

Supporting Each Other

2019 – 2020 Annual Report



Aboriginal
Health & Medical
Research Council
of NSW

Acknowledgement of Country

The Aboriginal Health & Medical Research Council (AH&MRC) office is in Little Bay, Sydney NSW. We acknowledge the Bidjigal and Gadigal Clans, who traditionally occupied the lands along the Sydney Coast, and pay our respect to Elders past, present and emerging.

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Acronyms

ACCHS	Aboriginal Community Controlled Health Services
ACCHC	Aboriginal Community Controlled Health Committee
ACCHO	Aboriginal Community Controlled Health Organisation
ACCHRS	Aboriginal Community Controlled Health Related Services
ACCHS	Aboriginal Community Control Health Service
ADARRN	Aboriginal Drug and Alcohol Residential Rehabilitation Network
AGM	Annual General Meeting
AH&MRC	Aboriginal Health and Medical Research Council of NSW
AHC	Aboriginal Health College
AHW	Aboriginal & Torres Strait Islander Health Worker
AMSs	Aboriginal Medical Service
CAH	Centre for Aboriginal Health
CAPO	Coalition of Aboriginal Peak Organisations
CCNSW	Cancer Council NSW
CEO	Chief Executive Officer
CQI	Continuous Quality Improvement
CTG	Close The Gap
DoH	Department of Health
KPIs	Key Performance Indicators
LHD	Local Health District
MBS	Medical Benefits Scheme
MOU	Memorandum of Understanding
NACCHO	National Aboriginal Community Controlled Health Organisation
NSW	New South Wales
NSW AHPA	NSW Aboriginal Health Partnership Agreement
PHN	Primary Health Network
PM&C	Prime Minister & Cabinet
RACGP	Royal Australian College of General Practitioners
RDN	Rural Doctors Network
SEWB	Social Emotional Wellbeing
SPA	Sales Purchase Agreement
WSF	Aboriginal & Torres Strait Islander Workforce Strategic Plan

Section 1

Our Organisation

About this Report

The Aboriginal Health and Medical Research Council (AH&MRC) Annual Report provides an overview of the operational achievements and financial health of the organisation during 2019 – 2020.

This Annual Report provides detailed information on who we are, and how we have supported our Member Services to deliver high quality health care, and improved health outcomes of Aboriginal people in NSW, particularly during this challenging year.

This report celebrates our achievements across each of the AH&MRC's business divisions, measures our continued work on the three-year Strategic Plan 2018-2020 and records our financial performance.

Our audience

The Annual Report is a useful publication for the following groups:

- ✦ Our Member Services who continue to work and improve the health and wellbeing of Aboriginal people in NSW.
- ✦ State and federal Governments and non-government organisations who provided funding and grants this year.
- ✦ Industry partners who collaborate to develop and implement evidence-based health programs and promotions.
- ✦ AH&MRC staff who are committed to strengthening the Aboriginal Community Controlled Health Sector.
- ✦ General public who want to know who we are, and learn about the social impact of the work we do.



Theme of this year's report

About AH&MRC

The AH&MRC is the voice on Aboriginal Health and peak body representing Aboriginal Community Controlled Health Organisations (ACCHOs) in New South Wales.

ACCHOs play a vital role in addressing the needs of Aboriginal people and improving Aboriginal health outcomes. We support 47 ACCHOs to deliver culturally safe, high-quality primary health care services to Aboriginal Communities across NSW.

Together with Aboriginal and non-Aboriginal health organisations, we address the social determinants of health and wellbeing for Aboriginal people at a local, state, and national level. We work to strengthen the ACCHOs workforce and ensure Aboriginal people are involved in the decision-making and delivery of health services.

Our history

The AH&MRC, formerly the Aboriginal Health Resource Co-op (AHRCo), was established in 1985 following a recommendation of the Brereton Report by the NSW Aboriginal Task Force on Aboriginal Health in 1982-83.

The Report recognised Aboriginal Community control as a crucial element in laying the foundation for a better standard of health care for Aboriginal people.

The role of the AH&MRC, is to advocate, advise and support the ACCHOs in administering and improving holistic health outcomes for Aboriginal Communities. Since the first ACCHO was established in Redfern (1971), there are now more than 140 ACCHOs across Australia.



Our purpose

The AH&MRC works for its Members across NSW to ensure access to an adequately resourced and skilled workforce who can provide high quality, comprehensive primary health care services for Aboriginal Communities.



Our vision

That ACCHOs are sustainable, driving holistic and culturally strong approaches to addressing health inequities for Aboriginal people in NSW.



Our values

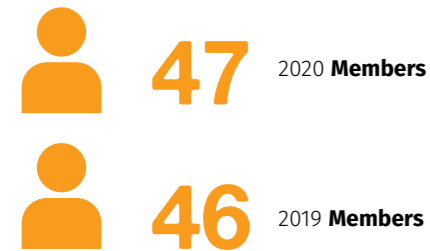
Our fundamental values are unity, loyalty, inclusion, and respect. We provide professional development opportunities for staff through career planning sessions and encourage a supportive work culture. These values reflect our commitment to strengthen Indigenous employment opportunities and extend further professional support to our Member Services.



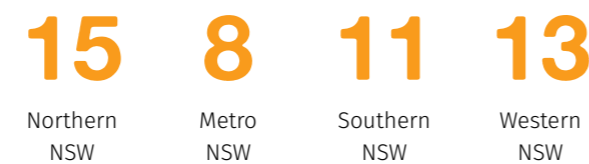
Above: First Aboriginal Medical Service Redfern 1971

At a Glance

Member Services



Member Service Regions

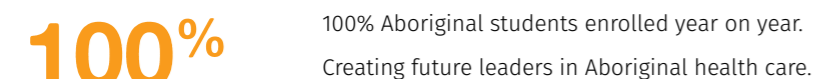


Human Research Ethics Committee Membership



Supporting research partnerships with Aboriginal Communities.

Students enrolled at the AH&MRC's Registered Training Organisation



Financial and business sustainability plans



BHP Vital Funds Resource grant



Sector support focus areas

- ✓ Workforce strengthening
- ✓ Business support
- ✓ Governance
- ✓ Ear health
- ✓ Social and emotional wellbeing
- ✓ Alcohol and other drug networks

Building the workforce to strengthen the ACCHO sector and deliver strong health outcomes.

Health promotion

- ✓ Sexual Health
- ✓ Your Health Your Future
- ✓ Rheumatic heart disease
- ✓ Chronic health conditions
- ✓ Cancer prevention, screening, treatment, and support
- ✓ Aboriginal tobacco resistance and control

Working with our Members to advance Aboriginal health and meet Community expectations.

Our Members

ACCHOs are leading the way to deliver high quality, culturally safe services to Aboriginal Communities.

The new Constitution and Regional Model was endorsed at the 2019 Annual General Meeting. This consolidated twelve Membership regions to four regions. Two Directors for each region were elected to represent Member Services as part of the new Regional Model.

The four Membership regions in NSW are:

- + Metro
- + Northern
- + Southern
- + Western

Full Membership (ACCHOs)

Our 47 Members are guided by Aboriginal Communities to deliver comprehensive health care services. ACCHOs are non-profit organisations that provide:

- + Holistic and culturally appropriate primary health care and Aboriginal health related services to their Community.
- + Governed by an Aboriginal board of management elected by their local Aboriginal Community.

Associate Membership

Associate Members are ACCHC or ACCHRS who are led by Aboriginal Communities to deliver comprehensive and culturally appropriate health related services.

ACCHC: Aboriginal Community Controlled Health Committee

- + Is a non-profit incorporated Aboriginal Community Controlled Organisation operating in the state which is elected and governed by a local Aboriginal Community with the aim to establish an Aboriginal Community Controlled Health Service.
- + There are currently no ACCHC Associate Members.

ACCHRS: Aboriginal Community Controlled Health Related Services

- + Is a non-profit incorporated Aboriginal Community Controlled Organisations that specialises in Aboriginal health related services and is:
- + Committed to the definition of Aboriginal holistic health.
- + Is elected and governed by a local Aboriginal Community.
- + Operates an Aboriginal Community multi-purpose Centre, health post or clinic in association with, or receives satellite services through an Aboriginal Community Controlled Health Service such as Link-Up or Ngaipe Aboriginal Corporation – The Glen Centre.

Membership list

Metropolitan Region

- 1 Aboriginal Medical Service Co-Operative Ltd Redfern
- 2 Awabakal Newcastle Aboriginal Co-Operative Ltd
- 3 Link-Up NSW
- 4 Marrin Weejali Aboriginal Corporation
- 5 The Glen Centre (Ngaimpe Aboriginal Corporation)
- 6 Tharawal Aboriginal Corporation
- 7 Ungooroo Aboriginal Corporation
- 8 Yerin Eleanor Duncan Aboriginal Health Centre

Southern Region

- 9 Albury Wodonga Aboriginal Health Service Inc.
- 10 Brungle Aboriginal Health Service
- 11 Cummeragunja Housing & Development Aboriginal Corporation – Viney Morgan Clinic
- 12 Griffith Aboriginal Medical Service Inc.
- 13 Illawarra Aboriginal Medical Service Aboriginal Corporation
- 14 Katungul Aboriginal Corporation Regional Health & Community Services
- 15 Murrin Bridge Aboriginal Health Service Inc.
- 16 Riverina Medical & Dental Aboriginal Corporation
- 17 South Coast Medical Service Aboriginal Corporation
- 18 The Oolong Aboriginal Corporation
- 19 Waminda – South Coast Women's Health & Welfare Aboriginal Corporation

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Aboriginal health means not just the physical health of an individual but the social, emotional and cultural wellbeing of the whole Community where each individual can achieve their full potential and contribute to the overall wellbeing of their Community.

