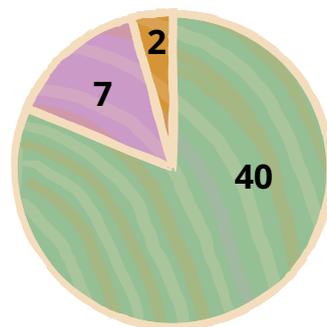
### Tenure (Years)

- 0 - 1
- 1 - 2
- 2 - 3
- 3 - 4
- 4 - 5
- 5 +



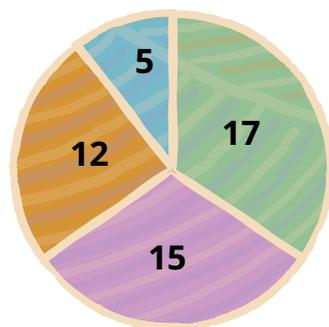
### Gender

- Female
- Male



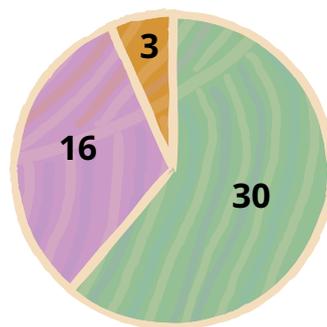
### Staff Structure

- Full time
- Part time
- Casual



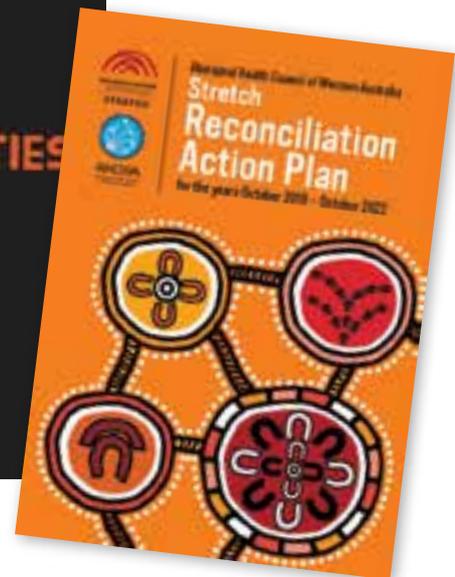
### Age

- 18 - 30
- 31 - 45
- 46 - 60
- 60 +



### Staff Classification

- Permanent
- Fixed Term
- Temporary



## Communications and Design

### Summary

The Communications and Design Team had a very busy year, collating and designing internal and external resources for AHCWA, the Member Services, and other external organisations.

In January 2020, the team grew to include three Graphic Designers who worked together to produce exceptional documents focussing on impressive composition and layout. The team has also moved into the medium of using high quality illustrations for the resources, and have produced a range of training resources, flyers, booklets, posters, merchandise and promotional material for most of the work units at AHCWA.

Major design projects for the year included the design of the WA Aboriginal Community Controlled Health Sector Conference graphic for use in the conference resources. Unfortunately due to COVID-19 the conference was cancelled for 2020. The Communications and Design team also contributed to the collation, edit, and design of the 2018-2019 Annual Report.

During the COVID-19 period, the team worked together to create a suite of resources for the community based on concerns caused by the pandemic. During this period, the team also had the opportunity to acquire the skills of a Videographer to help with the development of some of those resources. Moving into the next financial year, the position was recognised as needed, and AHCWA are now employing a Videographer to continue

