

The Aboriginal Health & Medical Research Council of NSW

Annual Report 2012-13



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About the cover

Cover art: Steve Morgan

About the artist:

Steve Morgan is a Gamilaraay man from Walgett, North South Wales. Steve is an emerging artist now living in Sydney. His passions include music, art and being around the mob.

About the artwork:

The Cycle of Life No. 3

The four corners represent the four seasons. Each season has a specific role in the growth cycle. The circle in the centre depicts a seed that is affected by the four seasons. The community is always present and needs to be nurtured and strengthened throughout the four seasons.

The AH&MRC wishes to advise people of Aboriginal descent that this document may contain images of persons now deceased.

Aboriginal Health and Medical Research Council of New South Wales Annual Report 2012-13

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A Message from the Chairperson

Once again, we find ourselves at the end of another busy and productive year, and so it is with great pride that I present the *Annual Report 2012-2013* of the Aboriginal Health and Medical Research Council of NSW (AH&MRC).

You will read on the following pages about the efforts and achievements of our organisation, all of which are in pursuit of our vision of Aboriginal health, wherein Aboriginal people achieve physical, cultural, social and emotional wellbeing and contribute to the overall health, wellbeing and strength of their communities.

The AH&MRC's vision continues to focus on achieving health equity for Aboriginal people by supporting our

Services to plan, manage and deliver primary health care services that respond to the needs and aspirations of the Aboriginal clients, families and communities they were set up to serve.

The AH&MRC has consistently advocated for the continued support of the Aboriginal Community Controlled Health sector and the importance of its unique and ongoing role in the development of policy, planning and service delivery.

In the spirit of our cultural values and our vision for Aboriginal health, we have confronted many new challenges that have arisen from the changing health care landscape. In order to secure our future as a sector we have strengthened our engagement with Member Services

Importantly, through the continued support of a number of key partners, the AH&MRC has been able to deliver positive outcomes in a number of program areas, all of which are outlined in the body of this *Annual Report*. We would like to thank our many partners for the commitment and respect they have demonstrated over many years of working with us.



In the spirit of our cultural values and our vision for Aboriginal health, the AH&MRC has confronted many new challenges that have arisen from the changing health care landscape

members, the Aboriginal Community Controlled Health Services of NSW, to provide comprehensive and culturally appropriate primary health care to the Aboriginal community. We have focused on key opportunities to advance our short-term objectives while also continuing to make good progress toward achieving our long-term strategic objectives.

I would like to acknowledge the commitment of the AH&MRC Board of Directors, who are the cornerstone of our organisation. By applying their experience and expertise to their roles, they provide unique Aboriginal community leadership and contribute directly to the stability and success of the AH&MRC. The Board's approach to the enhancement of process, in particular, has been exemplary during the past year.

The AH&MRC staff is also to be commended for their hard work throughout the past year and for helping our Member

through workshops with a focus on unity, renewal and growth of a model worthy of recognition and expansion.

The AH&MRC has also worked with the National Aboriginal Community Controlled Health Organisation (NACCHO) and its Affiliates from other jurisdictions to facilitate input and engagement with policies and strategies at the national level.

Establishing or strengthening relationships with external organisations was another focus of the AH&MRC over the past year, especially as the dust settles following the wide ranging reforms at state and national levels. Our efforts in this area include the *NSW Aboriginal Health Partnership Agreement* and the *Aboriginal Health Framework Agreement*. The AH&MRC also remains committed to working through the Coalition of Aboriginal Peak Organisations to influence Aboriginal Affairs policy in NSW.

Finally, thank you also to our Member Services for their support and involvement in contributing to the work of the AH&MRC. Thank you for allowing your staff members to take up roles as Directors, for attending our many meetings and workshops, and for participating on the steering committees for our conferences and other projects. We couldn't do it without you.

The AH&MRC remains steadfast in our commitment to achieving a healthy future for Aboriginal people in NSW.

Yours in unity,

A handwritten signature in black ink, reading 'C Corby, OAM'.

Mrs Christine Corby, OAM
Chairperson

The AH&MRC Board of Directors

Mrs Christine Corby, OAM

Chairperson

North West

Mrs Corby is a Gamilaraay woman from north-western New South Wales. She was born in Sydney but later returned to her mother's country in Walgett, where she has lived for the past 38 years.

Mrs Corby was the Legal Secretary for the NSW Aboriginal Legal Service for 11 years. When funding was announced in 1986 for the establishment of a local Aboriginal Medical Service in Walgett, she commenced in the role of CEO, a position she has held for 27 years. She also holds the position of CEO of Brewarrina Aboriginal Health Service Limited.

Mrs Corby is the Chairperson of the Aboriginal Health and Medical Research Council of NSW (AH&MRC), is one of the NSW representatives on the National Aboriginal Community Controlled Health Organisation (NACCHO) Board and also attends NSW Aboriginal Health Partnership meetings and NSW Aboriginal Health Forum meetings. She is also the Chairperson of Bila Muuji Aboriginal Health Service Incorporated (representing 11 Member Services of the AH&MRC) in the (former) Greater Western Area Health Service region.

Mrs Corby is a Justice of the Peace and holds a Graduate Diploma of Health Service Management, a Diploma of Health Sciences and a Diploma of Management. She was awarded the Order of Australia Medal in 2005, the Centenary Medal in 2003 and received the NSW Health Hall of Fame Award in Aboriginal Health in 2005.

Mr Craig Ardler

Illawarra

Mr Ardler is the current CEO of the South Coast Medical Service Aboriginal Corporation (SCMSAC), a role he also held from 1999-2006. He has a wealth of experience in management, policy and community development with several organisations.

During his first term as the CEO of SCMSAC, Mr Ardler helped grow the organisation from five staff and an annual turnover of \$275,000 to 35 employees and a turnover of \$3.7 million, and he played a key role in rolling out many new and urgently required services to the local Aboriginal community.

Mr Ardler has also worked for the Wreck Bay Aboriginal Community Council as Policy and Liaison Manager, and he was recently employed within the Australian Public Service as a Legal and Education Officer through the Department of Sustainability, Environment, Water, Population and Communities at Booderee National Park.

Mr Ardler's other current board positions include Chairman of the Booderee National Park Board of Management and Chairman of the Wreck Bay Aboriginal Community Council, where he has been elected to many executive roles since 1989.



BOARD OF DIRECTORS

Aboriginal Health & Medical Research Council of New South Wales

Ms Dea Delaney-Thiele

Metropolitan

Ms Delaney-Thiele is a very proud Duguthi woman born at the Burnt Bridge Mission in Kempsey, NSW. She has more than 20 years' experience working within the Aboriginal Community Controlled Health sector.

Ms Delaney-Thiele is the current AH&MRC Metropolitan Regional Director, a position she also held from 1994-2000. She is also currently the Regional Coordinator for the Healthy Lifestyles Program at the Aboriginal Medical Service, Western Sydney.

Ms Delaney-Thiele was the previous Chief Executive Officer of the National Aboriginal Community Controlled Health Organisation (NACCHO), where she was responsible for the management of the national Secretariat. She is also a Board Member of the Deerubbin Local Aboriginal Land Council.

Other positions and representations held by Ms Delaney-Thiele over the years include: the NSW representative to NACCHO (1994-1997); member on the NSW Aboriginal Mental Health Advisory Committee (1995); representative on the NSW State Partnership Forum (from 1996); Chairperson of the Kamaku Building Enterprises Aboriginal Corporation (since 1996); and Chairperson of the Murawina Mt Druitt Aboriginal Child-care Centre in Sydney.

Ms Delaney-Thiele was Deputy CEO and CEO of Daruk Aboriginal Community Controlled Medical Service Co-op Ltd (now Aboriginal Medical Service Western Sydney) and has been a member of many other Aboriginal organisations, such as AMS Redfern, Deerubbin Local Aboriginal Land Council, Aboriginal Housing Co-op Redfern, Winnunga Nimmityjah in Canberra and the AH&MRC Ethics Committee.

Ms Delaney-Thiele served on the Board of Directors for the Western Sydney Area Health Service (1996-2000) and the New Children's Hospital in Westmead (1995-2000). She is a member of the Australian Institute of Company Directors and has been a member of the Australian College of Health Service Executives since 1997.

Anne Greenaway

Far South Coast

Ms Greenaway is the current CEO of Merrimans Local Aboriginal Land Council and the past CEO of South Coast Medical Service Aboriginal Corporation and of Katungul Aboriginal Corporation Community and Medical Services. She holds a Bachelor of Arts and Master of Letters (History).

Ms Greenaway worked for TAFE NSW for 17 years in Aboriginal Education and Training and is a member and past Board member of: AbSec (Aboriginal Child, Family and Community Care State Secretariat NSW Inc); Cobowra CDEP (Community Development and Employment Program); ATSIEN (Aboriginal and Torres Strait Islander Employment Network); SEALS (South Eastern Region Aboriginal Legal Service); Oolong House; and the SESIAHS (South Eastern Sydney and Illawarra Area Health Service) Area Health Advisory Committee.

Currently, Ms Greenaway is the Chair of the Advisory Committee for the Wandarma Regional Drug and Alcohol Service in Bega and sits on the Advisory Committee for the Aboriginal Health and Cancer Services - Working Together (AH&CS - WT) Project. Anne is a strong advocate for women and children's health and wellbeing issues.

Mr Tim Horan

Central West

Mr Horan is new to the health scene, having spent 20 years with the NSW Police. He has been involved in supporting local communities for many years and is committed to the people of western NSW, particularly those communities that are socially disadvantaged. Mr Horan has been a Councillor on Walgett and Coonamble Shire Council, and served as Mayor of Coonamble Council from March 2004 until late 2012.

Mr Horan was employed by the Coonamble Aboriginal Health Service as the CEO in August 2008 and continues to drive the new service forward, guiding the organisation as it provides vital health services to the area and contributes to *Closing the Gap* initiatives.

Ms Pam Handy

Far West

Ms Handy was born in Brewarrina, NSW and moved to the lands of the Barkindji on the Murray and Darling Rivers near Dareton-Coomealla.

Ms Handy is currently the Chair of the Board of Directors of Coomealla Aboriginal Health Corporation. She has worked in administration, education, training and welfare positions in a range of public service and community organisations, including holding positions as Chairperson, Secretary and Director with the local Aboriginal Land Council; Representative of Western Aboriginal Community Liaison Officer; Regional and State Representative NSW Police Force Committee; Regional Representative with Western Region Shire Council; Regional President of the Western College of Adult and Community Education Committee, Dubbo; Regional Representative for School Education in Riverina Committee; Riverina Region and State Representative on NSW Aboriginal Education Consultant Group Committee; Representative on the Bila Muuji Aboriginal Community Health Service Committee; and support lecturer with the University of Technology in Sydney, where she also worked as a supervisor and tutor of students.

Ms Handy was previously CEO of Coomealla Health Aboriginal Corporation from 1995-2002, which included administration of the Balranald Aboriginal Health Service in 2000, and she also managed Brewarrina Aboriginal Health Service Limited for a brief period in 2003. Ms Handy was appointed as the AH&MRC's Far West Representative in 1995-2002 and again in 2011-2013. She also represented the AH&MRC on the Board of Directors, of the National Aboriginal Community Controlled Health Organisation (NACCHO).

Ms Handy served as the Aboriginal Community Liaison Officer for the Dareton, NSW Police Force from 2006-2012. She is also currently the CEO of Dareton Local Aboriginal Land Council, having previously held the position of Chairperson from 2006-2010.

Mrs Val Keed

Lower Central West

Mrs Keed was born in Peak Hill, NSW and is descended from a long line of proud Wiradjuri people in this area. She was a founding member of the AH&MRC since its establishment (initially as the Aboriginal Health Resource Committee) in 1985. Mrs Keed has held the position of AH&MRC Lower Central West Regional Director on many occasions over the years, most recently having been re-elected in 2009.

Mrs Keed is currently the Chairperson of the Peak Hill Aboriginal Medical Service. She is also involved in many community-based organisations in the region, including the Peak Hill Local Aboriginal Land Council; Warramunga Aboriginal Advancement Co-operative; Mid Lachlan Aboriginal Housing Management Association; Weigelli Drug and Alcohol Centre (Cowra); and the National Parks Peak Hill/Bogan River Aboriginal Reference Group.

As an AH&MRC Director, Mrs Keed also holds the Chairperson position on the AH&MRC Ethics Committee and is a nominated delegate to NACCHO. As well as her local commitments, Mrs Keed also represents the AH&MRC and NACCHO on various state and national steering committees.

Mr David Kennedy

North Coast

Mr Kennedy is an Eora man with family ties in the Gumbainggirr Nation on the North Coast of NSW. David held the position Chair of the Many Rivers Aboriginal Medical Service Alliance from 2006 to 2012, an alliance of 10 Aboriginal Health Services on the North Coast of NSW.