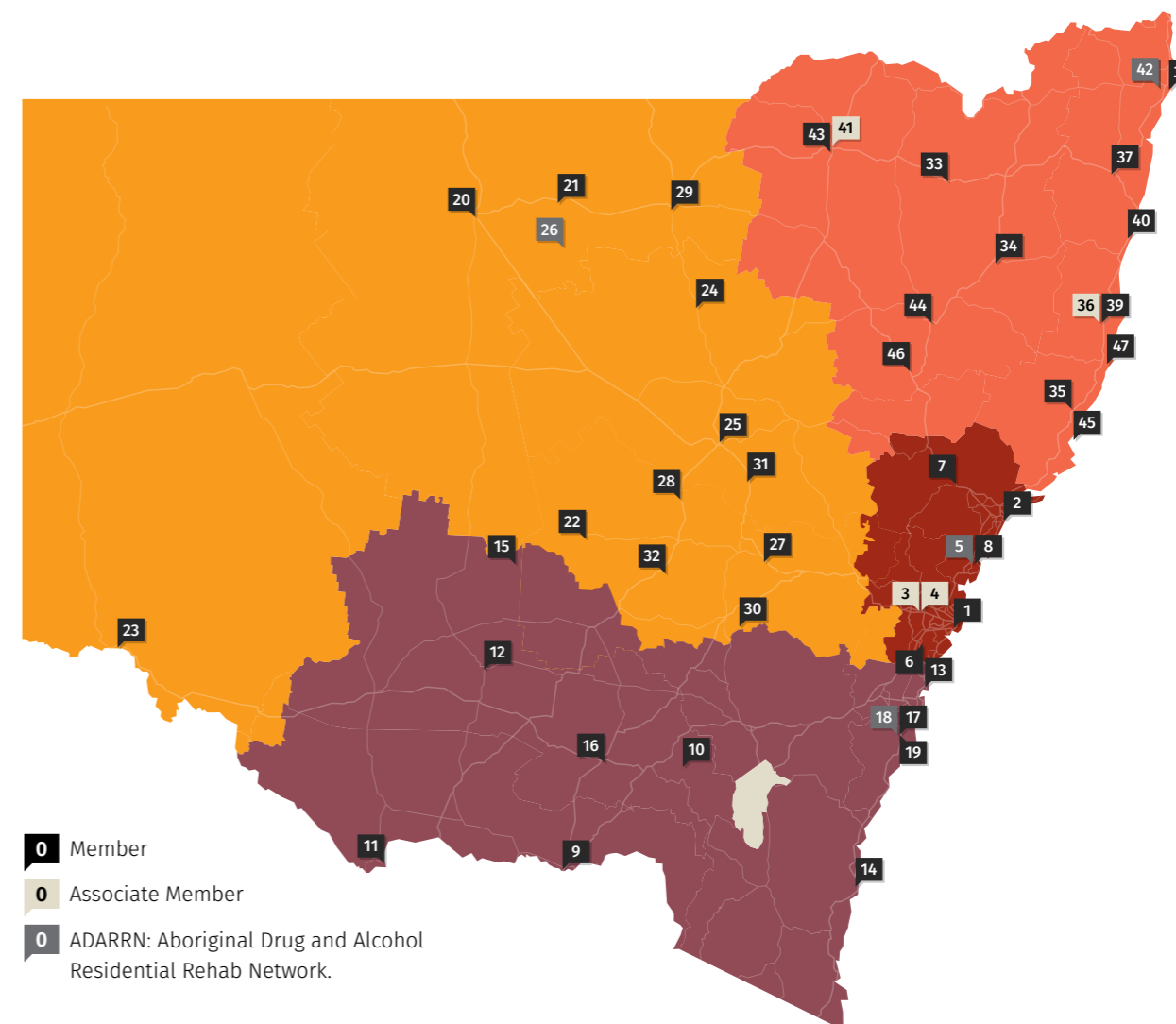
Western Region

- | | |
|----|---|
| 20 | Bourke Aboriginal Health Service Ltd |
| 21 | Brewarrina Aboriginal Service Ltd |
| 22 | Condobolin Aboriginal Health Service Ltd |
| 23 | Coomealla Health Aboriginal Corporation |
| 24 | Coonamble Aboriginal Health Service Inc. |
| 25 | Dubbo Aboriginal Medical Service |
| 26 | Orana Haven Aboriginal Corporation |
| 27 | Orange Aboriginal Health Service Inc. |
| 28 | Peak Hill Aboriginal Medical Service Inc. |
| 29 | Walgett Aboriginal Medical Service Co-Operative Ltd |
| 30 | Weigelli Centre Aboriginal Corporation |
| 31 | Wellington Aboriginal Corporation Health |
| 32 | Yoorana-Gunya Family Healing Centre Aboriginal |

Northern Region

- 33 Armajun Aboriginal Health Service Inc.
- 34 Armidale Aboriginal Health Service – Pat Dixon Medical Centre
- 35 Biripi Aboriginal Corporation Medical Centre
- 36 Booroongen Djugun Aboriginal Corporation
- 37 Bulgarr Ngaru Medical Aboriginal Corporation
- 38 Bullinah Aboriginal Health Service
- 39 Durri Aboriginal Corporation Medical Service
- 40 Galambila Aboriginal Health Service Inc.
- 41 Maayu Mali Residential Rehabilitation
- 42 Namatjira Haven Drug & Alcohol Healing Cent
- 43 Pius X Aboriginal Corporation
- 44 Tamworth Aboriginal Medical Service Inc.
- 45 Tobwabba Aboriginal Medical Service Inc.
- 46 Walhallow Aboriginal Health Corporation
- 47 Werin Aboriginal Corporation Medical Clinic

Members map



Aboriginal Community Controlled Health care Organisations

Community controlled, holistic primary health care	Health care professionals working together	Delivering a range of health care services
<p>ACCHOs are dedicated to deliver culturally safe, primary health care to Aboriginal people.</p> <p>For Aboriginal people, primary health is about the whole of Community approach to achieve good health and wellbeing.</p>	<p>Large ACCHOs employ medical practitioners, Aboriginal health care workers and nurses. Small services rely on Aboriginal Health workers and nurses for the delivery of primary health care services.</p> <p>ACCHOs are the first point of care for Aboriginal patients.</p>	<p>Health care services that are preventative and focus on health education including:</p> <ul style="list-style-type: none"> + Child and maternal health. + Oral and dental health. + 715 health checks. + Eye and ear health. + Preventative programs to quit smoking and health and wellbeing. + Social emotional and well being services.



“

We will be actively involved in supporting our Member Services to continue to grow, and work together to close the gap to secure healthy, prosperous futures for Aboriginal people.

Section 2

Our Leadership





We will focus on growth, streamlining our regional presence, and be actively involved in supporting our Members.

Message from the Chairperson

The 2019-2020 financial year has been another important yet complex year for the AH&MRC and its Member Services with COVID-19 being at the forefront of all ACCHOs' activities.

Firstly, let me take this opportunity to acknowledge our current Board of Directors, Lynette Kilby, Stacy Parry, Kane Ellis, Reuben Robinson, Tony Hunter, Cathy Duncan, and Christine Corby. AH&MRC would also like to thank Raylene Gordon and LaVerne Bellear for their long-standing contribution to AH&MRC as Board of Directors and respective leaders in their own Communities and ACCHO. To the outgoing Chairperson, Scott Monaghan, I recognise your expertise and thank you for your leadership.

I also want to acknowledge Aunty Valda Keed, as one of the longest standing Board of Directors with AH&MRC. Aunty Val's legacy with the AH&MRC as a Director has left a huge footprint within our sector and I honour her legacy in this year's report.

At the 2019 Annual General Meeting held on 21st and 22nd October, the AH&MRC Members endorsed the new Constitution and Regional Model, which saw our member regions decrease from twelve to four regions, and we

elected two Directors from each region to represent them.

In 2019 – 2020 there has been major challenges across the ACCHO with the impact of COVID-19. AH&MRC will always be committed to our 47 Member Services across NSW. Whilst I recognise that there have been many challenges with COVID-19, I take my hat off to our Public Health Unit (PHU) Team, led by Kate Armstrong and thank the operations of AH&MRC and the PHU personally and professionally in responding to Members in such trying times.

The AH&MRC welcomed a new incoming Chief Executive Officer (CEO) Robert Skeen, and recognise the expertise that Robert brings to the position. Robert has been very proactive with representing the AH&MRC and our Member Services at the state and national level and offers the AH&MRC stability for the next three years.

I have been guided with the advice of the Board around the strategic partnership with CAPO, the Centre for

Aboriginal Health and NACCHO. Our Board have set a new direction for the AH&MRC and our Members offering more insight into the regions through our Regional Coordinators and being solely member focused.