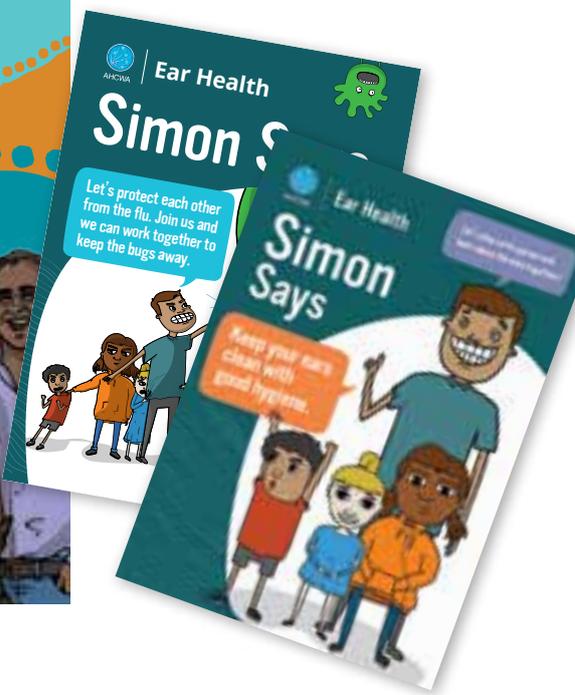
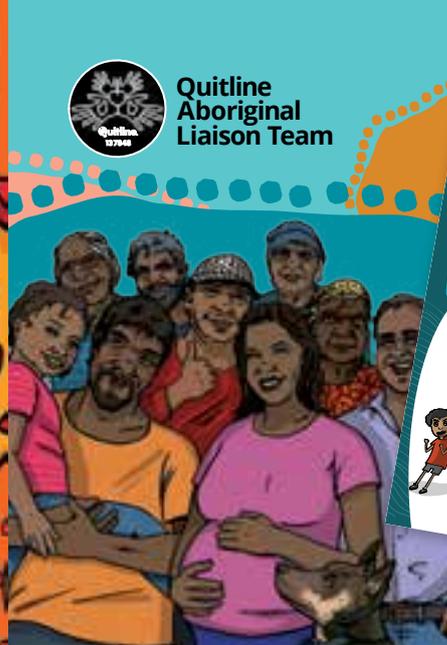
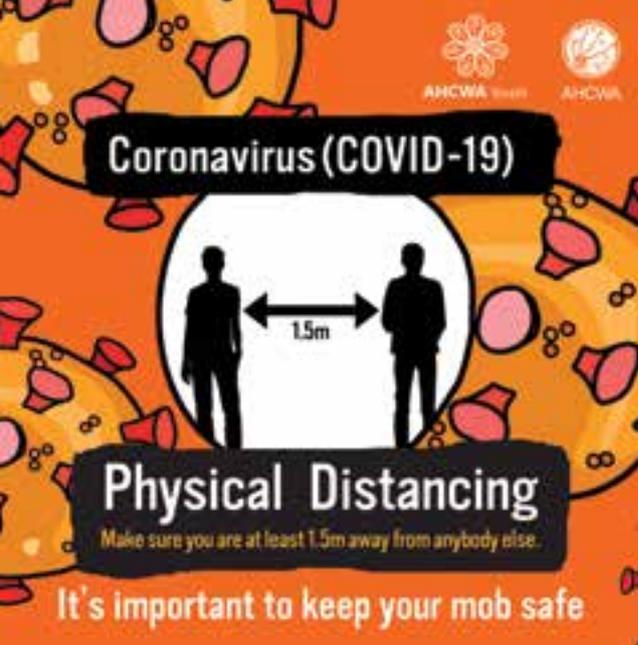
The AHCWA Newsletter is happening in and around

courses and the Tackling Indigenous Smoking Team, as well as delivering good news stories received from the staff and Member Services. The AHCWA Newsletter is produced quarterly, and is distributed to all of the Member Services, fellow NACCHO Affiliates, government agencies, and other stakeholders.

The AHCWA e-Bulletin provides an update to the Member Services, AHCWA staff and stakeholders on key issues that are occurring now, including training, workshop and scholarship opportunities and current vacancies available at AHCWA and throughout the Member Services and health organisations.

All members of the Communications and Design Team have strong backgrounds in different areas, which has allowed AHCWA to produce quality documents through collation and development, artwork, and the inclusion of high quality images to create unique designs for all AHCWA documents.

The Communications and Design Team have also had more of an opportunity this year to promote AHCWA through digital media, including the AHCWA website, Facebook and Twitter. The AHCWA YouTube channel was also revived to assist with showcasing the video work completed.