Mr Kennedy is a former Director and former Deputy Chairperson of the Coffs Harbour and District Local Aboriginal Land Council. He is also a member of numerous regional and Local Health District committees. Mr Kennedy is the current Chair of the Mid North Coast Local Health District *Closing the Gap* Subcommittee and is a current Board member on the Mid North Coast Local Health District Governing Council. He was also a member of the Regional Aboriginal Chronic Disease Program Management Committee; the Many Rivers AMS

Alliance Healthy for Life Consortium (as Chair); the Aboriginal Maternal Infant Health Strategy Steering Committee; the Partnership in Aboriginal Care Regional Program; and the Department of Aboriginal Affairs Regional Engagement Group.

Ms Selena Lyons

Riverina

Ms Lyons is a proud Wiradjuri woman, originally from Narrandera within the Riverina, who has worked in management roles in both Aboriginal community controlled organisations and government agencies for the past 25 years. She worked with the Department of Health and Ageing in Canberra as Manager of the Indigenous Health ACT Office; Winnunga Nimmityjah Aboriginal Health Service in Canberra as Operations Manager; and Centrelink as Manager, Indigenous Services Area - South West.

Ms Lyons is the CEO of the Riverina Medical and Dental Aboriginal Corporation, a position she has held since March 2010, and has been a Director on the AH&MRC's Board of since October 2011. She has a Diploma in Practice Management; Certificate IV in Medical Administration; Diploma in Legal Advocacy; and Certificates in Small Business Management, Office Management Skills and Project Fundamentals. Ms Lyons is currently a Director on the Board of Murrumbidgee Medicare Local.

Ms Rochelle Patten

Murray River

Ms Patten is a proud Yorta Yorta woman and a founding member the AH&MRC. She is the current Chairperson of the Cummeragunja Housing and Development Aboriginal Corporation.

Ms Patten has had a long involvement in several Aboriginal community organisations, including the Victorian Aboriginal Legal Service, Victorian Aboriginal Child Care Agency, the Victorian Aborigines Advancement League (through its Aboriginal Women's Refuge) and the Cummeragunja Building Program.

Ms Patten is a member of the Yorta Yorta Nations Incorporated, the Yembee-na Education Centre, and also currently sits on the Koori Court in Shepparton, Victoria.

Mrs Cathie Sinclair

Central Coast

Mrs Sinclair is the Chief Executive Officer of the Yerin Aboriginal Health Services Inc, and has worked with the Aboriginal Community Controlled Health sector for 13 years. She is a qualified Audiometrist, has a Diploma of Community Management and was a Teacher's Assistant at the Boori Minimbah Homework Centre in 1994-95.

Mrs Sinclair is the Chairperson of Muru Aboriginal Corporation; a founding member of local Aboriginal Student Support and Parent Awareness (ASSPA) Committee; a member of Aboriginal Interagency for Central Coast; the Miring Aboriginal Women's Group; the Central Coast Aboriginal Community Consulting Group; the Local Aboriginal Land Council; the Mingaletta Aboriginal Community Organisation; the Central Coast Aboriginal Community Congress; the NSW Aboriginal Health Priority Taskforce; and a former member of the AH&MRC Ethics Committee; and past Chairperson of Muru Aboriginal Corporation.

Mrs Donna Taylor

Central Tablelands

Ms Taylor is a proud Murri woman from the Kamilaroi Nation, born and raised in Moree, northern NSW. After completing High School in Moree, Ms Taylor started her career as secretary to Mr Lyall Munro (snr), who was an executive member of the National Aboriginal Conference (NAC) in the early 1980s.

Ms Taylor has worked for Pius X Aboriginal Corporation for the past 26 years, commencing as a trainee bookkeeper and now in the role of CEO. She has served as a representative on the Moree Health Service Advisory Committee and also participates in the AH&MRC Chronic Disease Working Party.

Ms Taylor administers the Bamba-Ba Protecting Aboriginal Children Together (PACT) office in Moree, Toomelah Aboriginal Health Clinic, Mungindi Aboriginal Health Clinic and Kiah Preschool. Ms Taylor has actively been involved in the NSW Knockout Health Challenge 2013 since its inception.

ABOUT US

Aboriginal Health & Medical Research Council of New South Wales

Who We Are: The Aboriginal Health and Medical Research Council of NSW

Working for a better health future





The Aboriginal Health and Medical Research Council of New South Wales (AH&MRC) is the peak representative body and voice of Aboriginal communities on health in NSW. We represent our members, the Aboriginal Community Controlled Health Services (ACCHSs) that deliver culturally appropriate comprehensive primary health care to their communities.

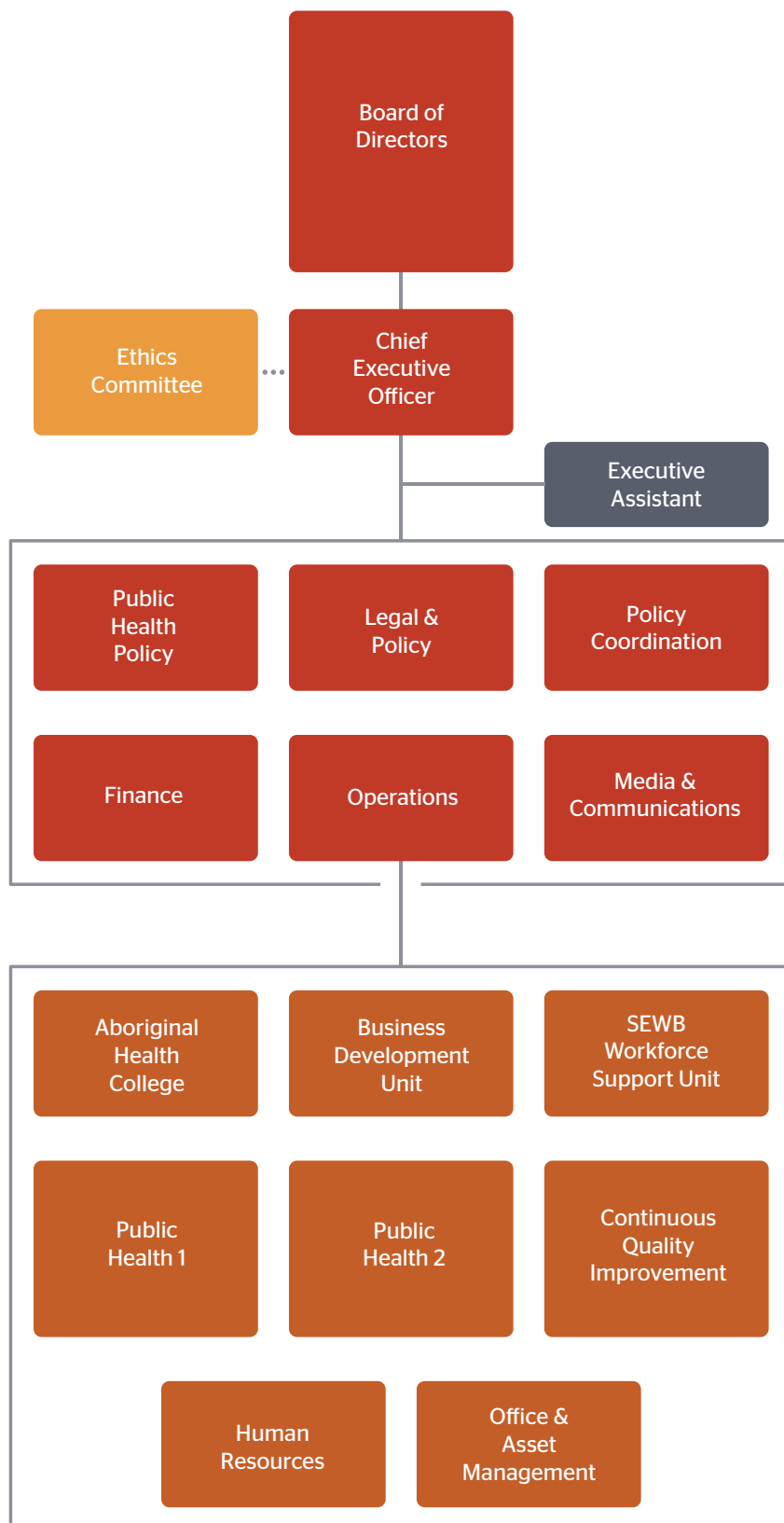
Aboriginal community control has its origins in Aboriginal people's right to self-determination, as outlined in the 2007 *United Nations Declaration on the Rights of Indigenous Peoples*. This is the right to be involved in health service delivery and decision making according to protocols or procedures determined by Aboriginal communities based on the Aboriginal

definition of health, as stated in the 1989 *National Aboriginal Health Strategy*:

Aboriginal health means not just the physical wellbeing of an individual but the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life.

The AH&MRC is governed by a Board of Directors, who are Aboriginal people elected by our members on a regional basis. We represent our members and their communities on Aboriginal health at state and national levels.

AH&MRC of NSW Organisational Structure



Our Vision for Aboriginal Health

- Aboriginal Community Controlled Health Services are accessible, sustainable, adequately resourced, have a skilled workforce, and meet the health needs and aspirations of Aboriginal people.
- Aboriginal people experience self-determination in all areas of their lives.
- Aboriginal people achieve physical, cultural, social and emotional well-being, and contribute to the overall health, wellbeing and strength of their communities.



Our Purpose

- Lead the Aboriginal health agenda for better policies, programs, services and practices.
- Ensure Aboriginal knowledge informs decision-making processes.
- Support, strengthen and sustain Aboriginal Community Controlled Health Services.

Our Values

The AH&MRC values and commits to:

- Aboriginal culture and sovereignty
- Aboriginal Community Control
- Aboriginal wholistic health
- Cultural respect, integrity and inclusion
- Human rights and social justice
- Quality and accountability
- Genuine and meaningful partnership

Our Goals

The goals of the AH&MRC are to:

1. Improve the health of Aboriginal people across NSW.
2. Improve Aboriginal people's access to culturally appropriate, high-quality, comprehensive primary health care services.
3. Increase acceptance and respect for Aboriginal Community Control as a best-practice model for achieving Aboriginal health improvement.
4. Achieve universal recognition of the AH&MRC as the lead representative organisation on Aboriginal health in NSW.
5. Strengthen the capacity of ACCHSs in NSW to deliver high-quality, comprehensive, wholistic primary health care services.

Our Focus Areas

We aim to achieve our goals by focusing on four priority areas:

- Self-determination
- Relationships
- Workforce development
- Health services and programs

Our Objectives

The following outcome indicators will tell us how far we progress towards achieving our goals:

- There are improvements in health outcomes for Aboriginal people that reduce the current gap between Aboriginal and non-Aboriginal people's health outcomes in NSW.
- There is an increase in the number, scope and capacity of Aboriginal Community Controlled Health Services.
- The Aboriginal Community Controlled approach to service delivery is acknowledged and supported as a best-practice model for improving health services and outcomes for Aboriginal people.
- External stakeholders, including state and federal governments, consistently seek the AH&MRC's expertise in planning and decision making on Aboriginal health in NSW and act on the direction they are given.

Our Members

The list of AH&MRC Members can be found on the AH&MRC website: <http://www.ahmrc.org.au> 📄

Chief Executive Officer Report: Highlights 2012-13

Over the past year, the Aboriginal Health and Medical Research Council of NSW (AH&MRC) has continued to deliver in all the key areas of its *Strategic Plan 2011-2014*. These are to:

- Increase the effectiveness of the AH&MRC's active involvement in decision making regarding Aboriginal health in NSW.
- Improve the quality and effectiveness of relationships with all stakeholders.
- Strengthen the capability and competence of the Aboriginal health workforce.
- Ensure Aboriginal health programs and services are effective, sustainable and reflect local Aboriginal community needs.

Within these key areas, some of the highlights of the financial year 2012-13 include:

To increase the effectiveness of the AH&MRC's active involvement in decision making regarding Aboriginal health in NSW.

We believe that in order to achieve these outcomes the recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal people must be acknowledged. The *United Nations Declaration on the Rights of Indigenous Peoples* reinforces this imperative and emphasises the role of self-determination in any processes to address disadvantage within the Aboriginal community. Adopted in 2007, the *Declaration* upholds the rights of indigenous peoples and calls on states to consult and cooperate in good faith with the peoples concerned through their own representative institutions in order to obtain their "free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them".

Achieving health equity for NSW will require governments, the Aboriginal Community Controlled Health sector and other health services to work together towards the goal of a NSW health system that provides good access and good care for Aboriginal people.

To improve the quality and effectiveness of relationships with all stakeholders.

In light of the far-reaching changes brought about by government health reforms in recent years, reviews are underway in regard to two of our key external relationships.