The Board will continue to work with Banki Haddock Fiora Lawyers in offering the AH&MRC the best sound legal advice in relation to the AH&MRC constitution and constitutional law, which has seen the appointed of Monica Marlowe as the Company Secretary and new Directors appointed to the Northern and Metro Regions.

The AH&MRC has been challenged by the COVID-19 experience; however, we continue to work for the Membership across NSW to maintain and further develop a strong culturally based service. With COVID-19 impacting us all, the Board endorsed for all staff at AH&MRC to work remotely with a return to work plan lodged and we envisage as time passes, that staff will return to Little Bay and be back to full operations once COVID-19 situation improves.

The AH&MRC Board have been actively working with the Commonwealth, NACCHO, the Ministry of Health and the Centre for Aboriginal Health, to assist in streamlining processes in our sector where some Member Services require additional support. A business continuity plan has been lodged with the Commonwealth for AH&MRC to be actively involved in making decisions for our Members Services whereby ACCHO's require external support for Governance and market support. The Board also thank BHP for investing \$20,000 towards each ACCHO Member for services related to COVID-19. This additional money was welcomed by the Board and disseminated to Member Services.

As we enter another year, the Board of AH&MRC will focus on growth, streamlining our regional presence, and be actively involved in supporting Member Services to continue to grow. We will continue to monitor our Registered Training Organisation business with a prospect of seeking advice from Members in relation to social enterprises.

Finally, I pay tribute to Tania Brown, the previous CEO of AH&MRC, and thank Tania for her tireless work that she contributed to AH&MRC in her time as CEO. Tania played a vital role in leading the AH&MRC to a structured model which provided Member Services, government services and the wider sector with a clear vision of where the AH&MRC was heading into the future. This legacy will now be led by our new incoming CEO, Robert Skeen.

As the Chairperson of AH&MRC, I look forward to working with all Directors and our Members into 2020 – 2021.

MM 2/1

Phillip Naden
Chairperson of the Board



AH&MRC Board of Directors

Phillip Naden
Chairperson of the Board
(Appointed 22 October 2019)



Phillip Naden is a proud Aboriginal descendant of the Gamilaroi people from North Western NSW, and Wiradjuri people from Peak Hill and Condobolin NSW where he was born.

Phillip is currently the Chief Executive Officer of the Dubbo and Coonamble Aboriginal Medical Services and has extensive experience in policing, justice, business management and recently completed his master's degree in business.

Phillip has been elected for a fixed two-year term as Chairperson commencing in 2019.

Kane Ellis
Deputy Chairperson of the Board
(Appointed 22 October 2019)



Kane Ellis is proud of his Aboriginal heritage and has strong connections to his land and people. Kane's father is a Jingili man from the upper Barkley region in the Northern Territory, ranging from Tennant Creek to Borroloola. His mother's country is the Darwin area, the Larrakia people.

Kane is currently the Chief Executive Officer of the Illawarra Aboriginal Medical Service. He commenced his career as an Aboriginal Health Worker at the Danila Dilba Health Service in 1998 and is passionate about improving the lives of Aboriginal people.

Robert Berwick
(Resigned 29 June 2020)



Robert Berwick is the Chief Executive Officer at the Tamworth Aboriginal Medical Service (TAMS), the peak Aboriginal Community Controlled Health Service for the Tamworth and Gunnedah regions, ensuring the Community they serve continues to have access to culturally safe, primary health care and related health services.

This AMS services Aboriginal people in Tamworth and surrounding Communities and advocates for Aboriginal Community Controlled as the best practice model to achieve health improvements.

Christine Corby, OAM
Director
(Appointed 22 October 2019)



Christine Corby, OAM, is a proud Gamilaraay woman from north-western NSW. Christine is the Chief Executive Officer of the Walgett Aboriginal Medical Service Limited (WAMS) and Brewarrina Aboriginal Medical Service (BAMS).

She is a Justice of the Peace and holds a Diploma in Health Sciences from the University of Sydney, Graduate Diploma in Health Management from the University of New England and a Diploma of Business Management from the AH&MRC Registered Training Organisation (RTO) in Little Bay.

Christine's involvement in the Aboriginal health sector since 1986 has seen her heavily involved in many committees involving Aboriginal affairs, rural Communities, and social activities.

Tony Hunter
Director
(Appointed 23 July 2020)



Tony Hunter is the Chief Executive Officer at Marrin Weejali Aboriginal Corporation over the last 24 years. Tony has a Bachelor of Arts in Adult Education and Community Management from the University of Technology in Sydney, NSW.

Marrin Weejali provides culturally safe alcohol, other drug and non-acute mental health counselling, referral and advocacy services to Aboriginal and Torres Strait Islander Communities in Western Sydney.

Lynette Kilby
Director
(Appointed 22 October 2019)



Lynette Kilby is a proud Wiradjuri woman from Griffith and raised her five children on a mission. Lynette is currently the Director of the Griffith Aboriginal Service. Her work is Community minded, advocating for Aboriginal People across health, legal, aged care, childcare and educations sectors.

Lynette has lived experience of the hardships many Aboriginal and Torres Strait Islander people continue to face. Lynette was employed by the Aboriginal Legal Service (NSW/ACT) Limited (ALS), a position she held for over 20 years, until April 2020.

Stacy Parry
Director
(Appointed 10 June 2020)



Stacy Parry is currently a Board Member of Yerin Eleanor Duncan. Yerin is a Aboriginal Community Controlled Health Service providing culturally safe health care on the Central Coast of NSW. Yerin is the supporting organisation for the Eleanor Duncan Aboriginal Health Centre, a medical centre for local Aboriginal and Torres Strait Islander people.

Reuben Robinson
Director
(Appointed 22 October 2019)



Reuben Robinson is a proud Gumbayngirr man from the Nambucca Valley of NSW. He has lived on Gumbayngirr land in Sawtell/Coffs Harbour and is currently the Chief Executive Officer at the Galambila Aboriginal Health Service. Reuben has over 20 years' experience in the Government sector, working with NSW Aboriginal Housing Office and NSW Aboriginal Affairs.

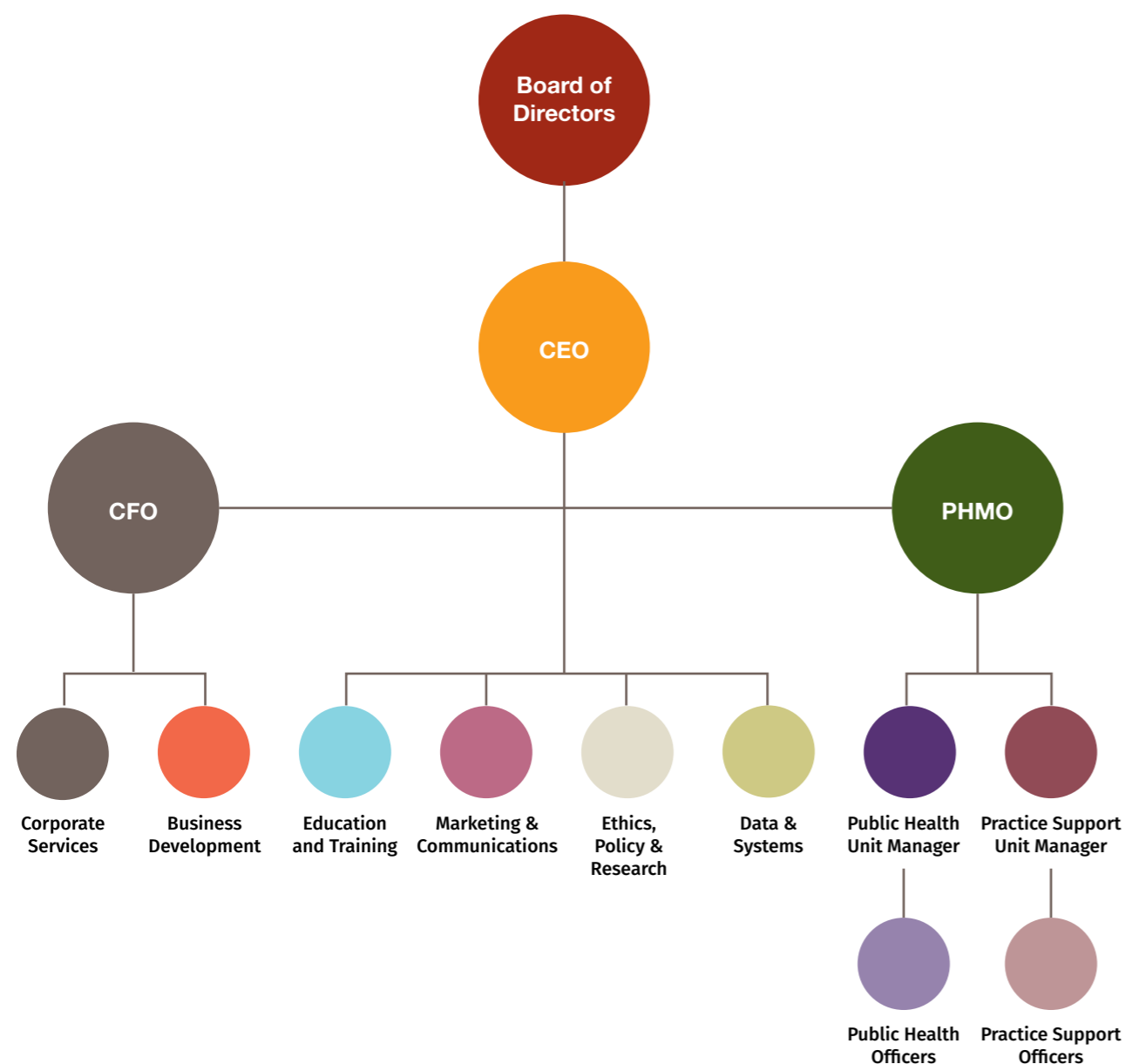
Reuben is an active member of the Coffs Harbour & District Local Aboriginal Land Council, member of the Miidinya La Goori Men's Group, Chairperson of Coffs Harbour Aboriginal Social Events (CHASE), active member of the local Aboriginal Education Consultative Group (AECG), and Traditional Gumbaynggirr Land owner as recognised through Native Title (Gaalgal Wangaan – South Beach).