## Information, Communication and Technology

### Summary

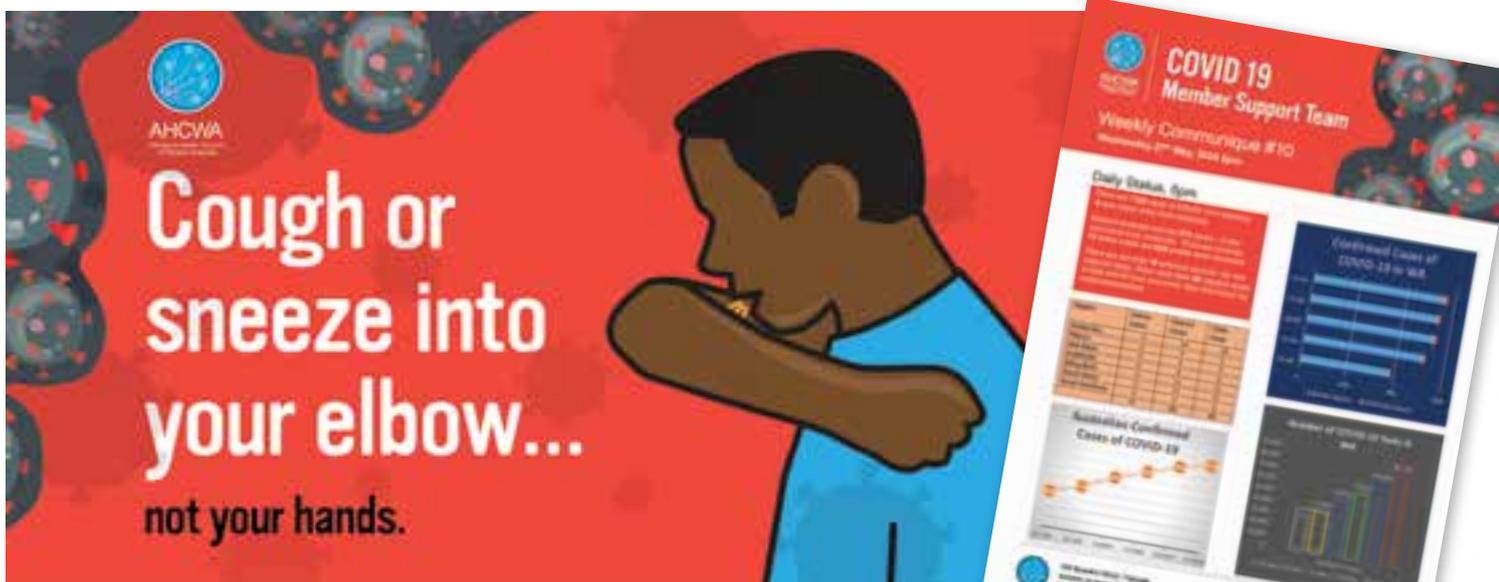
The Information, Communication and Technology (ICT) Team focussed on implementing and bringing in concepts from the Information Technology Infrastructure Library to improve operational efficiency and effectiveness.

This provided greater structure and an organised way for work to be undertaken, highlighting transparency in progress and completion.

#### The key achievements included:

- Successful implementation of an IT Service Management (ITSM) tool, creating a centralised location for all IT related matters, from new requests to managing issues and management of projects and assets;
- Tailored and specialised advice for Member Services regarding the effective utilisation and implementation of telehealth initiatives;
- The re-introduction of Microsoft Teams to ensure continuity of workflow, improve collaboration and enhance support across the organisation, especially during COVID-19;

- An upgrade of the existing video conference system to better suit the needs of the evolving environment and enabling improved connectivity and communication with the Member Services and other key stakeholders;
- The re-design and construction of a new AHCWA website to improve functionality as well as consolidate our resources and support services for the Member Services; and
- The implementation of Automox, a cloud based tool, which actively monitors and ensures all updates are applied to software and applications to ensure best practice.



## COVID-19 Report

### Summary

When the first COVID-19 case was reported in Australia at the end of January 2020, AHCWA started working diligently and collaboratively to provide a comprehensive and multi-faceted response to support the Member Services through this challenging and unprecedented period.

The Public Health Team took a proactive approach by developing and distributing a detailed Pandemic Response Tool Kit and commenced weekly clinical leadership meetings to ensure all Member Services were kept up to date with the evolving trends and issues arising out of the pandemic.