The AH&MRC is working with the NSW Ministry of Health to strengthen the *NSW Aboriginal Health Partnership Agreement*, taking account of new health structures. At the national level, the participants on the NSW Aboriginal Health Forum have had ongoing discussions about the revision of the *Aboriginal Health Framework Agreement* and are currently re-examining the broader principles and purpose of the Forum and what can be achieved. The AH&MRC also has effective relationships with a number of non-government organisations, and these are producing positive outcomes for the Aboriginal community in relation to health.

To ensure Aboriginal health programs and services are effective, sustainable and reflect local Aboriginal community needs.

As always, the work of the AH&MRC over the past financial year has involved supporting Aboriginal Community Controlled Health Services (ACCHSs) in the delivery of programs and services that are focused on the improvement of Aboriginal health in NSW.

Supporting the business quality of ACCHSs is the primary focus of our Business Development Unit. In 2012-13 the AH&MRC continued to provide valuable support to members in the form of consultations, site visits and one-on-one activities, all tailored to the specific needs and requirements of our Member Services.

The Business Development Unit's Accreditation Team supported our Member Services to achieve both clinical and organisational accreditation under the Commonwealth's Establishing Quality Health Standards Continuation (EQHS-C) measure.

On behalf of our Member Services, the AH&MRC has continued to promote the Aboriginal Community Controlled Health

Services model and to raise issues with government bodies and regulators, particularly those relating to incorporation requirements, governance and risk assessment procedures.

The AH&MRC Ethics Committee has continued to play an invaluable role in the promotion of high-quality health research affecting Aboriginal people in NSW by ensuring that all research is conducted in an ethical manner, is consistent with all relevant guidelines and supports the interests of the Aboriginal community.

Assisting our Member ACCHSs to build sustainable and effective continu-

tance and Control (A-TRAC) program rolled out several locally designed activities to address smoking in Aboriginal communities in NSW. The A-TRAC team continues to provide support services and has done a great deal to enable the Aboriginal community to showcase the most successful programs aimed at promoting tobacco resistance and control.

Research into Aboriginal health is steadily growing and places increasing demands on ACCHSs for participation at different levels. During 2012-13 the AH&MRC, through its Research Support Program, worked to develop and improve

from the Australian Nursing and Midwifery Accreditation Council (ANMAC) to conduct the Diploma of Nursing.

The Aboriginal Health College currently has over 400 student enrolments within the financial year 2012-13, in a mix of both short courses and courses offering full qualifications.



As always, the work of the AH&MRC over the past year involved supporting Member Services to deliver programs and services that focus on improving Aboriginal health in NSW

ous quality improvement (CQI) systems of their own is another important priority of the AH&MRC. The ongoing objective of these CQI activities is to strengthen capacity and quality in service delivery within the changing policy and service delivery landscape. Over the past year, this was done by conducting detailed assessments of needs during site visits to ACCHSs and also through the delivery of workshops to support each organisation's use of the Clinical Audit Tool (CAT) for ongoing quality improvement.

In addition to the many workshops, training sessions and other events held by the AH&MRC each year, this past financial year saw two significant conferences hosted by our organisation, the 2013 SEWB Workforce Support Unit Forum and the AH&MRC CQI Conference: Data Driving Change – What Works for Us.

In 2012-13 the AH&MRC Public Health Unit promoted Aboriginal health through a number of vibrant campaigns, conferences and activities, using innovative approaches to bring critical health messages to Aboriginal communities.

The AH&MRC Anti-Tobacco Resis-

tance and Control (A-TRAC) program rolled out several locally designed activities to address smoking in Aboriginal communities in NSW. The AH&MRC is also called upon to support or participate in research projects. As of 30 June 2013, the AH&MRC was actively involved in supporting 46 research projects.

To strengthen the capability and competence of the Aboriginal health workforce.

During the past year, the AH&MRC was busy laying the foundation for the future of the Aboriginal Community Controlled Health sector workforce. The annual Graduation Ceremony of the Aboriginal Health College was again a great success, and many students graduated with Certificate III, IV, Diploma and Advanced Diploma qualifications, as well as related Statements of Attainment.

A major achievement by the Aboriginal Health College – which was founded by the AH&MRC in 2003 and achieved status as a Registered Training Organisation in 2004 – was gaining accreditation

from the Australian Nursing and Midwifery Accreditation Council (ANMAC) to conduct the Diploma of Nursing.

These are just some of the highlights from 2012-13. The following pages of this *Annual Report* provide more detail about our range of activities aimed at meeting the aspirations of our Member Services as outlined in the AH&MRC's Strategic Objectives.

In spite of the many challenges we face, the AH&MRC continues to work to ensure that attention and energy is being directed across all sectors to improve health outcomes for Aboriginal people. We look forward to working in partnership with our new and existing stakeholders to capitalise on that momentum.

Thank you,
Sandra Bailey

Chief Executive Officer

THE ABORIGINAL HEALTH COLLEGE

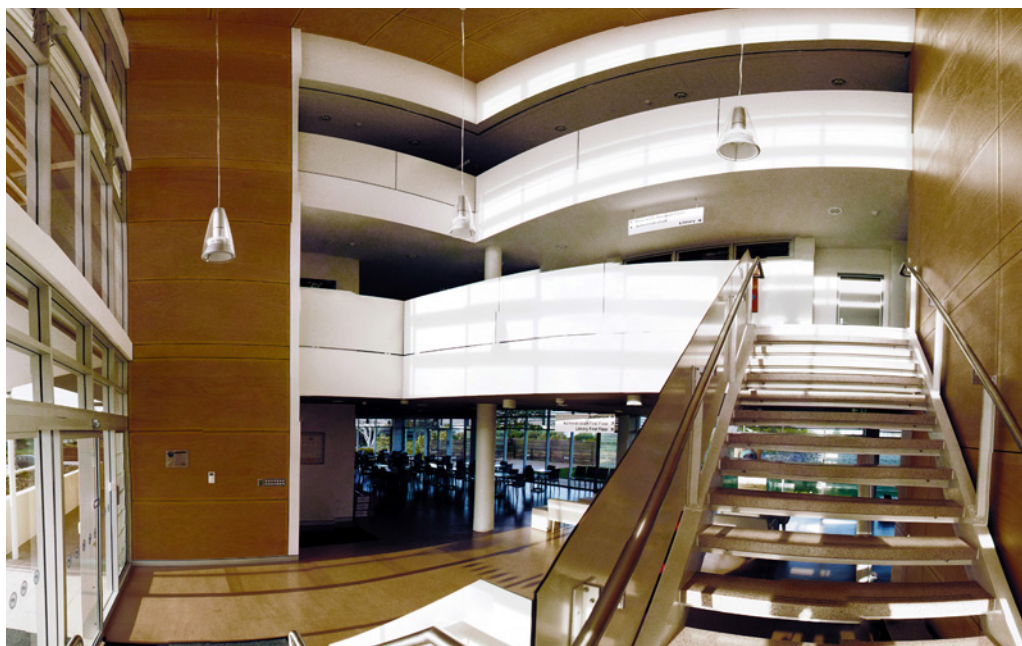
Aboriginal Health & Medical Research Council of New South Wales



The Aboriginal Health College

What We Achieved in 2012-13:

We continued to place Aboriginal health education in Aboriginal hands.





The Aboriginal Health College
Little Bay, NSW

What We Do: The Aboriginal Health College is the result of a long-term vision of the AH&MRC to establish and maintain an Aboriginal community controlled educational institution to provide culturally appropriate, accredited education courses in Aboriginal health.

In pursuit of this vision, the AH&MRC Aboriginal Health Board endorsed the establishment of the College in 2002, and Registered Training Organisation (RTO) status was achieved in 2004.

Since then, the Aboriginal Health College has successfully delivered accredited educational programs in several areas, including primary health care, sexual health, social and emotional wellbeing, alcohol and other drug work, management/governance, training and

assessment, and cultural awareness, as well as a broad selection of short courses.

The Aboriginal Health College's small but dedicated team have worked tirelessly to produce consistent results and to provide a quality service. We continue to strive for further improvement in our efforts and to achieve all of the four objectives set by the Board upon the establishment of the College.

All of the Aboriginal Health College's key work and effort clearly and distinctly falls within the four key areas assigned by the Board at the Aboriginal Health College's inception:

1. **Increase** the number of Aboriginal health professionals who possess qualifications relevant to the needs of clients serviced by Aboriginal Community Controlled Health Services (ACCHSs) and by the NSW Ministry of Health. These qualifications will span entry-level qualifications (at Certificate III) through to university degrees and diplomas for Aboriginal health workers, nurses and allied health professionals.
2. **Develop** the professional skills of managers, supervisors and finance administrators working within ACCHSs. These employees have to respond to the new and emerging requirements relating to business management, information management, accountability, planning, and external linkages and coordination.
3. **Strengthen** the governance capabilities of elected Aboriginal community controlled boards and governing committees. There are tangible pressures on elected Aboriginal community members to respond to legislative, regulatory and contractual obligations; the College aims to provide strategic leadership to their organisations; and to articulate community needs and expectations.
4. **Provide** professional development opportunities to non-Aboriginal health professionals working with Aboriginal clients, families and communities. The principal occupational categories are general practitioners, nurses and allied health professionals.



THE ABORIGINAL HEALTH COLLEGE

Aboriginal Health & Medical Research Council of New South Wales



Key Activities and Accomplishments

In June 2013, after an intensive few years of development and auditing, the Aboriginal Health College was granted a five-year accreditation from the Australian Nursing and Midwifery Council and endorsed by the Nursing and Midwifery Board to run the Diploma of Nursing (Enrolled Division 2 course). Currently we are waiting for approval from the Australian Skills Quality Authority to add this course to its scope of registration.

In 2012, the College successfully piloted four new short courses covering Tobacco Control, Sexually Transmitted Infections and Blood Borne Infections, Viral Hepatitis and Eye Health. These courses have been extensively monitored and evaluated for continuous quality improvement with some very favourable feedback. We expect to run these courses again in the future.

The Aboriginal Health College continues to run an Ear and Hearing health course, delivered over 10 consecutive days for Certificate III level qualified workers.



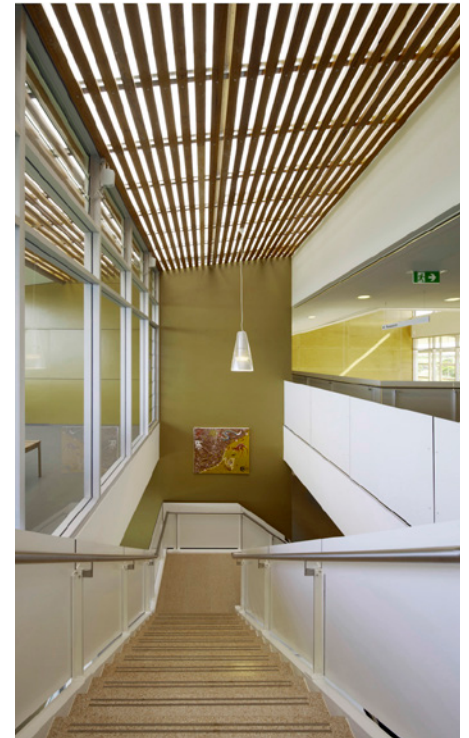
Since early 2013, the Aboriginal Health College has run five Good Medicines Better Health courses in association with NACCHO and the National Prescribing Scheme (NPS). These courses have been held in Sydney and on the South Coast of NSW at Nowra and Narooma, and Member Services were consulted as to structure and location. These accredited courses were delivered to over 50 learners gaining competency in working with medicines meaning all project targets were met.

The Aboriginal Health College continues its national roll-out of the Certificate

IV in Training and Assessment funded by Health Workforce Australia (HWA). Since January 2013 the course training has been completed in Kalgoorlie, Adelaide, Brisbane, Cairns and also at the Aboriginal Health College. We are still to commence training in Perth and Darwin. The take up rate for this course has been very encouraging and the funding body, HWA, has personally and professionally praised our organisation for its successful project management and outcomes. This project has helped us to build the Aboriginal Health College's status and reputation as a quality-assured RTO.

THE ABORIGINAL HEALTH COLLEGE

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The Aboriginal Health College was successful in its proposal to “upskill” Aboriginal Health Workers in HLT43907 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) and its new equivalent qualification once operational. The project is funded by HWA. The Aboriginal Health College will deliver the full qualifications and upgrades/conversions and oversee the co-ordination of delivery of in neighbouring states and regions. The Aboriginal

Health College won this tender against a very competitive field and it is a credit to its status and previous project history that these efforts were successful.

In May 2013, the Aboriginal Health College honoured 83 graduates from 2011-12 Certificate III, IV, Diploma and Advanced Diploma qualifications, as well as 46 students with related Statements of Attainment. Graduation ceremonies were held in the presence of Her Excellency

Professor Marie Bashir AC CVO, Governor of New South Wales and several other honoured guests, with 200 people attending the ceremony.