To read more about AH&MRC Board Members please visit our website: www.ahmrc.org.au

2019 – 2020 Board of Directors meeting dates

Board meeting 1	28th August 2019
Board meeting 2	21st October 2019
2019 Annual General Meeting	22 – 23rd October 2019
Board meeting 3	31st October 2019
Board meeting 4	29th November 2019
Board meeting 5	20th February 2020

AH&MRC Organisational Structure



2019 Year in Review

Building our profile



New CEO
Commenced in
April 2020.

8

New Board Members
elected to support the
new Constitution and
Regional Model.

1

New Member Service joined in 2019 – 2020.



69,837 compared to 10,190 sessions
(clicks, downloads) on the AH&MRC
website.



45,704 vs 7,204 more people visited our website.



1,679 new followers on our Instagram account.



652 new followers on our Facebook account.

Advocacy

970k

- **\$20,000 BHP grants** awarded to each Member Service for COVID-19.



Coalition of Peaks State Member

Working across Governments on the new National agreement on Closing the Gap.



National Workforce Development Unit Meeting

Identify and develop professional development opportunities with state and territory affiliates.

30+

**We advocate on more than 30
Committees and Working Groups**

Driving positive health outcomes
for Aboriginal people and increased
our sector support.

Education



Offers nationally recognised courses through our Registered Training Organisation.

People and Culture



We undertook a **staff survey** in May 2020 to receive formal feedback on our processes, staff wellbeing and work culture.

The results of the VOICE survey will evaluate areas for future improvements and help us deliver more.

Ethics

14

14 Aboriginal people on the Human Research Ethics Committee.

Providing their expertise and cultural perspective.

2019 – 2020 Highlights

Our Members make a positive difference to the lives of Aboriginal people in NSW. We have continued to advocate for the sector and provided our leadership, assistance, and ongoing benefits to all Member Services.

Our leadership

Increased Member engagement: The Board endorsed a new Constitution and Regional Model that consolidated 12 Membership regions to four new regions: Metro, Northern, Southern and Western. This streamlined approach allows better service to our Members.

New Regional Coordinators: We assigned two Regional Coordinators to each region to assist Members. Regional Coordinators played an integral role during COVID-19 to address emerging concerns from a regional perspective and offered tailored solutions to best support them.

Member site visits: Prior to COVID-19, the AH&MRC made regular site visits to understand our Member Services' needs, discuss opportunities to collaborate and receive feedback.

Our partnerships

Stakeholder engagement: We continued to strengthen our relationships with industry partners to foster ongoing support for our sector.

Advocacy and policy: We listened and acknowledged our Member Services challenges and made sure to reflect their views and voices when advocating with Governments for funding, resources, and policy submissions.

Business sustainability: We partnered with JR Consulting to develop business sustainability plans with 18 Members. This strengthens their capacity to manage unforeseen changes in government funding and supports them to be financially self-determined.

Keeping Communities healthy and safe

Australia's bushfires: We assisted our Members and partnered with the Rural Doctors Network and other key organisations to support Aboriginal Communities impacted by the bushfires. Our Members' expertise identified what they needed to deliver the best level of care for their Communities.

COVID-19: The leadership of our Board and dedicated staff provided operational support during COVID-19. We acknowledge the hard work and commitment of our Members to keep Aboriginal Communities healthy, safe, and strong.

Sector support

Ear health program: We continued to support our sector through workforce strengthening, training, accreditation, and governance. We collaborated with the Rural Doctors Network (RND) to implement the ear health coordination program and support access to quality, culturally safe, ear and hearing health services for Aboriginal and Torres Strait Islander children before they commence primary school.

New peak bodies: The Aboriginal Drug and Alcohol Network (ADAN) and the Aboriginal Drug and Alcohol Residential Rehab Networks (ADARRN), formally Advisory Committees, were established through the AH&MRC in response to the 2003 NSW 'Talking about Grog Summit'. The Practice Support Team has assisted the ADAN and ADARRN in becoming independent peak bodies.

Health promotion

Communications: We coordinated communications across digital and traditional platforms to deliver strong engagement on health priorities determined by our Members.

Cultural Group: An internal group of Aboriginal staff was established to provide a cultural perspective on communications for Aboriginal Communities. This group was integral to the successful development of COVID-19 resources and health campaigns.

Industry news: We published twelve editions of the AH&MRC Message Stick newsletter to keep industry up to date, connected and celebrate the important work of the ACCHOs sector.

Education

RTO: We met the compliance requirements with the Australian Health Practitioner Regulation Agency (AHPRA) and re-commenced course delivery in February 2020. We had 49 student enrolments from our Member Services for the Certificate IV in Primary Health Care Practice and Alcohol and Other Drug courses.

Ethics

Health research and proposals: Our Ethics team implemented Submittable – a new system to improve the ethics application process, and worked with the Human Research Ethics Committee to revise the NSW Aboriginal Health Ethics Guidelines for researchers submitting an ethics application.

Section 3

Our Business Performance



Public Health Unit

Our health programs are designed to improve the health and wellbeing of Aboriginal people by supporting Aboriginal Community Controlled Health Organisations.

We have worked in partnership with our Member Services, and key health partners to achieve greater outcomes. The Public Health Unit (PHU) has worked across various health programs this year.

Your Health Your Future

Your Health Your Future (YHYF) initiatives continued to promote healthy futures for Aboriginal people.

- + Maintained YHYF health programs and health messaging on social media and migrated face-to-face events to virtual forums during COVID-19.
- + Promotion of Health Assessment for Aboriginal and Torres Strait Islander people (715 Medicare item) in NSW through the Plan, Do, Study, Act (PDSA), and the Continuous Quality Improvement Program enabling ACCHOs to customise health check promotions based on their Community's needs.
- + Promoted key health messages at Community events such as the Kids in Care up, Koori Knockout, Battle of the Countries, Barang Youth Summit and the 2020 Yabun Festival.
- + Developed and launched the 2020 Influenza Vaccination Campaign in partnership with the Ministry of Health to encourage vaccinations for Aboriginal people.
- + Distributed YHYF merchandise to YHYF Collaborative Members to foster healthy habits in the local Community. This included a co-branded YHYF Member shirt to encourage the uptake of Health Assessment for Aboriginal and Torres Strait Islander people.
- + Distributed Kids Health Kits to instil healthy hygiene habits among children from a young age. The Health Kit bags were designed by a young Aboriginal artist, Tamiera Donnelly.

Our health ambassadors

This year's ambassadors, Tyson Demos and Jack Wilson, created meaningful opportunities to talk about health and connect with Aboriginal youth. Our ambassadors attended major sporting events to raise awareness for important health initiatives and promote the ACCHO sector. Other key activities included:

- + Interviews on Koori Radio.
- + Visits to schools and Member Services.

- + Regular social media posts with timely and relevant health messages.
- + Assisted with three videos featuring to help Communities stay COVID-19 safe.

Aboriginal Health Symposia

AH&MRC and the NSW Ministry of Health (MoH) co-developed Aboriginal Health Symposias. The main objective was to strengthen high functioning health partnerships between Public Health Units and ACCHOs. The Symposias offered a forum to share knowledge and reinforce mutual understanding of stakeholders' roles in protecting Aboriginal Communities in the event of a public health outbreak or emergency. The first Symposium, held in Dubbo, was a huge success with the other symposias postponed due to COVID-19.

Determining best practice, Nicotine Replacement Therapy (NRT) Program

A key enabler for smoking cessation is affordable access to a range of Nicotine Replacement Therapy (NRT) options. This was highlighted through extensive consultation with ACCHOs in NSW during 2019 – 2020 when the AH&MRC established the Tobacco Advisory Committee.

Building on key learnings from the NSW Ministry of Health, Centre for Aboriginal Health NRT initiative in 2018-19, the AH&MRC established its own NRT program. With funding from Cancer Institute NSW, we provided

- + Free NRT to Members.
- + Supported World No Tobacco Day #BlakPledge Campaign.
- + Established a Tobacco Advisory Committee.
- + Organised training for brief interventions.
- + Developed a NRT Communicare template.
- + Developed NRT Resource toolkit.