The Executive Management Team formalised its COVID-19 response in March 2020, when it established a dedicated COVID-19 Member Support Team. Co-led by AHCWA's PHMO, and AHCWA's Clinical Practice and Continuous Quality Improvement Manager, the team was established to provide a proactive, comprehensive and multidisciplinary approach to address the evolving issues relating to COVID-19.

This included ensuring all ACCHS were able to maintain contact with vulnerable people in their communities, and ensure they continued to manage their pre-existing and ongoing health conditions and as well as stay safe from the spread of the virus.

#### **The COVID-19 Member Services Support Team provided a diverse and professional level of support for our Members including, but not limited to:**

- The consultation and advocacy on a National, State and Local level;
- The dissemination of daily updates and weekly communiques to all key stakeholders which provided updates on clinical matters of importance; advice on continuity of care; information on training and development; and updates on the rapidly changing biosecurity and infection control restrictions;

- Membership on the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 chaired by the Commonwealth Department of Health's Indigenous Health Division; Department of Health WA COVID-19 Aboriginal and Torres Strait Islander Advisory Committee; State Emergency Coordinator's Directorate Emergency Management Team and representation on committees on a National, State and Regional level;
- Working closely with NACCHO and the Affiliates in each state and territory to ensure a coordinated and consistent response;
- Developing and disseminating informative COVID-19 resources and health promotional materials via email banners; website updates; pamphlets; videos; radio and television commercials; fact sheets and social media campaigns that were adopted nationally;
- Addressing the identified issues for the ACCHS and the communities and assisting in problem solving the solutions to address them;
- Working with key stakeholders such as the Department of Communities' and Western Australia Council of Social Service (WACOSS) to adopt a culturally appropriate and community led approach to respond to the needs of remote communities;
- Providing Governance and Human Resource advice and support for Member Services;
- Advocating on behalf of Member Services to address identified issues such as poor connectivity, food security, workforce capacity and continuity, domestic violence and alcohol and drug abuse;
- Advocating for the use of Telehealth and Medicare billing as a sustainable alternative for remote patient care;



## Corporate Services

- Working with the Member Services to implement and understand bio-security obligations to ensure the continuity of their fly-in fly-out workforce;
- Collaborating with the Kirby Institute to assist in training and coordinating the roll out of point of care testing in the ACCHS;
- Assisting Member Services in the setup and implementation of culturally appropriate Respiratory Clinics;
- Proactive engagement in conversations, and shared resources, regarding goals of patient care; advanced care planning and palliative care;
- Participation in the emergency response desktop scenarios to improve the emergency response in remote communities;
- Advocating to ensure there was an ACCHS representative on regional and remote pandemic planning forums;

- Establishment of strategic partnerships with key stakeholders to assist in a collaborative and collective approach to the pandemic response and beyond.

Unfortunately, COVID-19 is an ongoing issue and everyone will need to be diligent in maintaining precautions to remain safe.

Despite the struggles, COVID-19 has highlighted the amazing resilience, creativity, focus, unrelenting work ethic and valuable contribution that each of the ACCHS provides to the community. It also emphasises the role AHCWA plays, with the support, cooperation, engagement and collaboration of the Member Services to lead, influence and work towards achieving better health outcomes for Aboriginal people.



# Summary Financial Report

For the year ended 30 June 2020

# Aboriginal Health Council of WA

## Summary Financial Reports

### For the year ended 30 June 2020

The attached summary financial statements and other specific disclosures are an extract of, and have been derived from the full audited financial statements of the Aboriginal Health Council of Western Australia ("Organisation") for the financial year ended 30 June 2020.

Other information included in the Summary Financial Statements is consistent with the full Annual Financial Report.

A copy of the Aboriginal Health Council of Western Australia's Annual Financial Report, including the independent Audit Report, is available to all members on the Organisation's website [www.ahcwa.org.au](http://www.ahcwa.org.au)

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# Aboriginal Health Council of WA

## Director's Report

### For The Year Ended 30 June 2020

The directors of the Aboriginal Health Council of WA ("AHCWA") ("Organisation") ("Corporation") present their report together with the financial statements for the financial year ended 30 June 2020.