The Aboriginal Health College currently has over 400 student enrolments within the financial year 2012-13 in both short courses and courses which offer full qualifications. This year we again reached enrolment capacity for the year for Certificate III and Certificate IV Aboriginal and

THE ABORIGINAL HEALTH COLLEGE

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Torres Strait Islander Primary Health Care (Practice) courses. Enrolment for courses in Social and Emotional Well-being, Alcohol and Other Drug work, Primary Health Care (Community Care, which includes sexual health work) and also our Diploma of Counselling remain strong. We also had an excellent response and take up-rate to our Training and Assessment qualification enrolments. Interest in management courses improved from the previous year, and the Aboriginal Health College fielded many enquiries and ran two courses for the newly revamped BSB40910 Certificate IV in Business (Governance) qualification.

The Aboriginal Health College maintained its quality assurance and accountability processes by undertaking an internal audit, which also assisted the College to comply with the NSW Department of Education and Communities Approved Provider List (APL) regulatory requirements.

The Aboriginal Health College made significant improvements in processing and compliance for ABSTUDY's Away from Base (AFB) program, which is now much more streamlined.



The Aboriginal Health College maintained and re-affirmed its relationship with the Health Sciences faculty at the University of Wollongong. Articulation arrangements are now in place, recognising the Aboriginal Health College as a partner and granting credit to students who have studied with us, leading to advanced credit arrangements and effectively offering 1.5 years credit off a three-year degree. The fast-tracked Advanced Diploma graduates funded by NSW Health have completed their studies and will be ready for entry at the University at the end of July 2013.

Staff from the Aboriginal Health College networked effectively with affiliate RTOs in NSW and other states through the Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN) and maintained an elected seat on the ATSIHRTONN Executive.

The Aboriginal Health College team provided key input into the review of national learning resources and the development of the registration process for Aboriginal primary health workers. In addition, experts from the Aboriginal Health College also



contributed to key consultations regarding the Aboriginal primary healthcare workforce, particularly in relation to education and training. Aboriginal Health College staff also contributed to a report on the funding needs for Aboriginal RTOs and a review of alcohol and other drug courses provided in Australia.

Representatives from the Aboriginal Health College provided advice to the Ear and Hearing Health, Good Medicines Better Health, and Eye Health course development and rollouts, as well as to the Continuous Quality Improvement (CQI) and Cancer Awareness projects managed more broadly by the AH&MRC.

Terry Smith, the Aboriginal Health College's Manager of Education and Training, contributed effectively to the Industry Reference Group (IRG) and also the Subject Matter Expert Group (SMEG) for the National Review of the Aboriginal Health Worker qualifications, funded by HWA and developed through wide consultation by the Community Services and Health Industry Skills Council (CSHISC) Health Training Package review. This qualification has now been endorsed and was added to the national Health Training Package qualifications on 1 July 2013. The qualification provides a revised and more streamlined qualification for the national Aboriginal Health Workforce and links to Registration.

The Aboriginal Health College, working closely with the Brien Holden Vision Institute, was instrumental in developing and having an Eye Health Skills Set added to the national health qualifications.

The team at the Aboriginal Health College also worked closely with the Harm Reduction and Viral Hepatitis Branch Centre for Population Health to revise and develop a Sexual Health Skills Set that has also been added to the national health qualifications.

At a national level, we provided input to an ATSIHRTONN submission in regard to the Aboriginal Health Plan from a vocational education perspective. We gained valuable knowledge and quality ideas from the national vocational education learning group conference and through sharing knowledge with our ATSIHRTONN network.

Educators at the Aboriginal Health College taught and assessed students in a range of courses, including: Primary Health Care, Health Organisational and Line Management and Governance; Counselling; Alcohol and Other Drug Work; Mental Health and Social and Emotional Wellbeing Work; Eye Health; Ear and Hearing Health; and Training and Assessment.

Cultural Awareness education was a popular course in 2012-13, with the Aboriginal

Health College delivering this training to several industry partners and other organisations, both public and private. The course was well-received by all who attended.

In partnership with Aunty Lorraine Peeters, the Aboriginal Health College has also run the Marumali Healing course twice in the last year, again to an enthusiastic reception by attendees.

Student satisfaction surveys for 2012-13 rated the Aboriginal Health College as "very high" on quality, relevance, assessment, resources and support. The average student satisfaction ratings ranged between 69% and 74%, and employers who sent students to the College for training rated their satisfaction as between 54% and 64%. Overall student satisfaction was 72% and overall employer satisfaction was 54%.

The Aboriginal Health College increased its student intake and the number of courses delivered to the Aboriginal Alcohol and Other Drug sector of the workforce. Staff from the College provided input to the planning of the National Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Conference and also undertook a state-wide Training Needs Analysis. The Aboriginal Health College also facilitated the 12th Bringing Them Home Counsellors Forum, resuming this role after a hiatus in delivery.

In June 2013, the Aboriginal Health College participated in the AH&MRC's *Continuous Quality Improvement Conference*, presenting on Frontline Management courses and how CQI is embedded into the course units.

As a venue, the Aboriginal Health College hosted a range of important national, state and local meetings and collaborations in 2012-13. 

BUSINESS DEVELOPMENT UNIT

Aboriginal Health & Medical Research Council of New South Wales



(L-R) Clinton Finlay,
Payden Samuelsson,
James Porter
(Workforce Initiatives Project Officer,
AH&MRC),
Dasha Tjanara
Newington,
Melinda Bell (Manager,
AH&MRC BDU)
at Workforce Careers
Day in Little Bay

Business Development Unit

What We Achieved in 2012-13:

We were active in strengthening the capacity of Aboriginal Community Controlled Health Services to deliver primary health care services to the Aboriginal clients, families and communities they serve

What We Do: The principal aim of the AH&MRC's Business Development Unit is to strengthen the capacity of our members, Aboriginal Community Controlled Health Services (ACCHSs), to plan, manage and deliver primary health care services that respond to the needs and aspirations of the Aboriginal clients, families and communities they were set up to serve.

In 2012-13, the AH&MRC's Business Development Unit continued to deliver high quality practical and technical

support to our members across a broad range of areas that strengthen service capacity and capabilities.

This has been achieved through developing and implementing an integrated and coordinated framework by linking these funded programs across organisational development, including the following areas: workforce initiatives, governance support, information communication technology and information management, accreditation and quality improvement support.



In March 2013, the AH&MRC Accreditation team hosted an Accreditation workshop in Coffs Harbour for CEOs and staff from local ACCHSs



AH&MRC staff member Chantelle Davis and student attending the Little Bay Careers Expo

BUSINESS DEVELOPMENT UNIT

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Accreditation

Our role: The AH&MRC, via its accreditation team, assists ACCHSs with accessing information, support and funding required in seeking and maintaining accreditation against appropriate frameworks. The standards frameworks considered the most relevant to ACCHSs are:

- Royal Australian College of General Practice (RACGP) standards;
- Quality Improvement Council of Australia (QIC) standards;
- Australian Council on Health Care Standards (ACHS) EQuIP5 standards; and
- International Organisation for Standardisation AS/NZS 9001:2008 Quality Management Systems Requirements (ISO).

The AH&MRC's Accreditation Team, in conjunction with the National Aboriginal Accreditation Officers Network, advocates to the Office of Aboriginal and Torres Strait Islander Health (OATSIH) to support the future of accreditation and capacity building in the Aboriginal Community Controlled Health Services sector.

Key activities and accomplishments

The Business Development Unit's Accreditation Team continued to support AH&MRC Member Services in seeking



both clinical and organisational accreditation under the Establishing Quality Health Standards Continuation (EQHS-C) measure, a Commonwealth initiative which provides support in achieving accreditation/certification under specified healthcare standards.

Accreditation support was provided to AH&MRC member ACCHSs by the Business Development Unit's Accreditation Team in the form of site visits, mock audits/reviews, telephone and email consultations, and one-on-one activities – all tailored to the specific needs and

requirements of services to ensure success in their efforts so as to achieve accreditation and maintain it through each accreditation cycle.

The Accreditation team delivered three Accreditation workshops: a state-wide event held in Sydney in July 2012 and two regional based workshops held in Coffs Harbour (March 2013) and in Dubbo (April 2013).

Of AH&MRC Member Services, 31 are clinically accredited and 14 are organisational accredited as of 30 June 2013.

Governance and Member Support Project

Our role: The AH&MRC Corporate Governance Project is an initiative across the Aboriginal Community Controlled Health sector made possible through agreements between the National Aboriginal Community Controlled Health Organisation (NACCHO) and its Affiliates, and which is funded by Department of Health and Ageing (OATSIH).

The AH&MRC has participated in the National Sector Governance Network and Governance Operations Group, which are both coordinated by NACCHO. To ensure useful information is presented at these national groups, the AH&MRC has identified the benefit of establishing a NSW Governance Steering Group.

Significant effort was undertaken by the AH&MRC in 2012-2013 to establish a sustainable model for the provision of capacity-strengthening governance support, mentoring and advice across the Aboriginal Community Controlled Health sector in NSW.

This sustainable model involves the AH&MRC Business Development Unit further integrating and coordinating currently funded programs into a broader strategic management framework that is aligned to the needs and requirements of our Member Services.

The AH&MRC recognises the Business Development Unit undertakes substantial unfunded efforts to assist members which are "Services at Risk" or "Services

at Crisis". As a result, the organisation is working to provide coordinated support across AH&MRC business units to ensure Aboriginal Community Control is maintained and enhanced for Aboriginal people and their communities in NSW.

Key activities and accomplishments

- Compliance and Quality Regional Workshops (in partnership with EQHS C Accreditation Project).
- Resources developed for AH&MRC Member Services.
- Partnership with other NACCHO Affiliates and providers in building governance capacity across our sector.

Information and Communication Technology/Information Management

Our role: The AH&MRC Information and Communication Technology/Information Management (ICT/IM) program aims to increase efficiency at AH&MRC member Aboriginal Community Controlled Health Services (ACCHSs) through improvements in technical IT operations, specifically by delivering services faster, more cheaply and more reliably, thus reducing the time management staff is required to devote to operational IT issues.

purposes are interrelated and include:

- to improve the quality of clinical care;
- to evaluate interventions and programs and generate evidence about what works through research;
- for performance management and accountability of health services and programs both by their funders and to the community;
- for planning health programs and services;

NSW ACCHSs is to provide a vision and strategy for Information Management within NSW Community Controlled Health Services over a five-year period (2013 - 2017). This will assist in working towards continuous quality improvement and harnessing the power of information in support of better health outcomes and improved reporting to our stakeholders.

This *IM Strategic Plan* will assist Member Services by:

- Facilitating organisational efficiency and evidence-based decision making;
- Standardising and improving IM processes across the sector;
- Providing the skills required for IM proficiency;
- Enabling the generation of accurate and measurable information.

These goals are intended to create continuous quality improvement (CQI) processes that add value to services by enabling them to harness the power of information, leading to better health outcomes and improved reporting to stakeholders. This plan includes performance measures that the sector should undertake to be successful. Importantly, the plan is also a living document that will be reviewed on an annual basis.

Regional Information Training Officers (RITOs)

Over the past 12 months, three Regional Information Technology Training Officers (RITOs) were employed across three rural areas of NSW. The RITOs worked in partnership with the AH&MRC and provided invaluable services to ACCHSs including:

- Assisting with national ICT/IM initiatives including on the ground support with e-Health and Telehealth;
- Providing training and support for organisations with ICT/IM through workshops, manuals and courses;
- Assisting organisations with accreditation readiness;
- Developing data extractions and reports from Clinical Information Systems;

Key activities and accomplishments

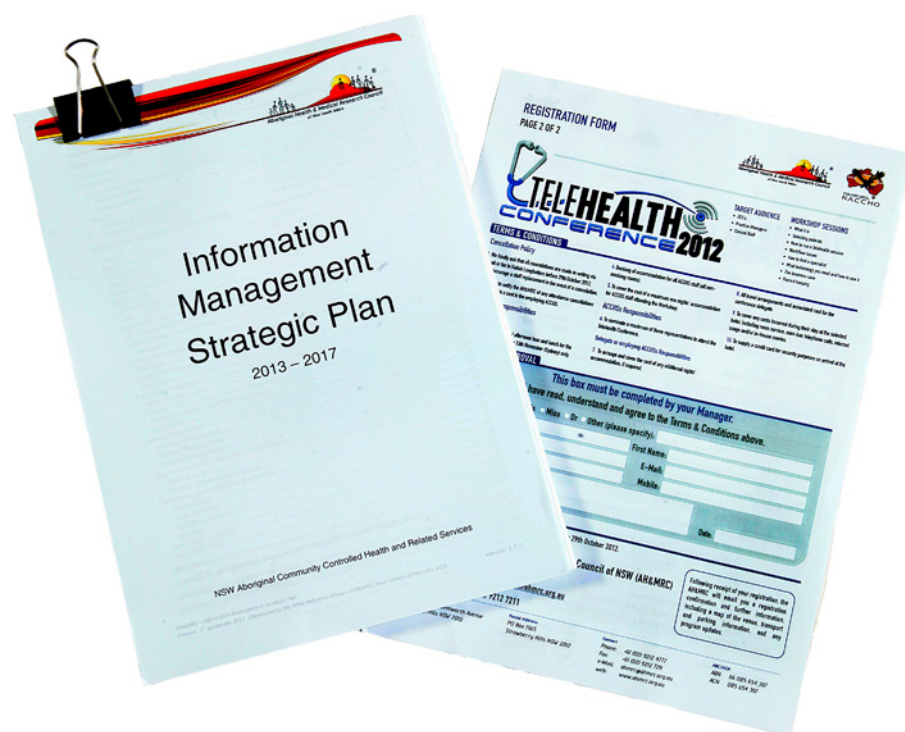
Information Management Strategic Plan for NSW ACCHSs

Many of activities of the AH&MRC's ICT/IM program in 2012-13 were a continuation of our activities in 2011-12, when OATSIH funded the AH&MRC to review ICT/IM practices across the NSW Community Controlled Health sector and to support NSW ACCHSs to improve information management systems. This was in response to the substantial and growing interest in using Aboriginal health data for a range of purposes. These

- to monitor changes in population health status over time.