“Research shows nicotine replacement therapy combined with regular counselling from a health care worker increases chances of quitting smoking.”

Implementing deadly smoking cessation sites

Within the NRT program, twenty-six ACCHOs have chosen to participate as “Deadly Smoking Cessation Sites” to share their insights and learnings about tobacco control and NRT delivery. Some of the key insights to date include:

- + Successful strategies for smoking cessation including NRT provision and Continuous Quality Improvement (CQI) initiatives.
- + Organisational NRT policies.
- + Data indicators to report on KPIs and track progress.
- + Useful data insights and identifying relevant industry reports.

Submissions and policy reviews

The AH&MRC Public Health Unit submitted numerous policies and reviews including:

- + National Redress Scheme for Institutional Child Sexual Abuse Bill 2018.
- + Closing the Gap Refresh Submission state and national response.
- + Represented NACCHO at the stakeholder workshop for End of Life and Palliative Care Framework.
- + Consultation on proposed amendments to the Corporations Act 2006.
- + Reviewed and responded to:
 1. The Indigenous Medicines Review Services.
 2. Continuous Quality Index (CQI) framework for Aboriginal and Torres Strait Islander Primary Health.
 3. The Arthritis National Action Plan.
 4. The National Primary Health Care Data Asset & Data Plan.
 5. The National Women's Health Strategy.
 6. The National Men's Health Strategy.
 7. The Aboriginal and Torres Strait Islander MBS Taskforce.
- + Drafted policy paper for NACCHO CEO to address the Obesity Summit and contributed to the Special Commission of Inquiry into the Drug 'Ice'.

Living Longer Stronger resources

The PHU launched the 2nd edition of the Living Longer Stronger Resource Kit. The book, posters and pamphlets provide practical, holistic and culturally acceptable information for Aboriginal Health Workers (AHWs) to facilitate discussions regarding the management of five chronic health conditions with their patients.

The development of the Living Longer Stronger Resource Kit was guided by a reference group of AHWs and nurses working in ACCHOs in NSW along with the AH&MRC staff.

My Money Dream resonates with Member Services

The My Money Dream project links Indigenous Communities and the finance industry to provide financial education, training and information to support financial prosperity for Indigenous Australians. This program offers culturally designed financial education, training and information for Indigenous people who may be experiencing financial stress, which can negatively affect mental health. Participating ACCHOs introduced the project to their clients, to strengthen their financial literacy and improve their quality of life.

“Thank you for your support, just having a conversation about money is a massive win for us here at The Glen.”

Josh Toomey, The Glen.

Offering Aboriginal Mental Health First Aid

The Aboriginal Mental Health First Aid (AMHFA) course was offered to students attending the AH&MRC RTO. The course taught students how to assist an Aboriginal person who may be experiencing a mental health problem or mental health crisis until appropriate professional help is available by using a practical, evidence based Action Plan ALGEE. This is equal to DRACB Action Plan in first aid.

The course was based on guidelines developed through the consensus of Aboriginal people with lived experience of mental health problems and professionals. Due to COVID-19, the delivery of AMHFA training was changed from face-to-face to small virtual groups delivered by an Indigenous trainer from Mental Health First Aid Australia. Students received a certificate on completion.

Preparing for flu season during COVID-19

AH&MRC has continued their commitment to help Member Services prepare for the flu season. In 2020, the impacts of COVID-19, made it more important to encourage influenza vaccinations keeping Aboriginal people, their families, and Communities safe from flu.

In partnership with the Ministry of Health we developed the 2020 Influenza Vaccination campaign, #Immunity4Community. Community engagement was

heightened through a youth artwork poster competition that aimed to increase awareness for everyone to have an annual influenza vaccination. The #Immunity4Community campaign resources could be tailored by each ACCHO and used again next year.

AH&MRC is committed to ongoing action to ensure our Member Services are optimally prepared for the influenza season each year and look forward to continuing to build on these efforts.

Success Story

Wellington AMS gives 700+ flu shots to Community

In only a few weeks of receiving supplies of the annual flu vaccination, the Wellington Aboriginal Corporation Health Service (WACHS) provided over 700 vaccines to local Community Members.

Clinic doctors and staff worked to administer the 700+ vaccines and opened on the Easter Good Friday to offer additional hours outside the regular clinic hours for people working full time to get their flu shot.

"It's great to see, from the high Community uptake, the message is getting through about how important it is to get your flu shot every year. It is surprising how many people are getting the flu vaccine for the first time. We are proud that Community is doing the right thing to stay strong and protect our Elders and those with chronic health problems this flu season," said Jay Forrester, Team Leader – Healthy 4 Life.

While there is no vaccine for COVID-19, getting the flu shot is more important than ever. It was anticipated there would be a high demand of flu vaccinations in 2020. This helped everyone in the Community stay healthy and strong over winter.

Delivering flu vaccination clinics during the COVID-19 pandemic was more complicated than usual. Clinic staff managed new clinic space in the carpark to adhere to social distancing rules and reduce numbers into the clinic, personal protective equipment, even liaising with local police to ensure people driving to get vaccinated would not be fined.

Due to the COVID-19 pandemic, the Wellington Clinic has adjusted their services to provide telehealth appointments for patients and reduce the risk of spreading COVID-19.



Yerin wear red for National Heart Disease Day



YHYF Team, Aboriginal Medical Service Co-Operative Ltd Redfern staff and Jack Wilson at Yabun



Flu vaccinations 2020 promotional poster



Ready Mob tackle Indigenous smoking at Community events



Awabakal tackling Indigenous smoking for World No Tobacco Day



Flu vaccination 2020 promotional tile

Supporting Member Services COVID-19 pandemic response

The AH&MRC’s COVID-19 Operations Team coordinated a strategic response to the COVID-19 pandemic. Led by the Public Health Medical Officer, Kate Armstrong, the team depended on staff expertise including the Regional Coordinators, Public Health Registrars and team, Communications Team, the Cultural Group and Business Development Unit.

The team provided guidance and support to help ACCHOs prepare and respond as the situation evolved. We worked in partnership and advocated for sector support across all levels of Government.

Our pandemic response

Actions	Benefit
1 Developed and implemented the AH&MRC COVID-19 Action Plan.	A coordinated approach to support our Members, Aboriginal Communities in NSW, and our staff during the pandemic.
2 COVID-19 Needs Assessments.	Understanding Members issues, needs and concerns on a regular basis and providing additional support as required. <ul style="list-style-type: none">+ Personal protective equipment supplies.+ Access to the latest health information.+ Support to address Community needs such as food and care packages.+ Community messaging.+ Training for health care professionals.
3 Members-specific communications strategy: <ul style="list-style-type: none">+ Regular CEO teleconferences.+ Weekly COVID-19 updates.+ Members-only dashboard.	Effective and time-sensitive communication through digital and traditional communication channels.
4 Launched a COVID-19 section on the AH&MRC website to communicate the latest health recommendations from NSW Health.	Provided reliable, trustworthy, accessible health information and resources to health care professionals, Community Members and the broader sector.
5 Established a specific COVID-19 email address: covid19@ahmrc.org.au.	Effectively triaged and actioned emails during March 2020 – August 2020, addressing the concerns of Members.
6 Held regular stakeholder meetings with industry partners; Centre for Aboriginal Health and NSW Health.	Leveraging partnerships to deliver more support, funding and resources for the ACCHO sector.
7 Developing tailored, and culturally safe COVID-19 communications for health care professionals and Aboriginal Communities.	ACCHO’s remained well-informed with the latest health advice and COVID-19 measures from NSW Health. The AH&MRC shared COVID-19 updates including rapid changes to social distancing measures, restrictions, family gatherings, border closures, and emphasised the importance of testing to help keep Aboriginal people, families and Communities safe.

Read detailed information about our COVID-19 response on page 51.

Providing informative resources and tools

The AH&MRC continued to promote important health messages over a wide range of topics for Aboriginal Communities. This year saw the rapid development of culturally appropriate COVID-19 related resources, in addition to general health resources.

COVID-19 resources

There are over 35 COVID-19 resources available on the website, www.ahmrc.org.au including:

- + AH&MRC Pandemic Preparedness Toolkit providing a robust framework to prepare and respond to the outbreak.
- + Educational webinars and training provided in partnership with Centre for Aboriginal Health for ACCHOs.
- + Factsheets for health care professionals.
- + Health promotion and prevention messaging to keep Communities safe, healthy and strong.


Health resources


- + Healthy Living Kits for Kids.
- + Doin’ It Right Sexual Health e-resource.
- + Your Health, Your Future Resources encouraging Health Assessments.
- + 2020 Influenza Campaign: stay healthy and get your free flu shot today.





Healthy Living Kits for Kids


COVID-19 resources



8
Videos



3
Webinars



20+
Social media posts


22
Factsheets


2
Member toolkits


3
Email banners


4
Community booklets


5
Posters

Practice Support Unit

The Practice Support Team worked determinedly over the past year delivering on a diverse range of funding contracts, KPIs and Member Service needs.

The Team’s main activities this year have been enhancing support services and upskilling the ACCHO workforce to respond to COVID-19.