### Directors

The name of each person who acted as a Director during the year and as at the date of this report are:
• Vicki O'Donnell (Chairperson - Kimberley)
• Raymond Christophers (Deputy Chairperson - Kimberley)
• Susan Oakley (Treasurer - Murchison/Gascoyne)
• Fabian Tucker (Secretary - Goldfields)
• Rachel Mallard (Director - Murchison/Gascoyne)
• Preston Neil Thomas (Director - Central Desert)
• Derek Harris (Alternate Director - Central Desert)
• Christopher Bin Kali (Director - Kimberley)
• Phyllis Simmons (Director - Pilbara)
• June Councillor (Alternate Director - Pilbara)
• Eric Simpson (Director - Goldfields)
• Jonathan Ford (Director - Metro 04/07/2019)
• Francine Eades (Alternate Director - Metro 04/07/2019)
• Ernie Hill (Director - Southwest)
• Lesley Nelson (Alternate Director - South West)

At the date of this report, there are currently three positions on the Board that are vacant:
Alternate Director - Goldfields
Alternate Director - Kimberley
Alternate Director - Murchison/Gascoyne

### Principal Activities

During the year, the principal activity of the Organisation was to network, provide support, advocate, influence policy, monitor performance, build work capacity, improve and strengthen the social and emotional wellbeing of Aboriginal people and their communities.

There have been no significant changes in the nature of these activities during the year.

### Operating Results

The Organisation recorded a surplus of \$895,921 (2019: Surplus of \$535,351) as reported in the statement of profit or loss and other comprehensive income.

### Significant Changes in the State of Affairs

No significant changes in State of Affairs.

### Environmental Issues

The Organisation's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

# Aboriginal Health Council of WA

## Director's Report

For The Year Ended 30 June 2020

### Auditor's Independence Declaration

A copy of the Auditor's Independence Declaration as required under s.60-40 of the Australian Charities and Not-for-profits Commission Act 2012 is included on page 34 of this financial report.

### Information on Directors

Number of director meetings held for the year ended 30 June 2020 was 13.

Name	Position	Region	Period of Tenure		Director Meetings	
					No of meetings eligible to attend	Number attended
Vicki O'Donnell	Chairperson	Kimberley	4/11/2017	Present	13	13
Raymond Christophers	Deputy Chairperson	Kimberley	15/11/2014	Present	13	12
Susan Oakley	Treasurer	Murchison/Gascoyne	15/11/2014	Present	13	13
Fabian Tucker	Secretary	Goldfields	04/11/2017	Present	13	11
Rachel Mallard	Director	Murchison/Gascoyne	15/11/2014	Present	13	12
Preston Neil Thomas	Director	Central Desert	25/03/2015	Present	13	6
Christopher Bin Kali	Director	Kimberley	04/11/2017	Present	13	13
Phyllis Simmons	Director	Pilbara	04/11/2017	Present	13	10
Eric Simpson	Director	Goldfields	04/11/2017	Present	13	11
Ernie Hill	Director	South West	25/03/2019	Present	13	13
Jonathan Ford	Director	Metro	04/07/2019	Present	13	9

Corporation Secretary during the year was Fabian Tucker.

Treasurer during the year was Susan Oakley.

### Indemnifying Officers or Auditor

No indemnities have been given or agreed to be given or insurance premiums paid or agreed to be paid, during or since the end of the financial year, to any person who is or has been an officer or auditor of the Organisation.

### Proceedings on Behalf of the Organisation

No person has applied for leave of Court to bring proceedings on behalf of the Organisation or intervene in any proceedings to which the Organisation is a party for the purpose of taking responsibility on behalf of the Organisation for all or any part of those proceedings.

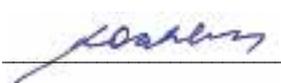
The Organisation was not a party to any such proceedings during the year.

### Distributions

No distributions have been paid to members during the year.