The project was informed by the findings realised during the researching and writing of the *AH&MRC Information and Communication Technology (ICT) Strategic Plan*, as well as by information discovered during the ICT audits of Member Services sites carried out by the AH&MRC. These activities found a significant deficit in the ability of a large number of Member Services in relation to Information Management skills and governance. This deficit was seen as a major inhibitor to the expanded use of the Aboriginal health data.

The aim of the *IM Strategic Plan* for



BUSINESS DEVELOPMENT UNIT

Aboriginal Health & Medical Research Council of New South Wales

- Improving ICT/IM governance within services, including access controls, privacy and confidentiality issues, security, licensing and OH&S;
- Providing technical support for hardware and software problems, including new installations and liaising with vendors for bug fixes and migration issues.

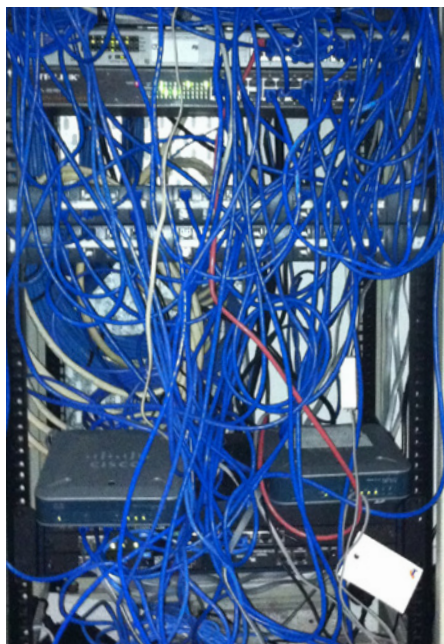
Over the past year, there has been significant improvement of computer literacy and use among staff at AH&MRC member ACCHSs. This has been well observed and commented by all participating Regional CEO Forums across NSW. The training provided has included administrative, clinical, financial and allied health staff. The regions have also benefited from financial savings, which on average were approximately a 25% reduction in ICT-related costs for each service. Examples include:

- Savings of up to 40% on server setup costs and improved renewal from three to five years for one larger ACCHS.
- Registered all sites within one region with Donortec, which provides donated software and hardware from companies such as Microsoft and Cisco to eligible Australian non profit organisations. This led to massive savings on software for some ACCHSs – Wagga alone saved \$95,000 over three years for software.

The funding for these RITO positions was only offered as a once-off situation for a period of 12 months. Now that the funding period has expired, this has caused considerable financial strain on the regions to sustain these positions. The AH&MRC has submitted a Business Case to OATSIH in an endeavour to sustain these positions.

Telehealth

As a result of the Commonwealth Government's National Broadband Network (NBN) Enabled Telehealth Pilots Program, which aims to demonstrate how



the NBN infrastructure enables better access to high-quality healthcare services, several ACCHSs are now engaging in face-to-face video consultations between patients at the clinic and specialist clinicians based elsewhere in Australia.

The advantage of video consults include less need for patients to travel away from community (thus reducing patient stress and financial burden), helping to overcome the chronic shortage of visiting remote specialists by utilising specialists from around Australia and decreased costs to participating AH&MRC Member ACCHSs for travel related expenses.

The uptake of Telehealth in Australia has been fairly slow, but it is likely there will be a steady increase of AH&MRC Member services that adopt this technology. There are generous incentives available from Medicare to setup and use Telehealth initially, as well as ongoing Patient-end (Health Service end) item numbers to encourage services to utilise this technology.

e-Health

There are numerous e-Health initiatives now underway in Australia and ACCHSs have already made considerable progress:

- The new National e-Health Record System, which has been rapidly taken up by many ACCHSs.
- Thanks to the support of key initiatives such as the National ATSI e-Health Project, eCollaboratives and



the ePractice Incentive Program, almost 90% of ACCHSs have applied or are in the process of applying for their e-Health credentials.

Despite this good progress, however, there is still a significant amount of work to do to enable ACCHSs to capitalise on e-Health initiatives, including:

- **Credentials:** Many ACCHSs still require support for application and installation.
- **Personally Controlled Electronic Health Record (PCEHR) Provider Registration:** A significant number of ACCHSs are yet to apply for PCEHR access.
- **Conformant Systems:** Many ACCHSs are not yet using a system with PCEHR conformance.
- **Secure Messaging:** Although many services have access to an Secure Message Delivery (SMD) supplier, few messages are sent and received.
- **Electronic Medication Management:** Further work is required to ensure that the benefits of electronic transfer of prescriptions (eTP) and other tools are realised in the sector.
- **Assisted Registration:** As a primary channel for consumer registration for the PCEHR, the provision of assisted registration is critical. ACCHSs should be supported in rolling out the Assisted Registration capability across all services.

Workforce Initiatives Project Officer

Our role: The Workforce Initiatives Project Officer (WIPO) supports NSW ACCHSs with a range of workforce-related activities, including promoting the sector and improving recruitment and retention strategies. *The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011-2015)* is the key national workforce policy underpinning this position at the AH&MRC.

Key Activities and Accomplishments

The WIPO assisted with the development of the *NSW Aboriginal Community Controlled Health Services Aboriginal Employment Strategy (AES)*. This project was funded by the Department of Education Employment and Workplace Relations (DEEWR). An AH&MRC Project Officer, Kaylie Harrison, was employed to develop and complete the project. The project surveyed 37 ACCHSs over eight months in 2012. It focused on recruitment and retention issues in the NSW ACCHSs sector. The final report produced 21 recommendations that make up the *NSW ACCHSs AES*. The AES will be implemented over three years. The report *Be The Change That Makes The Difference* gathers the results and recommendations from the project.



Students and AH&MRC staff attend Workforce Careers Day in Redfern

The WIPO provided the opportunity for 10 AH&MRC staff to participate in the AIME Mentoring 4 Life Program. The mentoring program is a new national initiative from Australian Indigenous Mentoring Experience (AIME) incorporating mentoring opportunities for staff across a range of business areas. This project is a recommendation from the NSW ACCHSs AES.

The WIPO attended four careers expos at different locations in NSW promoting Aboriginal health career opportunities in NSW ACCHSs to high school students, including:

- 21 August 2012 - Mt Druitt Origin Legends Careers Day.
- 31 August 2012 - Department of Aboriginal Affairs Careers Day at Little Bay. The WIPO organised for an Aboriginal Medical Student, an

Aboriginal Health Worker and an Aboriginal Physiotherapist to attend.

- 25 October 2012 - Toronto High School-85 students attended the AH&MRC booth.
- 27 June 2013 - Lightning Ridge High School, the AH&MRC attended with Walgett Aboriginal Medical Service. 55 students attended our booth and completed evaluations.

The evaluations from the career days indicated that there is great interest from students in attending future health career expo days.

The WIPO developed an AH&MRC video for the AIME National Hoodie Day video competition to showcase stories of Aboriginal success. The video focused on the work of AH&MRC staff. The AH&MRC video won fourth prize in the AIME competition and was showcased on YouTube for 24 hours as a result.

The WIPO, in collaboration with the services mentioned below, developed a six-week voluntary placement program for two third-year, medical students from Geneva University. The students spent one week at the AH&MRC, one week at Tharawal Aboriginal Medical Service, three weeks at Orange Aboriginal Medical Service and one week at Griffith Aboriginal Medical Service.

The WIPO continued to provide information to the NSW ACCHSs regarding national registration of Aboriginal and Torres Strait Islander Health Practitioners. ©



ETHICS COMMITTEE

Aboriginal Health & Medical Research Council of New South Wales



The AH&MRC Ethics Committee

What We Achieved in 2012-13:

We continued to assess research proposals affecting the health and wellbeing of Aboriginal people and communities in NSW, and to monitor the collection of data on Aboriginal health to ensure these activities were conducted in an ethical manner.

What We Do: The AH&MRC Ethics Committee reviews research proposals affecting the health of Aboriginal people across a broad range of fields, gives ethical approval for the conduct of such research in NSW and provides advice to researchers on the ethical conduct of health research affecting Aboriginal people. The Committee has operated since 1996. It is an official Human Research Ethics Committee (HREC) under the Commonwealth National Health and Medical Research Council (NHMRC) legislation.

The Committee currently has 10 members, of whom eight are Aboriginal. Seven of the members live outside of Sydney. A majority of the positions on the Committee (seven members) are designated for representatives of Aboriginal Community Controlled Health Services (ACCHSs), including three members of the AH&MRC Board of Directors. The other positions on the Committee are designated to be held by at least one person from each of the following groups: Aboriginal Elder, lay person, medical researcher, medical practitioner/clinician and lawyer.

AH&MRC Ethics Committee (EC) and staff members - **Back Row** (l-r): Sandra Bailey (CEO, AH&MRC), Joyce Williams (EC), Daniel Kelly (Deputy Chair EC), Shireen Malamoo (EC), Victoria Jones (Senior Project Officer, EC), Rochelle Patten (EC), Aideen McGarrigle (EC). **Front row** (l-r): Val Keed (Chair, EC), Rebecca Hancock (Executive Officer EC). Absent EC members: Ray Dennison, Daniel Jeffries, Ngiare Brown, Jennifer Reath.

The AH&MRC Ethics Committee considered 69 applications seeking approval for new research in a very diverse range of fields, including chronic disease, mental health and prisoner populations

The Committee is supported in its work by an External Reference Panel made up of specialist experts from a diverse range of health and medical fields, as well as a Secretariat consisting of two part-time staff.

The Ethics Committee continued to operate very effectively and efficiently during 2012-13 and maintained its commitment to make ongoing improvements. Current priorities include continuing to promote the role of the Committee, reviewing activities and processes to meet the growing demand for ethical review of Aboriginal health-related research, and participating in national initiatives to enhance ethical review of research.

Key activities and accomplishments

As advised by the NHMRC, the AH&MRC Ethics Committee continued to meet the requirements of the *National Statement on Ethical Conduct in Human Research, 2007*.

Meetings of the Ethics Committee are held bi-monthly and six meetings were held during 2012-13. Committee members also undertook substantial work out-of-session in the consideration and approval of applications.

The Ethics Committee Secretariat continued to work with the AH&MRC Research Unit to ensure Aboriginal community control of research projects affecting Aboriginal people. This includes establishing processes so that researchers are aware of the distinct roles of the

Ethics Committee and the AH&MRC Research Unit, and working together to develop research workshops for ACCHSs, communities and researchers.

A Training Day for the Ethics Committee was held in June 2013. Topics included: Aboriginal Community Control of research, governance and legal considerations for ethics committees,

and ethics and data linkage. The Training Day also featured presentations from the AH&MRC CEO, the the NSW Ministry of Health's Office of Health and Medical Research Principal Policy Officer, a Senior Research Fellow with the George Institute for Global Health and senior researchers with the Population Health Research Network. 

2012-13 Ethics Committee Applications

The Ethics Committee received 69 new applications for review in 2012-13. In addition, it considered many requests for approval to amend or extend projects previously approved, as well for the review of reports, conference papers, presentations and journal articles arising from this research.

Applications covered many different fields, including:

- antenatal care
- cancer outcomes
- cardiovascular risk
- child and family health
- chronic disease
- community and family resilience
- coronary disease
- drug and alcohol issues
- education and training
- ear health
- exercise and sport
- eye health
- foot health
- GP and other health services delivery
- health promotion
- hepatitis
- immunisation
- maternal health
- men's health
- mental health
- obstetrics
- oral health
- prisoner health
- psychosis and offending
- renal disease
- road safety
- sexual health
- smoking cessation programs
- social and emotional wellbeing
- women's health

PUBLIC HEALTH

Aboriginal Health & Medical Research Council of New South Wales



Public Health

What We Achieved in 2012-13:

We continued to assist Aboriginal Community Controlled Health Services to deliver a range of health programs and services that are effective, sustainable and reflect local Aboriginal community needs.