The Practice Support Teams core elements are workforce strengthening, governance and business support.

Governance

This financial year the Practice Support Team provided services and consultants to strengthen ACCHOs in Board Governance.

Governance Support Program

In 2019 – 20, 11 Member Services signed up to be part of the Governance Support Program. AH&MRC engaged external consultants and experts to provide the following services as part of the Program:

- + Governance and finance workshops.
- + Constitution and rulebook writing and review.
- + CEO Governance.
- + Board Meeting assistance.
- + AGM Facilitation.

The Governance Support Program was paused at the beginning of COVID-19, with the team beginning to look at how to shift service delivery to an online setting.

Clinical Governance CQI Workshops: developed and delivered by Dr Vlad Matic, equipped ACCHOs with knowledge to increase business sustainability. The CQI workshops:

- + Offered Member-centric solutions in areas of clinical governance.
- + Provided a thorough review of clinical governance.
- + Helped staff to analyse their clinical models and see where improvements could be made.

Working with ACCHOs to achieve and maintain accreditation

With a core focus on key areas of accreditation, the AH&MRC worked closely with Member Services to:

- + Ascertain the level and nature of support required.
- + Develop an informed strategy to meet the needs of our Member Services.

Supporting Members through Accreditation Workshops

The AH&MRC engaged Australian General Practice Accreditation Limited (AGPAL) to deliver a series of RACGP Standards 5th Edition and Quality Improvement Workshops. The Accreditation Workshops:

- + Upskilled the workforce on the new standards.
- + Provided guidance on how to embed the new clinical standards into CQI processes.
- + Supported staff to update processes and policies to maintain accreditation.

Business Support

The Practice Support Team works to safeguard the business sustainability of our Member Services through ongoing support and training. The Practice Support Team provided business support in the following areas:

- + Digital Health.
- + Patient Information Management Systems (PIMS).

Digital Health

The AH&MRC has worked with the Australian Digital Health Agency (ADHA) to strengthen the capacity of digital health initiatives utilized by ACCHO’s in NSW, specifically My Health Record (MHR). Activities of the Practice Support Team in 2019 – 2020 include:

- + Hosting webinars and Q&A’s on MHR.
- + Presenting at ACCHO sites.
- + Attending national meetings to discuss limitations of MHR and its roll out to Aboriginal Communities.

Outcomes:



Facilitating PIMS Training

AH&MRC worked with the vendors of Patient Information Management Systems to upskill our Member Services in the use of these systems. The Practice Support Team facilitated:

- + Communicare Effective Data Training.
- + Medical Director Training.
- + Telstra Health Super User Training.

Workforce Strengthening

The Practice Support Team worked to strengthen the ACCHO workforce by providing support and upskilling the workforce to meet sector demands.

The Team focused on strengthening the ACCHO workforce in the following areas:

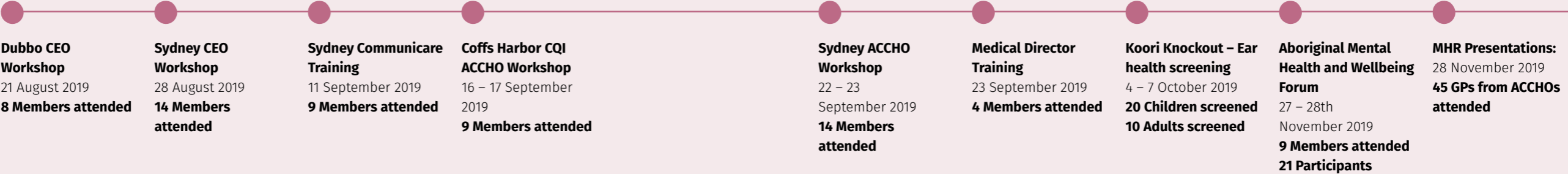
- + Social and Emotional Wellbeing (SEWB).
- + Alcohol and Other Drugs (AOD).
- + Ear Health.

Supporting the SEWB and AOD Workforce

The importance of SEWB and AOD programs increased during COVID-19 as a result of growing mental health challenges faced by Communities. The Practice Support Team:

- + Increased SEWB and AOD teleconferences from quarterly to monthly, in-line with SEWB and AOD forums being paused.
- + Provided online workshops and training.
- + Created COVID-19 Resources.

Events and Training Timeline



Success Story

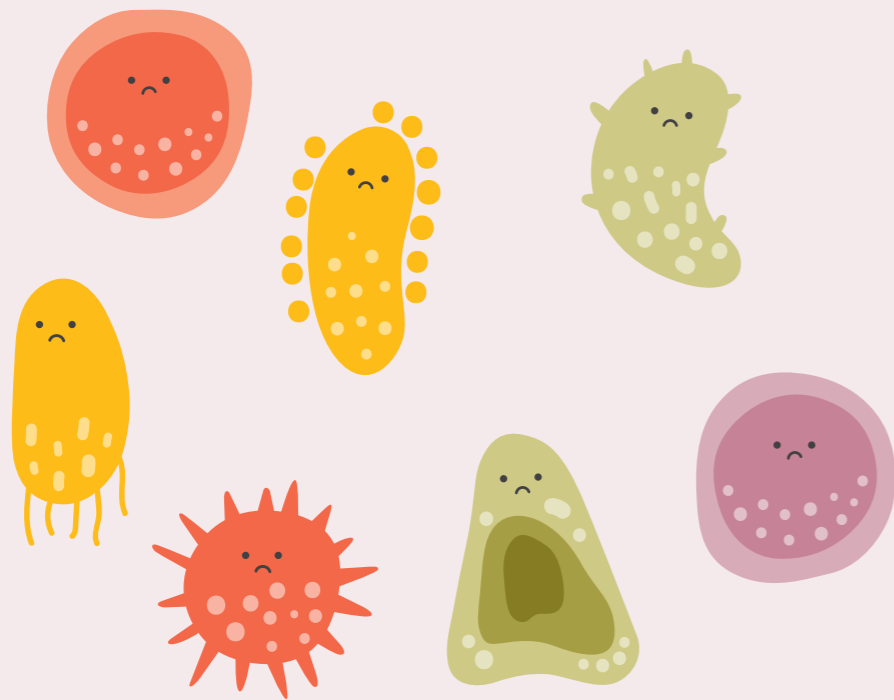
Ear health success story

At Griffith Aboriginal Medical Service (GAMS), hearing health screenings for children are currently performed through scheduled bookings, as part of the 715 child assessments in school screening/child group programs or as opportunistic sessions. The focus chosen for GAMS was to educate parents of children between the ages of 0-5 years regarding Otitis Media (OM).

The young mothers that were involved in the Murrumbinya mothers' group were targeted to receive education on OM and its crucial impact on the growth development of their children.

This knowledge will then follow through within families as their children learn through their primary school education stage. These mothers had the opportunity to learn through the health presentations and be involved in their kids' screening sessions through visual aids and asking questions. Parents were provided with culturally appropriate flyers and resources to take home with them.

To read more ear health success stories, visit the ear health page of the AH&MRC website.



Workshops and Events

Trauma Informed Workshops

In collaboration with Kyanga Cultural Consultancy (KCC), AH&MRC held online Trauma Informed Practice Workshops. The Workshops aimed to:

- + Educate workers on the trauma and how it presents itself in patients.
- + Provide an overview of how to navigate trauma in practice.
- + Equip SEWB and AOD workers with culturally appropriate communications tools.

Workforce Wellbeing Webinar

The Practice Support Team engaged our Member Service Waminda to present a webinar on their current framework for staff wellbeing. The webinar covered topics including:

- + Waminda's model of care.
- + Practices to enhance workforce wellbeing.
- + The impacts of staff wellbeing on retention.

Working with LGBTQ2IA+ Mob Webinar

In collaboration with Macquarie University, the AH&MRC hosted the Working with LGBTQ2IA+ Mob Webinar. The Webinar educated the ACCHO workforce on:

- + Appropriate terminology and languages.
- + Inclusive behaviours and attitude toward LGBTQ2IA+ Mob.
- + How to implement culturally appropriate practices in the workplace.

ADAN Symposium

The AH&MRC assisted Aboriginal Drug and Alcohol Network (ADAN) to host the 14th annual ADAN Symposium. The theme was United Pathways, with a focus on creating pathways for holistic care in AOD treatment for Aboriginal people. The ADAN Symposium provided a forum for AOD Workers to:

- + Network and build partnerships.
- + Share stories and successful initiatives.
- + Learn about current trends and culturally appropriate treatment approaches.

Aboriginal Mental Health and Wellbeing Forum

The Practice Support Team delivered the Aboriginal Mental Health and Wellbeing Forum in partnership with the Justice Health and Forensic Mental Health Network. The Forum brought together Aboriginal Mental Health and Wellbeing Workers to:

- + Share knowledge and insights.
- + Create and build on partnerships.
- + Improve mental health service delivery.

Ear Health Coordination Program

The AH&MRC Partnered with the NSW Rural Doctors Network (RDN) to deliver The Ear Health Coordination Program. The Ear Health Coordination Program aims to improve access to culturally safe ear health services for Aboriginal and Torres Strait Islander people in NSW by:

- + Upskilling the ACCHO workforce.
- + Promoting ear health screening.
- + Creating and distributing culturally appropriate ear health resources.