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

Director 

Director 

# Aboriginal Health Council of WA

## Director's Declaration

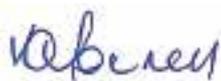
For The Year Ended 30 June 2020

Dated this 26th day of October 2020

In the opinion of the Board of Directors of the Aboriginal Health Council of WA:

- a. The financial statements and notes of the Aboriginal Health Council of WA are in accordance with the Corporations Act 2001 and Australian Charities and Not for profit Commission Act 2012, including:
  - i) Giving a true and fair view of its financial position as at 30 June 2020 and of its performance for the financial year ended on that date; and
  - ii) Complying with Australian Accounting Standards (including the Australian Accounting Interpretations), the Corporations Regulations 2001 and the Australian Charities and Not-for-profits Commissions Regulation 2013; and
- b. There are reasonable grounds to believe that the Aboriginal Health Council of WA will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Board of Directors



Chairperson - Vicki O'Donnell

Dated 26th October 2020



Treasurer - Susan Oakley

Dated 26th October 2020

# Aboriginal Health Council of WA

## Income Statement

For The Year Ended 30 June 2020

	Notes	2020	2019
		\$	\$
<b>INCOME</b>			
Revenue from ordinary activities - Recurrent		6,976,056	13,779,493
Revenue from ordinary activities – Non Recurrent		1,323,806	1,642,096
Total Income	2	8,299,862	15,421,589
<b>EXPENDITURE</b>			
Employee benefits expense		5,042,197	5,102,071
Depreciation and amortisation expenses	3	335,704	189,199
Operating lease expense	3	117,524	96,264
Loss on sale of non-current assets	3	11,336	31,403
Finance costs		8,432	14,982
Grant administration expenses		1,005,308	8,433,315
Meeting/seminar/workshops		95,563	228,421
Member Support Grants		351,758	-
Insurance costs		51,383	42,877
Motor vehicle expenses		9,962	55,712
Office supplies and consumables		65,576	71,554
Travel expenses		309,198	620,440
<b>Total Expenditure</b>		<b>7,403,941</b>	<b>14,886,238</b>
<b>Profit / (Loss) for the year attributable to members of the Aboriginal Health Council of WA</b>		<b>895,921</b>	<b>535,351</b>
<b>Total comprehensive income / (loss) for the year attributable to members of the Aboriginal Health Council of WA</b>		<b>895,921</b>	<b>535,351</b>

	Notes	2020	2019
		\$	\$
<b>CURRENT ASSETS</b>			
Cash at bank	4	2,671,940	906,781
Accounts and other receivables	5	770,866	467,287
Prepayments	6	157,969	121,533
		<b>3,600,775</b>	<b>1,495,601</b>
<b>NON CURRENT ASSETS</b>			
Property, plant and equipment	7	6,328,723	6,567,111
Intangible assets	8	7,199	51,250
Right of use assets	9	53,751	-
		<b>6,389,673</b>	<b>6,618,361</b>
<b>TOTAL ASSETS</b>		<b>9,990,448</b>	<b>8,113,962</b>
<b>CURRENT LIABILITIES</b>			
Trade creditors and accruals	10	843,081	615,615
Lease liabilities	15	23,873	-
Provision for employee entitlements	12	735,455	766,020
Unexpended grants	11	1,929,378	915,122
Bank Loan	14	-	196,105
		<b>3,531,787</b>	<b>2,492,862</b>
<b>NON CURRENT LIABILITIES</b>			
Lease liabilities	15	28,058	-
Provision for employee LSL entitlements	12	87,233	173,651
		<b>115,291</b>	<b>173,651</b>
<b>TOTAL LIABILITIES</b>		<b>3,647,078</b>	<b>2,666,513</b>
<b>NET ASSETS</b>		<b>6,343,370</b>	<b>5,447,449</b>
<b>EQUITY</b>			
Start up capital		11,020	11,020
Accumulated profits		6,332,350	5,436,429
<b>TOTAL EQUITY</b>	13	<b>6,343,370</b>	<b>5,447,449</b>

# Aboriginal Health Council of WA

## Notes to the Financial Statements

For The Year Ended 30 June 2020

### Reporting Organisation

The Aboriginal Health Council of Western Australia ("AHCWA") is a not-for-profit organisation which is an unlisted public company limited by guarantee. The entity's principal activity of the entity is the provision of primary health care services and associated health programs to the Indigenous communities.