What We Do: The AH&MRC Public Health Team works closely with Aboriginal Community Controlled Health Services to develop and deliver public health programs that improve the health of Aboriginal people in NSW.

In 2012-2013, AH&MRC public health programs were delivered in the following topic areas:

- Blood borne viruses and harm minimisation
- Cancer
- Child and maternal health
- Chronic disease
- Continuous quality improvement
- Drug and alcohol
- Mental health
- Sexual and reproductive health
- Tobacco resistance and control

In addition to delivering specific public health programs, in 2012-13 members of the AH&MRC Public Health Team continued to provide advice and input into a broad range of public health activities, and to work with both government and non-government organisations to inform national and NSW policy development. Aboriginal public health education and training was also supported at the AH&MRC through the provision of training placements.



Blood Borne Virus program

Our role: The Hepatitis C Project and the Harm Minimisation Project fall within the AH&MRC's Blood Borne Virus (BBV) program.

The Hepatitis C Project aims to support ACCHSs to deliver effective hepatitis C prevention, treatment and management programs. The project particularly focuses on prevention among young Aboriginal people.

The Harm Minimisation project aims to support ACCHSs to strengthen and manage harm minimisation strategies, and increase access to services for Aboriginal people who inject drugs.





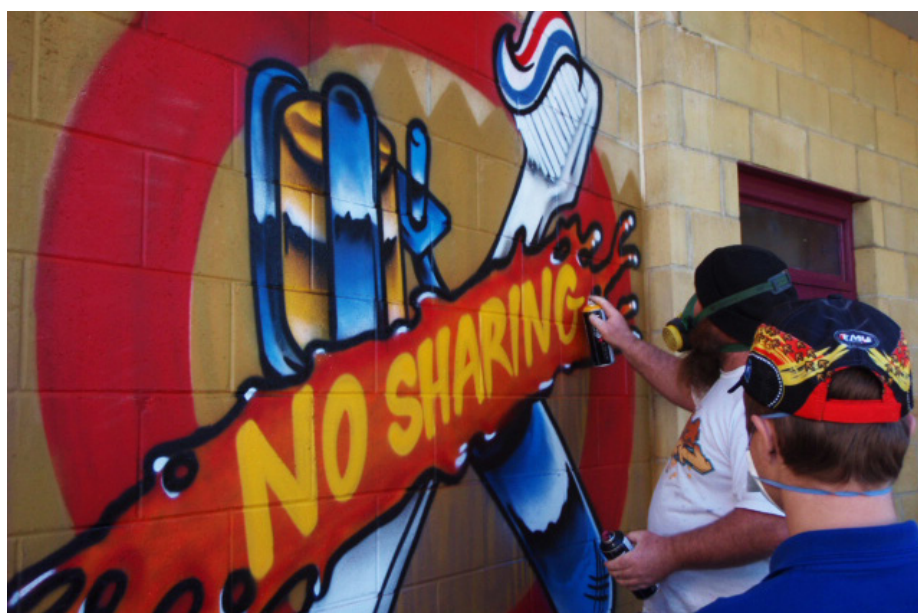
Key activities and accomplishments in 2012-13

At the October 2012 AH&MRC Annual General Meeting, the AH&MRC launched the *Harm Minimisation Position Paper*. The paper outlines AH&MRC's support for harm minimisation, and harm reduction in particular, as an effective method of providing health and other services for Aboriginal people who inject drugs. The paper is available on the AH&MRC website at www.ahmrc.org.au.

The AH&MRC presented on the *Where's the Shame, Love Your Liver* campaign and the *Your Mob My Mob Our Mob* peer education project at the 8th Australasian Viral Hepatitis Conference held in Auckland, New Zealand on 10-12 September 2012.

The AH&MRC has continued to implement the *Your Mob, My Mob, Our Mob* Hepatitis C Peer Education project. This project includes working in partnership with Hepatitis NSW to deliver training to young Aboriginal people to become hep C peer educators. The project has been delivered in two juvenile detention centres and one community setting in NSW, with several more settings identified for 2013-14. Resources developed by the participants have been produced and distributed to AH&MRC Member Services.

The AH&MRC evaluated the campaign-*Where's the Shame, Love Your Liver*, conducted in partnership with the



Aboriginal hip hop band The Last Kinection. The evaluation found that the campaign met all of its objectives. More than 600 people attended the community events, 36 hepatitis-related songs were produced and 13 community developed posters were created for distribution throughout NSW. These resources can all be found on the campaign website www.loveyourliver.net.au. The evaluation of the campaign can be found on the AH&MRC website at www.ahmrc.org.au.

The AH&MRC distributed a range of resources, including those developed from the *Where's the Shame, Love Your Liver* campaign, to all Member Services

as part of our commitment to Hepatitis Awareness Week (25-30 July 2012). The AH&MRC also coordinated and participated in a number of events over the course of the week.

The AH&MRC piloted the *Staying Strong: Act Connect Survive* campaign in two NSW communities. This campaign aims to build young Aboriginal people's resilience around drug and alcohol, and to raise awareness of blood borne viruses. The project is being delivered in partnership with the Aboriginal hip hop band, The Last Kinection. Please view www.stayingstrong.com.au to watch the campaign's progress.

Cancer

Our role: The Aboriginal Cancer Partnership Project represents a collaboration between the AH&MRC, the Cancer Institute NSW and Cancer Council NSW, and is funded by the NSW Ministry of Health. The overall aim of the Project is to enhance cancer care for Aboriginal people in NSW by building Aboriginal cancer control capacity and increasing the knowledge of health professionals across the spectrum of cancer control.

Key activities and accomplishments in 2012-13

As part of the AH&MRC Cancer Partnership Project, we conducted an analysis into the training needs of Aboriginal and non-Aboriginal health workers who work with Aboriginal people along the spectrum of cancer control.

This foundational piece of work was done to better understand the roles played by ACCHSs and cancer services at Local Health Districts in providing cancer care to Aboriginal people and to identify professional development requirements to enable staff to carry out their roles appropriately and effectively. A total of 53 interviews across NSW were completed.

The AH&MRC and Cancer Council NSW delivered two advocacy (community action) training workshops for Aboriginal community members and health workers in November 2012 and March 2013, with a total of 36 Aboriginal people completing the training. Ongoing support and information is being



provided to this group through the Community Action Email Network. An evaluation of the training found that it had helped develop participants' practical skills and provided strategies to create positive change, including skills in campaign strategy, networking, working with the media and speaking with politicians. Evaluation results were presented at the 11th Behavioural Research in Cancer Control Conference in Adelaide in May 2013.

The AH&MRC Cancer Partnership Project delivered the first in a series of local cancer awareness workshops in Orange. Involved stakeholders included ACCHSs, Program of Experience in

the Palliative Approach (PEPA), cancer services and the regional office of Cancer Council NSW. The two-day workshop was attended by 19 participants and provided an opportunity for sharing ideas and developing solutions to address the barriers to cancer care facing Aboriginal communities across NSW.

The AH&MRC Cancer Partnership Project's activities integrate with the Aboriginal Cancer Partnerships Grants Program led by Cancer Institute NSW. This program provides support to a number of ACCHSs to deliver a variety of projects aiming to improve the quality of care for Aboriginal people with cancer and their families.

Child and Maternal Health

Our role: The AH&MRC Child and Maternal Health program supports the planning, development, implementation and evaluation of Aboriginal child and maternal health programs. The program strives to build service capacity at ACCHSs and enhance coordination and linkages between all sectors focused on Aboriginal child and maternal health, and is funded by the NSW Ministry of Health.

Key activities and accomplishments in 2012-13

Funding for the AH&MRC Child and Maternal Health Program was received in March 2013 and recruitment is currently in progress.





Chronic Disease

Our role: The AH&MRC Chronic Disease program aims to build capacity of NSW ACCHSs in the prevention and management of chronic disease, and to build and maintain relationships with stakeholders involved in chronic disease. This program is funded by the NSW Ministry of Health.

Key activities and accomplishments in 2012-13

In September 2012, funding was made available to support course fees and travel costs for frontline staff employed in ACCHSs to complete the Certificate III Business Administration (Medical) delivered by The University of New England (UNE) Partnerships. This training provided ACCHS staff with increased skills and knowledge of administration, leading to improved practice for chronic disease prevention and management. In total, nine ACCHS staff graduated from the course.

A new activity called “*Yarning About...*” commenced in October 2012 and offers a telephone-based, tailored chronic disease training opportunity to NSW ACCHSs. Topics or specialist areas for discussion are sought from staff employed by ACCHSs through the AH&MRC Chronic Disease Email Network. To date, sessions on the following health topics have been delivered: lung disease, diabetes, speech pathology, motivating clients, heart failure

and maximising Medicare. A total of 39 ACCHS staff have participated in this activity to date, and those who participate can be allocated Continuing Professional Development (CPD) hours through the Royal College of Nursing Australia.

From November 2012, the AH&MRC Chronic Disease program worked closely with the Australian College of Nursing (ACN) to create an educational program for staff working in the chronic disease field within Aboriginal communities in NSW. Delivered in February and March 2013, workshops included six hours of chronic wound care training and three hours of infection prevention and control training across four locations in NSW: Wagga Wagga, Walgett, Ballina and Newcastle. This was the first time CPD hours have been attached to regional training workshops, and the evaluation indicated that it was an attractive feature for attendees.

In April 2013, the AH&MRC received funding from the Centre for Population Health to implement small grants across a number of ACCHSs to increase awareness of the Aboriginal Get Healthy Information and Coaching Service® in Aboriginal communities in NSW. Funding was provided to 24 community organisations across NSW to promote the service in 53 Aboriginal communities. In the first months of financial year 2013-14, the Chronic Disease team will be visiting ACCHSs to document the great initiatives that they have been able to deliver from this funding.

Over the past year, the AH&MRC Chronic Disease program started working with ACCHSs to develop a number of Aboriginal-specific resources for managing chronic diseases, including a poster, an Aboriginal Health Worker booklet and visual aids designed to help patients better understand their illnesses. The overall aim of the resources is to increase awareness of managing chronic disease, both for health professionals and patients. The resources will be disseminated to ACCHSs later in the year.

The Site Exchange Program continues to facilitate site exchanges between staff from member ACCHSs, providing participants with opportunities for networking and information sharing. In 2012-13, five site exchanges were organised and completed. Eight ACCHSs were involved in the program, with 17 ACCHS staff involved, either as hosts or participants. Many of these site exchanges focused on adult and child health checks and clinical support, but the program also extended to include supporting participants to implement programs, start up new services and achieve accreditation.

AH&MRC representatives attended several NSW Ministry of Health committees and groups relating to chronic disease, including the Care Navigation Support Program Steering Committee and NSW Knockout Challenge Advisory Group. The AH&MRC is working in partnership with the Agency for Clinical Innovation to re-establish the Aboriginal Partnership Sub-Committee on Chronic Disease Prevention and Management to guide chronic disease programs and activities at the state level. Planned work for this group includes the development of a strategic framework to support integration and coordination of chronic disease prevention and management activities for Aboriginal communities across NSW.

Initial planning has commenced for the overall evaluation of the AH&MRC Chronic Disease program, and we look forward to sharing our key experiences and lessons learned from the program in the near future.



Sexual Health and Sexual Reproductive Health

Our role: The AH&MRC Sexual Health project aims to support member services to develop and implement effective sexual health programs by developing and distributing resources, providing training opportunities and representing ACCHSs and Aboriginal people at a state level. The Sexual Health Project Officer works closely with a number of non-government agencies, and the Aboriginal STI HIV Hepatitis Workers Network. The Sexual and Reproductive Health Project aims to support the Ab-

original Sexual and Reproductive Health Workers in AH&MRC Member Services by coordinating a network, developing and distributing resources, and representing our services at a state level.

Key activities and accomplishments in 2012-13

During the reporting period, the AH&MRC coordinated the final data collection for the national research project "Sexual health and relationships in young Indigenous people". Data was collected

from young Aboriginal people at Yabun (survival day) and the Aboriginal Rugby League Knockout tournament. The three-year study, conducted in partnership with the Kirby Institute and National Aboriginal Community Controlled Health Organisation (NACCHO) affiliates, aims to research young Aboriginal people's sexual health knowledge, attitudes and behaviours.

The AH&MRC distributed 20,000 condoms to Member Services as part of the

AH&MRC's *Enjoy Your Freedom, Use Condoms* campaign for NAIDOC Week, World AIDS Day (Dec 1) and for other events. Other resources distributed included *Enjoy Your Freedom, Use Condoms* posters and sexually transmitted infection (STI) testing announcements on Koori Radio.