Sydney AGPAL Accreditation Workshop
12 February 2020
13 Members attended

Tamworth AGPAL Workshop –
27 February 2020
4 Members attended

ADAN Symposium
3 - 5 March 2020
23 Members attended

Telstra Health – Communicare Super User Training
Online 20 May 2020
7 Members attended

Trauma Informed Workshops
10 June 2020
12 Members attended

Trauma Informed Workshop
12 June 2020
2 Members attended

Trauma Informed Workshop
19 June 2020
11 Members attended

Workforce Wellbeing Webinar
20 June 2020
11 Members attended

Working with and for Indigenous LGBTQ2IA+ Mob Webinar
25 June 2020
9 Members attended

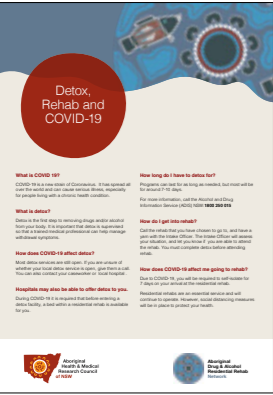
Trauma Informed Workshop
26 June 2020
3 Members attended

COVID-19 Response

The Practice Support Team focused on developing culturally appropriate resources and running online workshops and training to upskill the ACCHO sector during COVID-19.

AOD Resources

AOD Resources were developed in partnership with ADAN and ADARRN to help Community navigate AOD treatment in a COVID-19 era.



ADARRN Detox and Rehab Factsheet



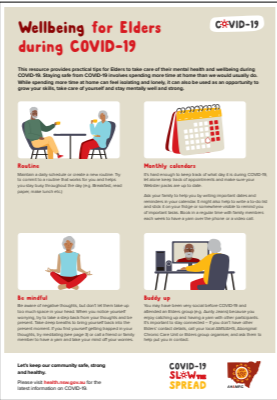
ADAN Harm Minimisation and COVID-19 Factsheet



ADAN Recovery in Isolation Factsheet

SEWB Resources

SEWB toolkits were developed by the Practice Support Team to address gaps in culturally appropriate resources for Elders and parents working from home during COVID-19.



Wellbeing for Elders Toolkit



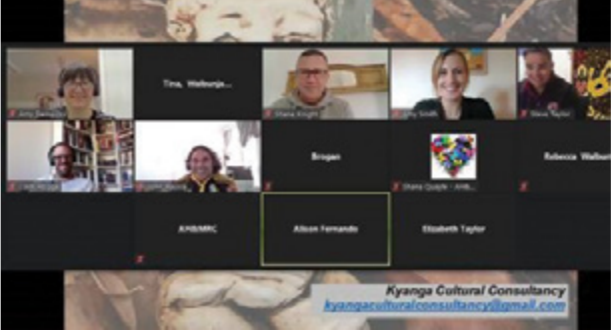
Working from Home as a Parent or Caregiver Toolkit



AOD workers at the 2020 ADAN Symposium



AH&MRC at the Aboriginal Mental Health and Wellbeing Forum



ACCHO workforce attend Trauma Informed Workshop online



Breakout sessions from the NACCHO Youth Conference



Panel discussion at the Aboriginal Mental Health and Wellbeing Forum



ACCHO workers attend CQI Workshops



AH&MRC runs ear health screening at Koori Knockout



AH&MRC gets involved at the UNICEF Youth Living with Drought Summit

Registered Training Organisation

The AH&MRC of NSW Registered Training Organisation (RTO no. 91020) was established in 2004 and provides nationally recognised courses grounded in culturally competency in Aboriginal health, AOD, mental health and counselling.

Our Vision

To be a culturally competent vocational education and training provider. Our aim is to strengthen the skills, involvement, and leadership capabilities of our sector, to deliver holistic and culturally safe health care to Aboriginal people.

The role of the RTO is to train the Aboriginal health workforce in NSW and encourage Aboriginal people to consider vocational training.

The RTO plays a vital role to;

1. Provide students with the qualifications to work as an Aboriginal Health Worker;
2. Provide Aboriginal people who work in the sector professional development opportunities and further qualifications.

Smart and Skilled

AH&MRC's nationally recognised courses are subsidised by the NSW Government. The NSW Government's reform of the state's vocational education and training (VET) system, Smart and Skilled aims to increase choice and respond to student needs.

It provides Government subsidies for qualifications up to Certificate III level plus selected higher-level qualifications, to support people to gain new qualifications to get a job, or professional training to further their career or studies.

Our achievements

In 2019 – 2020, the RTO made significant progress towards its delivery style and learning techniques including:

- + Demonstrated AHPRA Compliance for Monitoring in October 2019 and recommenced delivery of the Primary Health Care Practice course for our Members in February 2020.
- + Smart and Skilled funding of \$77,000.00 was approved for the 2019-2020 financial year to enable the RTO to offer subsidised courses to the sector. This funding has increased to \$319,000.00 for 2020-2021 financial year.
- + We listened to our Member Services' needs by providing customised delivery cohorts. The RTO delivered a pilot delivery of the Registered Aboriginal Health Practitioner skill set to a group of 10 students from Awabakal Medical Service. Since completing the pilot delivery, these students have decided to continue and enroll in the Registered Aboriginal Health Practitioner Certificate.
- + Since the rebranding under the AH&MRC of NSW RTO banner, we have incorporated online learning for our students using the Moodle platform for all available courses.
- + In the wake of COVID-19, the team had to quickly adapt to ensure RTO continuity. We migrated our face to face learning blocks to online, creating a virtual student learning experience for delivery Block 2 onwards.
- + The introduction of Zoom for lectures and tutorials brought students the flexibility of remote learning and buddy sessions to support individual student learning needs.

These significant achievements have strengthened the RTO as a leading provider of health care courses for Aboriginal and Torres Strait Islander People.

Meeting compliance benchmarks

Since the commencement of new RTO staff in July 2019, the RTO has achieved the following compliance benchmarks:

- + Demonstrated Australian Health Practitioner Regulation Agency (AHPRA) Compliance for Monitoring Audit in Oct 2019.
- + Completed an internal audit (self-assessment) in December 2019 and provided recommendation identifying areas of concerns and improvements.
- + Trainers and Assessors complied with TAE40116 requirements in March and successfully submitted Annual Declaration with Australian Skill Quality Authority (ASQA) on 30 March 2020.

The RTO has since completed an independent audit in January 2020. The RTO maintained its compliance status with ASQA, AHPRA and Training Markets through the following:

1. Employed qualified trainers and assessors for the delivery of its courses.
2. Continuous data reporting for
 - a. Smart and Skilled funding which is completed on a fortnightly basis on student commencement, progression, withdrawal and completion.
 - b. Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) reporting for fee for service enrolments in February 2020, Annual declaration of the overall RTO compliance in March 2020 and Quality Indicator (QI) submission in June 2020.
 - c. Currently preparing for AHPRA renewal registration which is due on 1 December 2020 to continue its operations as an approved provider for the Registered Aboriginal Health Practitioner course.

3. Provided compliant learning and assessment materials via Online Learning platform Moodle and Zoom technology.
4. Ensured the overall RTO operations were compliant in accordance with the RTO Standards 2015, Funding contract, AHPRA Registration standards with the regulators. This involved:
 - a. Provided student support for learning and assessment where necessary.
 - b. Record keeping of enrolments, assessments and other course related student files.
 - c. Professional development opportunities for the training delivery team.
 - d. Funding claims for student fees and away from based expenses.
 - e. Marketing materials and up-to-date website for the courses offered.
 - f. Recruitment of qualified trainers and assessors to increase the delivery scope.

Reporting financials

Since operational in October 2019, RTO has received payments from Smart and Skilled funding for its delivery of courses:

- + \$99,304.00 for the Cohort 1 of 49 students for commencement of training.
- + \$30,210.00 for the TNI course completed by the Awabakal cohort.

ABSTUDY

The AH&MRC Certificate III and IV courses are registered as Away from Base (AFB) Mixed-Mode courses, which means students may be able to have their travel, accommodation and meal allowances paid for when they attend residential blocks. AFB mixed mode courses provides equitable learning opportunities for Indigenous students to achieve qualifications and future work in the Primary Health Care, Alcohol and Other Drugs, Mental Health and Counselling professions.

Ethics Unit

The AH&MRC Human Research Ethics Committee

It has been another busy year for the Human Research Ethics Committee (HREC) as they reviewed research proposals, while also redeveloping processes and building on existing resources.

The HREC continued to evaluate and monitor research applications to ensure that all research impacting Aboriginal people in NSW is culturally appropriate.

To mitigate risks associated with COVID-19, the HREC paused all face to face data collection for research projects. This allowed time for the HREC to be proactive in reworking the ethics application submission processes and assessments, recruiting highly qualified and experienced Committee Members and redeveloping the HREC Ethical Guidelines.

Achievements of the HREC Committee

Under the leadership of Aunty Valda Keed, the HREC has achieved the following milestones this year:

Developing a COVID-19 Safe Strategy

In May 2020 the HREC decided to ease restrictions on face to face data collection under the condition that researchers filled out a COVID-19 Safe Strategy template. The COVID-19 Safe Strategy template requires researchers to demonstrate how their project can continue safely considering COVID-19 social distancing measures.