## 2. Basis Of Preparation Of Summary Financial Report

### (a) Basis of Preparation

The Financial Statements and specific disclosures included in this Summary Financial Report have been derived from the full Annual Financial Statements for the financial year. Other information included is consistent with the full Annual Financial Statements. The Summary Financial Report does not, and cannot be expected to, provide as full an understanding of the financial performance, financial positions and financing and investing activities of the organisation as the full Annual Financial Statements.

A full description of the accounting policies adopted by the group may be found in the full Annual Financial Statements, which was approved by the Directors on the 26th October 2020.

### (b) Basis of Measurement

The financial statement has been prepared on an accruals basis and is based on historical costs.

### (c) Functional Currency

All amounts disclosed are presented in Australian dollars which is both the functional and presentation currency of the entity.

## Independent Auditor's Report

### To the Directors of Aboriginal Health Council of WA

#### Report on the audit of the financial report

##### Opinion

We have audited the financial report of Aboriginal Health Council of WA (the "Registered Entity"), which comprises the statement of financial position as at 30 June 2020, and the statement of profit or loss and comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and the Directors' declaration.

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

- giving a true and fair view of the Registered Entity's financial position as at 30 June 2020 and of its financial performance for the year then ended; and
- complying with Australian Accounting Standards 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 Registered Entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

#### Responsibilities of the Directors for the financial report

The Directors of the Registered Entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the ACNC Act, and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

The Directors are responsible for overseeing the Registered Entity's financial reporting process.

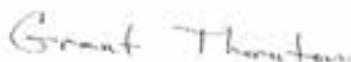
#### Auditor's responsibilities for the audit of the financial report

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.

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

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

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



GRANT THORNTON AUDIT PTY LTD  
Chartered Accountants

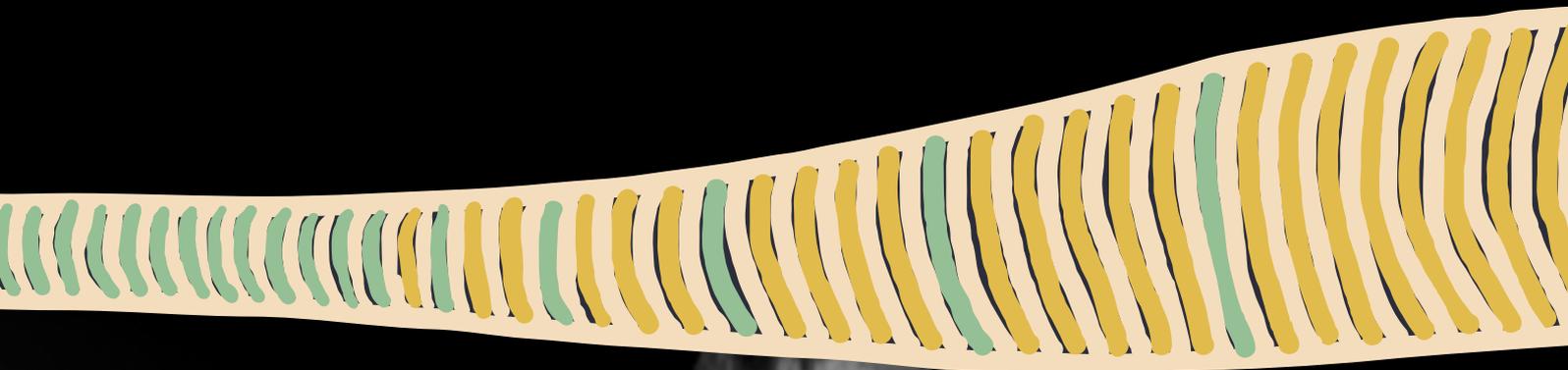


B P Steedman  
Partner – Audit & Assurance

Perth, 26 October 2020.









**AHCWA**  
Aboriginal Health Council  
of Western Australia

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 AHCWA |  THEAHCWA | [www.ahcwa.org.au](http://www.ahcwa.org.au)