The AH&MRC continues to Chair the Aboriginal STI, HIV and Hepatitis Advisory Committee (ASHHAC), a multi-disciplinary committee that advises the NSW Ministry of Health on sexual health and blood borne virus policy, project and program development for Aboriginal people in NSW.

The second phase of the *It's Your Choice Have a Voice: Rights, Respect and Responsibility* campaign was rolled out to nine communities, and included two *Deadly Days* events and one leadership camp, held at Port Macquarie, NSW. The campaign aims to empower young Aboriginal people to make informed choices about sexual and reproductive health, as well as related alcohol and other drug (AOD) issues. The AH&MRC provided pre-campaign workshops for local workers, supported campaign implementation and moderated social media over the reporting period.

The AH&MRC coordinated and facilitated a network meeting for Aboriginal Sexual and Reproductive Health Workers to discuss program development, resources and professional development opportunities.

The Sexual Health Project Officer presented at the 13th International Union Against STIs Conference, held in Melbourne in October in 2012. The Project Officer presented with workers from AMS Western Sydney and Bulgarr Ngaru, and the presentation won an award for the best presentation in its category.

The AH&MRC continues to work closely with Family Planning NSW and the Kirby Institute to develop the evaluation strategies for state-wide Sexual and Reproductive Health programs.

Drug and Alcohol

Our role: The AH&MRC provides program support around alcohol and other drugs (AOD) through the Aboriginal Drug and Alcohol Network (ADAN) and the Social and Emotional Wellbeing Workforce Support Unit.

ADAN was established in May 2003 to help progress some of the key recommendations of the draft *NSW Aboriginal and Torres Strait Islander Substance Misuse Plan*. ADAN is made up of Aboriginal Drug and Alcohol Workers from ACCHSs, Local Health Districts and non-government organisations (NGOs) from across NSW.

Key activities and accomplishments in 2012-13

The ADAN Leadership Group (ADAN LG) continued to meet quarterly in 2012-13 to provide advice to the NSW Ministry of Health, the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and other agencies about policies, resources and programs affecting Aboriginal communities across NSW. Membership of the ADAN LG is made up of representatives from each AH&MRC regional area, as well as a youth representative, all of whom are elected at ADAN symposiums for periods of up to two years.

The 2nd ADAN Managers Forum was held on the 8 November 2012 at the AH&MRC's Aboriginal Health College in Little Bay, NSW. This biannual forum was established to provide managers a greater understanding of the role of Aboriginal Drug and Alcohol Workers, as well as to discuss relevant policies at a state-wide level. The 2012 Forum was attended by 39 managers and aimed to highlight examples of effective collaboration within the Aboriginal drug and alcohol field, as well as between sectors. Associate Professor Ted Wilkes and Professor Dennis Gray from the National Indigenous Drug and Alcohol Council were keynote speakers. A report on the forum, including recommendations, is available on the AH&MRC website at www.ahmrc.org.au.



The ADAN Aboriginal Residential Rehabilitation Forum was held on 9 November 2012. The Forum which was attended by senior staff from Aboriginal residential rehabilitation centres and focused on networking and providing specific information for these specialist services. A key focus was to produce recommendations aimed at capacity building and advocacy. The report from the forum can be found on the AH&MRC website.

In March and April 2013, tender writing workshops were held for those AH&MRC Member Services with established AOD programs. This training was a recommendation of the Aboriginal Residential Rehabilitation Forum held in November 2012. Several services that sent representatives to attend the training are making submission with the support of the trainer.

Two Indigenous Risk Impact Screening (IRIS) Tool Training Workshops were held in May 2013 (in Kempsey on the 21-22 May and Sydney on 28-29 May). 27 Aboriginal AOD workers (from ACCHSs, Local Health Districts and other NGO organisations) attended the workshops, where ADAN Leadership Group members provided the training.

The AH&MRC has recently re-focused its efforts on finding strategies to improve support to Aboriginal residential rehabilitation services by establishing an Aboriginal residential rehabilitation services network, participating in a NSW Ministry of Health-led forum around Aboriginal residential rehabilitation services and seeking funding to employ a project officer to support Aboriginal residential rehabilitation services.



Social and Emotional Wellbeing

Our role: The Social and Emotional Wellbeing Unit at the AH&MRC aims to support ACCHSs to deliver effective Social and Emotional Wellbeing (SEWB) and mental health programs, facilitate access to training and professional development of the SEWB workforce, and to inform state and federal government of the key SEWB and mental health issues that affect Aboriginal communities and the workforce supporting them.

The SEWB unit consists of the Social and Emotional Wellbeing Workforce Support Unit (SEWB WSU) and the State Mental Health Coordinator.

The SEWB WSU was established by the AH&MRC in October 2012. Funded by the Department of Health and Ageing, the SEWB WSU coordinates professional support and training to all SEWB staff funded by OATSIH. This includes *Bringing Them Home*, SEWB, mental health, substance use and *Link-Up* workers in



The 2012-13 AH&MRC SEWB Team (l-r): Glenn Williams (State Mental Health Coordinator), Lucy Abbott (Manager SEWB WSU), Sofia Lema (Senior Project Officer), Alana Rossmann (Project Officer)

NSW, except for the Illawarra and far south coast regions, which are covered by the WSU at the South Coast Medical Service Aboriginal Corporation (SCMSAC).

Key activities and accomplishments in 2012-13

In March 2013, the AH&MRCs SEWB WSU was launched at the first state-wide SEWB WSU Forum in Wagga Wagga. The WSU Forum was planned and designed to enhance clinical and cul-

tural best practice, to create networking and referral pathways and to promote professional development and support to the SEWB workforce. The Forum was organised in partnership with SCMSAC and held alongside the NSW Aboriginal Mental Health Workers Forum. More than 200 people attended.

The SEWB WSU is establishing regional forums across NSW and has held forums in Griffith and Dubbo this financial year.



Attendees at the first state-wide SEWB WSU Forum in Wagga Wagga in March 2013

Regional forums are held over two days — the first day for networking, sharing best practice and information from local providers; the second day is a Narrative Therapy workshop delivered by the Indigenous Program team at the Bouverie Centre.

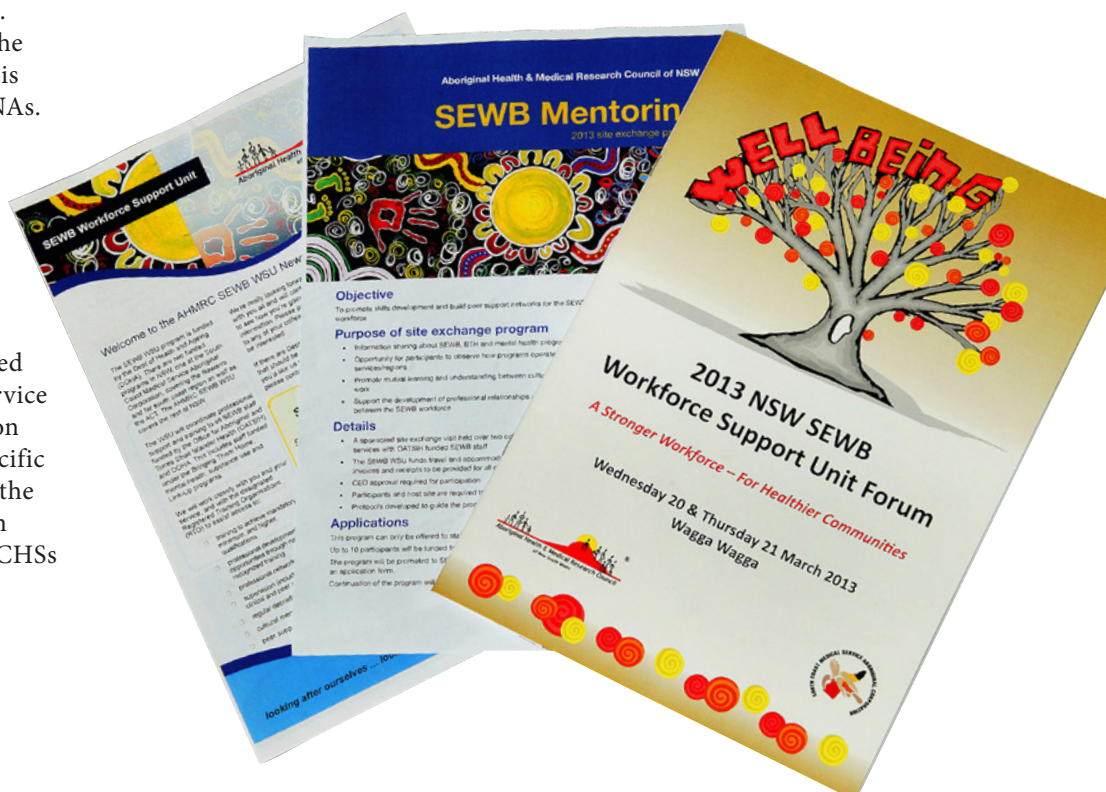
A key activity for the SEWB WSU is to carry out a Training Needs Analysis (TNA) questionnaire to identify training and professional development needs. The WSU has been working with the Aboriginal Health College to do this and so far has collected over 70 TNAs.

In October 2012, the AH&MRC supported ACCHSs to undertake activities for Social and Emotional Wellbeing Week during Mental Health Month. The theme was *“Taking Time to Yarn, Taking Time to Connect”*. Activities included an art competition, community service announcements, and the production and distribution of Aboriginal-specific resources. A total of 42 entries for the art competition were received from young people age 8-16, and 26 ACCHSs participated in activities.

The State Mental Health Coordinator continued to provide expert clinical advice and to represent the AH&MRC on a range of committees and working groups. Through this role, the AH&MRC has had input to the development of the Aboriginal Grief and Loss Training package, the allocation of Aboriginal-specific places on the Housing and Accommodation Support Initiative (HASI), the provision of training to the NSW Police Force, and feedback on

the review and development of policies relating to Aboriginal mental health.

State Mental Health Coordinator Glenn Williams resigned his position in financial year 2012-13 to establish his own private practice. The AH&MRC would like to acknowledge the significant contribution that Glenn made to Aboriginal mental health and SEWB during the five years he was in this role.



Tobacco Resistance and Control

Our role: The AH&MRC Tobacco Resistance and Control (A-TRAC) program has a broad goal of reducing tobacco use among Aboriginal people by integrating tobacco control and smoking cessation activities into the ACCHSs model of comprehensive primary health care.

Key activities and accomplishments in 2012-13

The A-TRAC Advisory Group (AAG) continues to strengthen communication and provide insight into the needs of ACCHSs around tobacco resistance and control activities. The AAG is also the reference group for the upcoming A-TRAC symposium in late 2013.

Planning commenced for the third A-TRAC Symposium 2013: Our Community, Your Journey. This symposium aims to bring together ACCHS staff interested in discussing a broad range of initiatives to encourage the integration of tobacco control activities into the ACCHS model.

The A-TRAC Email Network continues to provide a mechanism for the distribution of updated information on tobacco resistance and control to ACCHS staff and successful quitting stories from ACCHS programs. The membership is currently over 340 members.



The *Kick the Habit* project, social marketing campaigns by ACCHSs, was presented at the Population Health Congress and featured in the *Public Health Association Newsletter* in March 2013.

The *Aboriginal Tobacco Resistance Toolkit (ATRT)* was completed. This toolkit was developed to meet an identified need from workers new to health and Aboriginal tobacco control, and contains useful tools and templates that ACCHSs can adapt and use. Modules for the first version of the ATRT included: "Getting Started", "Workplace Smoking Policy" and "Getting to Know Your Community". Since October 2012, over 70 hard copies have been disseminated, with 1029 downloads from the AH&MRC website. A new "Social Marketing" module has

been developed, and the revised version of the ATRT including this module is scheduled to be reprinted in August 2013.

The A-TRAC team encouraged everybody to take action on World No Tobacco Day, asking community members to pledge to support someone they knew to go smoke free, or smokers to "Have a Go, and Say No." A total of 129 pledges were made and 38 resource packs containing wrist bands, posters, magnets and stickers were distributed to ACCHSs across NSW.

The AH&MRC is represented on a range of tobacco control-related committees and advisory groups, both nationally and in NSW, including NACCHO's Tackling



Attendees of the 2012 A-Trac Symposium.

Smoking Advisory Committee and the Cancer Council's Smoke-free Prisons Working Group.

The AH&MRC is working in partnership with the NSW Ministry of Health to support and co-chair the Aboriginal Partnership Sub-Committee on Tobacco Resistance and Control, with the aim of guiding and coordinating tobacco control programs and activities at the state level. A strategic framework is currently being developed by the sub-committee.

An overall evaluation has commenced for the A-TRAC program and results of the key lessons learned will be shared in the next financial year.

The AH&MRC continues to work with the Cancer Institute NSW and NSW Quitline to develop, implement and evaluate a culturally appropriate and accessible Quitline service in NSW/ACT for Aboriginal people who smoke.

This financial year, a program of one-day site visits to Quitline NSW/ACT was developed and implemented for health professionals, which includes listening to counsellors on calls and receiving tips on motivational interviewing. Since the site visit program started in November 2012, 21 ACCHS workers and 12 students from the Aboriginal Health College have participated. The AH&MRC also coordinated the adaptation of the Quitline logo for Aboriginal communities in NSW.

Staff from the AH&MRC, Quitline NSW/ACT and the Cancer Institute NSW attended the Yabun festival in January 2013, where resources and smokerlyzers were used to engage community members about going smoke free. A total of 53 referrals to Quitline were completed and feedback from community was positive.

Several ACCHS site visits included updates about the Quitline telephone service, and ACCHS staff were given the opportunity to ask questions about the service. Community events were also attended by the AH&MRC and Quitline NSW/ACT counsellors.



A-TRAC Symposium mascot
Deadly Dan and friends.





Continuous Quality Improvement

Our role: The AH&MRC Continuous Quality Improvement (CQI) program is responsible for developing a range of activities, networks, tools and resources to support and build capacity of member ACCHSs in using data and evidence for quality improvement. The AH&MRC CQI program is funded by the NSW Ministry of Health.

Key activities and accomplishments in 2012-13

This year's achievements include the establishment of the AH&MRC CQI program, which has specific aims to:

- Build ACCHSs infrastructure, skills, good practice and effective systems for data collection, management and use.
- Support ACCHSs to build sustainable and effective continuous quality improvement systems with a focus on chronic disease prevention/management.
- Document, promote and share models of good practice in data management and clinical quality improvement in an Aboriginal primary health care context.

By identifying the infrastructure and training needs of member ACCHSs in 2011/12, CQI staff were able to develop several locally focused and responsive activities. During the 2012-13 year, our staff:

Delivered two workshops to support members' use of the Clinical Audit Tool (PenCAT) for quality improvement purposes. Combined with the three previous workshops, a total of 44 participants from 20 ACCHSs attended. 100% of participants who completed the evaluation survey agreed or strongly agreed that the workshop content was relevant and that the delivery by AH&MRC facilitators was effective. All 20 participating ACCHSs completed action plans to use the PenCAT tool with their PIMS system to improve data quality, and changes to systems and practices following the workshops have occurred.

Provided individual PIMS support to 22 ACCHSs, including phone support, email and/or site-visits. This support is provided as requested by ACCHSs.

Conducted on-site staff development workshops for Data Management and CQI with four ACCHSs. The on-site workshops were tailored to each organisation's training requests and were inclusive of PIMS training.

Convened a Reference Group, including representatives from ACCHSs, to review tools and resources useful for ACCHSs in their CQI work. Part of this work saw the design and production of a DVD and booklet titled *10 Out of 10 Deadly ACCHS CQI Success Stories*. The resource

captures some of the many NSW ACCHS success stories in CQI and data management as a way of facilitating shared learning for other ACCHSs.

Delivered 10 regional workshops covering a wide range of CQI topics. These included:

- Preventive Health and CQI workshops organised in partnership with the Royal Australian College of General Practitioners (RACGP). A total of three workshops with 17 delegates representing nine ACCHSs took place.
- Practice Managers workshops in partnership with Rural Doctors Network (RDN). AH&MRC CQI program staff presented at three workshops with 15 delegates participating.
- ADAN Managers Forum. The staff presented at one workshop.
- ADAN Tender Writing and CQI workshop. The program sponsored one workshop with seven delegates from four ACCHSs participating.
- Two PenCAT workshops described above.

Worked with the Aboriginal Health College to develop a tailored CQI modular training program that can be cross-credited against different qualifications that are recognised within the Australian Qualifications Framework. A desktop gap analysis of current training has been completed and development of a modular program is in progress.

Designed and administered a scholarship program to support NSW ACCHSs and AH&MRC staff in CQI training and professional development. Two rounds of scholarships were conducted. Nine applications were received and three scholarships awarded.

Reviewed current literature and collected AH&MRC Member Services' views about indicator frameworks and best practice data protocols for use by NSW ACCHSs in data management and quality improvement. A Data Workshop for members was held in February 2013, with 18 delegates from 14 Member Services attending. A further 14 services

signalled interest in attending the workshop during the Expression of Interest process but were unable to attend on the day. A final report of the workshop was completed and circulated to participants.

Developed, documented and promoted CQI models appropriate for use by NSW ACCHSs by:

- Delivering a series of Rapid Change Projects with seven ACCHSs, covering three topic-based work streams: Maximising Medicare, Increasing Health Checks and Sexual Health Screening and Prevention.
- Supporting two ACCHSs to participate in the eCollaborative – 21st Century Patient Care and Self Management wave, including participation in two national “face-to-face” workshops, three virtual workshops and two on-site visits.
- Establishing an Eye Health Project with the Brien Holden Vision Institute to develop CQI resources for use by ACCHSs.
- Presenting the “AH&MRC CQI Approach” information session at the Rural Doctors Network Staff Development Workshop.
- Continuing to build on current partnerships with the Kirby Institute and the George Institute.
- Delivering PenCAT workshops to Brien Holden Vision Institute staff and Aboriginal Health College students.

The AH&MRC CQI team coordinated a conference focusing on health data and CQI for NSW ACCHSs, titled Data Driving Change: What Works for Us. The inaugural conference brought together over 100 delegates from AH&MRC Member Services, NACCHO Affiliates and representatives, education and research institutes, government organisations, non-government organisations and those from other sectors, as well as two international guest speakers. Evaluations of the three plenary sessions were all very positive: 90% of the respondents stated that sessions were either highly useful or useful. The four concurrent sessions were similarly rated positively, with 80-90% rating sessions as excellent or good.



Dr Jenny Hunt, AH&MRC
Public Health Medical Officer

Public Health Medical Officer

About the role: The AH&MRC Public Health Medical Officer (PHMO) provides technical advice and support to member ACCHSs, AH&MRC staff and partner organisations about a broad range of public health, medical and research issues. In addition to supporting a broad range of AH&MRC programs, the PHMO has:

- Represented AH&MRC on a range of committees and advisory groups;
- Continued to serve on the Board of Directors of the Rural Doctors Network of NSW;
- Represented NACCHO on the National Maternal Mortality Advisory

Committee and the Aboriginal and Torres Strait Islander Demographic Statistics Expert Advisory Group;

- Continued to co-chair the Aboriginal and Torres Strait Islander Working Group and participated on the Executive Advisory Group to develop national evidence-based antenatal care guidelines. The first module of guidelines was published in early 2013 and the second module is nearing completion;
- Participated in the national network and meetings of Affiliate and NACCHO Public Health Medical Officers.

AH&MRC GP Forum and Clinical Update

Our role: During the 2012-2013 year, two annual AH&MRC GP Forum and Clinical Updates were held – in August 2012 and in May/June 2013, with support on each occasion provided by the NSW Rural Doctors Network. These events were attended by:

- 2012: 41 GPs and GP Registrars from 17 different ACCHSs
- 2013: 29 GPs and GP Registrars from 16 different ACCHSs

As with previous years, the GP Forum program included a mix of clinical updates and workshop sessions, as well as opportunities for ACCHS GPs to network to share information, experiences and ideas.

Topics in 2012 included: blood borne viruses, patient controlled electronic health records cardiovascular disease, cannabis and prescription medicine misuse, mental health and community nutrition and physical activity programs. In 2013, topics included: chronic lung disease, opioid dependency, mental health, using data, child protection, cancer and oral health.

Both formal and informal evaluations were positive, with many attendees commenting that all sessions were useful and that the forum provided an excellent opportunity to network and share experiences with other ACCHS GPs and GP Registrars.

Research Support and Capacity Building

Our role: The AH&MRC provides support and advice to member ACCHSs about research, as well as to researchers who are interested and active in Aboriginal health research in NSW and nationally.

In 2012-2013, the AH&MRC continued efforts to provide support for high quality Aboriginal health research in NSW through a Research Support and Capacity Building Program. A National Health and Medical Research Council (NHMRC) Capacity Building Grant has supported this work since 2010, enabling the establishment of a register and the development of protocols and processes to monitor, support and report on the involvement of the AH&MRC in research. Since the expiration of this grant in April 2012, this key function has been continued as a core AH&MRC program.

Key activities and accomplishments in 2012-13

The AH&MRC continues to work on a project to develop a tool to assist ACCHSs with decision making about their involvement in research. This project was developed in response to member ACCHSs' requests for support in this area. Interviews were conducted with member ACCHSs in 2011-2012 about their views and experiences of research, and this information is being used to develop a draft tool. An Advisory Group with membership from member ACCHSs is supporting the project, and it is expected to be completed in late 2013.

The Research Support Program has commenced running a series of research seminars for AH&MRC staff with presentations from visiting researchers. The aim of the seminars is to provide tailored information sessions on Aboriginal health research that build knowledge and interest in research and evaluation. The sessions are informal and provide opportunities for discussion about issues relevant to the sector in terms of policy and practice.



One of the main activities for the Research Support and Capacity Building Program this year continues to be responding to requests for advice and support from researchers, particularly for state-wide projects using data linkage methodologies, the NSW components of national projects or projects involving multiple ACCHS sites.

As at June 2013, the AH&MRC is actively involved in supporting 40 research projects, with a further 13 proposed projects under consideration. The support provided can include participation on the investigator team or through AH&MRC representation on a range of advisory and reference groups that have been established for each project, as well as through the provision of informal advice and support in the development phase and subsequently.

Some of the research projects and programs of research where AH&MRC has been providing support during 2012-2013 include:

- Aboriginal Patterns of Cancer Care (APOCC)
- Aboriginal Smoking and Health (ASH)

- Development of Aboriginal Health Workers Oral Health training
- Enhanced Reporting of Aboriginality in Administrative Datasets
- GHS Aboriginal strategy: The Get Healthy Service, Aboriginal strategy, a social network analysis
- Health Tracker (TORPEDO)
- Increasing Completeness of Aboriginal Status in the New South Wales Notifiable Conditions Information Management System by Data Linkage
- Indigenous Health Outcomes Patient Evaluation (IHOPE)
- Kanyini Vascular Collaboration
- Models of Vision Care Delivery for Aboriginal and Torres Strait Islander Communities (Vision CRC)
- Mothers Who Die: National Population Study of Mothers Dying Late in Pregnancy and in the First Year After Birth
- Notifiable Diseases and Obstetric Outcomes; Sub-Study Aboriginal Women
- Study of Environment and Aboriginal Resilience on Child Health (SEARCH)
- Research Excellence in Aboriginal Community Controlled Health (REACCH)
- Road Safety and Aboriginal People
- Social and Cultural Resilience of Aboriginal Mothers in Prison (SCREAM)
- Talking About the Smokes (TATS)
- Young Aboriginal and Torres Strait Islander National Health Survey (GOANNA)

Public Health Education and Training

Our role: The AH&MRC offers training placements to trainees in the Australasian Faculty of Public Health Medicine training program and has previously hosted NSW Public Health Officer trainees. Throughout 2012-2013, two Public Health Medical Registrars have been placed at the AH&MRC and have undertaken projects relating to oral health, data governance and continuous quality improvement, as well as supporting the work of other members of the AH&MRC Public Health Team. ☺



DONATIONS

Aboriginal Health & Medical Research Council of New South Wales

Donating to the AH&MRC

Help us create a better health future for Aboriginal people in NSW

The Aboriginal Health and Medical Research Council of New South Wales (AH&MRC) is the peak body for Aboriginal Health in NSW and is comprised of Aboriginal Community Controlled Health organisations from across the State, all of which provide vital health and related services to the Aboriginal communities they serve.

All donations to the AH&MRC are used to fund initiatives which aim to improve the health of Aboriginal people in NSW. You can choose from three donation types:



General donations

Every contribution, large or small, makes a difference to the health outcomes of Aboriginal people in NSW. Your donation will be added to a general fund which is dedicated to improving the health and wellbeing of Aboriginal communities throughout the State.

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Mail

Cheques or money orders, made payable to The Aboriginal Health and Medical Research Council of NSW may be sent to:

AH&MRC of NSW
PO Box 1565
Strawberry Hills NSW 2012
Australia

Telephone

To donate via telephone, call **(02) 9212 4777**. Please have your details on hand when you call.

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- This may be 'cross-checked' on the ABN Lookup web site at <http://www.abr.business.gov.au>

- There are absolutely no management fees or charges under any spurious names.
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- Donations over two dollars (\$2.00) are Tax Deductible.

Contact Us

If you have any questions about making a donation, please do not hesitate to contact the AH&MRC on **(02) 9212 4777**.



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