Submittable

The Ethics Team implemented Submittable – a new software system for receiving applications. Submittable is an online platform that enables applicants, reviewers and staff to access submission documents, approvals and track the progress of submissions. This new system streamlines the review and approval process by ensuring the HREC have all the relevant documentation in the one place to effectively evaluate research proposals.

130

new ethics applications received and reviewed

48

applications were submitted via email

82

applications uploaded to Submittable (new platform)

Recruiting new Committee Members

The AH&MRC HREC welcomed six new Members; Terry Chenery as Legal Representative, Shana Quayle as a Youth Representative, Associate Professor Paul Grey and Dr Emma Walke as Researchers, Ms Leanne Orcher as an ACCHS Representative and Ms Eliza Pross as Professional Care Representative.

The HREC has expanded to ensure that it is equipped with a wide breadth of expertise relevant to the proposals that the HREC considers at each meeting. After years of longstanding service, The HREC farewelled Aunty Joyce Williams in her role as Aboriginal Elder and Aideen McGarrigle who provided a wealth of technical knowledge in her role as Legal Representative. The AH&MRC would like to thank Aunty Joyce Williams and Aideen McGarrigle for their hard work and contributions to evaluating research projects affecting Aboriginal people in NSW.

HREC Membership	Outgoing Members	Incoming Members	Total Members
2018-2019	1	2	11
2019-2020	3	6	14

Updated HREC Ethical Guidelines: Key Principles

The HREC updated their Ethical Guidelines: Key Principles (Guidelines) to reflect changes made to key documents released by the National Health and Medical Research Council (NH&MRC) in 2018. The updated Ethical Guidelines build on the principles of the National Ethical Guidelines and integrate the insights from the HREC to ensure the Ethical Guidelines are culturally appropriate for Aboriginal Communities in NSW.

Looking forward

The Ethics Team at AH&MRC will promote the qualifications and expertise of the HREC while developing new processes, educational workshops and resources to improve the quality of research affecting NSW Aboriginal people and Communities.

The HREC will continue to provide considered ethics advice to research applicants, to ensure that all research involving Aboriginal people is conducted in an ethical and culturally appropriate way.

Business Development Unit

We have worked to increase the financial and business sustainability of AH&MRC, while adopting a contemporary approach to achieve our long-term sustainability goals in the future through our Financial Strategic Plan.

Business sustainability for Members

The AH&MRC, in partnership with J9 Consulting is working with 18 ACCHOs to develop their Business Sustainability Plan. These plans will strengthen Member Services' capacity to manage unforeseen periods of financial hardship or changes in Government funding and help them be more financially independent.

Financial sustainability for the AH&MRC

The Board approved the AH&MRC's Investment Policy to develop and implement an investment strategy, as part of our Financial Strategic Plan. Income streams were generated through donations and leveraging industry partnerships across both the private and public sector.

Fee for service model

In 2019, the Business Development team invited corporate organisations to exhibit at the AH&MRC Annual General Meeting (AGM) for a fee. This provided them with an opportunity to expand their industry presence and share new product offerings with Members. The exhibitors were a blend of corporates and not-for-profit, and no charge was accrued for our not-for-profits. Our business sustainability approach mitigates the potential impact future cutbacks or reduced funding has on our core health programs and business operations. The AH&MRC strives to be less dependent on the restricted funds, and achieve a healthier, less encumbered planning process moving forward.

Supporting Aboriginal Communities during COVID-19

As part of the AH&MRC's COVID-19 Operations Team, we provided support and assistance for ACCHOs to respond to the outbreak.



1448

Delivered **1448 Woolworths Basic Boxes to 23 ACCHOs** in partnership with NSW Health and the Centre of Aboriginal Health (CAH).



\$970k

Secured the **BHP Vital Resource Fund of \$20,000** for each of our Member Services as part of COVID-19 support.



PPE

Identified COVID-19 related funding and reimbursements for **Personal Protective Equipment** through NSW Health and CAH.

Venue marketing

The AH&MRC office is in Little Bay. This seaside location offers an ideal venue and events space for companies to hire. We introduced a new online hiring system for clients to easily enquire about booking our event spaces. The new automated system seamlessly connects customers with our staff. This has improved customer experience and generated an increase in event enquiries. The Business Development Team developed a marketing plan to drive enquiries, encourage bookings and foster corporate social responsibility.

“The [Events Team] was fantastic and very accommodating. Everything we had pre-arranged was ready to go at the start of each day. The team were very responsive to any last-minute requests and were a big part of helping to make our event a success.”

Australian Bureau of Statistics

“One of our long-term goals is to build financial and business sustainability to fund projects that are self-determined by our Member Services and improve the health and wellbeing of Aboriginal people.”

Success Story

BHP grant helps Aboriginal Medical Services deal with the impacts of COVID-19.

BHP's Vital Resources Fund provided more than \$3.3 million (AUD) in funding to Aboriginal and Torres Strait Islander Controlled Community Health Organisations across Australia, as part of new partnerships established to support Communities through the COVID-19 pandemic.

The funding supports peak Aboriginal and Torres Strait Islander Health Councils and Aboriginal and Torres Strait Islander Medical Services to continue to support and deliver high quality and comprehensive primary health care services, distribute supplies and inform Communities on how to minimise the spread of COVID-19 and keep their Communities safe.

“We must continue to do more to support access to equitable health care services for Aboriginal people.” Robert Skeen, AH&MRC CEO

The BHP funding has helped Community Controlled Health Organisations respond to the pandemic by addressing the varying needs identified by their Communities. Some Member Services have invested in technology to maintain their rehabilitation programs and counselling services for clients online. Others have increased their support services for mental health and wellbeing, purchased personal protective equipment or delivered food and care packages to Elders and families with limited access to transport.

“We hope to continue our extra service provisions by supplying our Elders with food hampers and vital information that will assist people to make well informed decisions regarding their health.” Redfern Aboriginal Medical Service.

The \$50 million BHP Vital Resources Fund was established to support regional health services and providers, Community organisations, Aboriginal Communities and local businesses deal with the impacts of COVID-19.



Illawarra AMS deliver food boxes to Community

Section 4

Our Strategic Plan

Strategic Plan 2018 – 2020

The AH&MRC develops a Strategic Plan every three years. The Strategic Plan outlines the work priorities for that period as determined by our Members and their Communities.

This marks the last year of the 2018 – 2020 AH&MRC Strategic Plan. The current plan was developed in consultation with Member Services to drive and support ACCHOs to deliver holistic and culturally strong approaches that addressed health inequities for Aboriginal Communities in NSW.

The AH&MRC’s Strategic Plan 2018 – 2020 core focus areas included:

- + Strengthening the ACCHO sector to maintain and develop a strong infrastructure.
- + Strengthening the broader health system to provide accessible, responsive and culturally health care to Aboriginal people.
- + Deliver expertise and advice at a national level.
- + Support ACCHOs to maintain health systems to Close the Gap.

Five priority areas underpinned the actions of the AH&MRC to deliver the Strategic Plan included:

- + Communication & Engagement.
- + Education and Workforce.
- + Government and Management.
- + Data, Research and Evidence.
- + Strategic Advice and Support.



Evaluating progress

The AH&MRC Action Plan was developed to implement the AH&MRC Strategic Plan and maximise results. This was led by the AH&MRC Chief Executive Officer (CEO) and overseen by the organisation’s Board of Directors.

2020 onwards



The AH&MRC has initiated consultation to develop the next AH&MRC Strategic Plan. Working together with Member Services and AH&MRC business units, the new plan will be published at the end of 2020.





Please see our Strategic Plan Progress Tracker.

-  Ongoing
-  Completed












Strategic Plan Progress Tracker

Strategic priority area 1: Communication & Engagement		
Action	Progress	Achievements (2019-2020)
1. Showcase success – identify roles of partners and key mainstream organisations, and coordinate sharing and networking opportunities at regional, state and national levels.		<ul style="list-style-type: none">+ Shared success stories in the AH&MRC monthly e-newsletter “Message Stick”.+ Commissioned 2019 Croakey Success stories to celebrate the strength and success of the ACCHO sector.+ Assisted and encouraged SEWB and AOD workforce to submit Abstracts at national and state level.+ Organised eight teleconferences with SEWB and AOD workforce to provide updates, share information between key stakeholders, during COVID-19.+ Supported the ACCHO & PHN Partnership Group which consists of representatives from 3 ACCHOs, 3 PHNs, Ministry of Health, Commonwealth Department of Health and the AH&MRC.+ Participation with NSW Rural Doctor’s Network on the Ear Health Project and also the Natural Disaster Emergency Preparedness Committee.
2. Actively increase AH&MRC profile among Members through implementation of a comprehensive media and communications strategy, as well as enhanced website and communication capabilities.		<ul style="list-style-type: none">+ Enhanced website performance through data-led insights.+ Developed the inaugural AH&MRC Communications plan focusing on social media modules for Members and building the profile of AH&MRC.
3. Identify and develop regionalised approaches to support, regional consortia and the development of “Hubs of Excellence.”		<ul style="list-style-type: none">+ Established the new regional model.+ Assigned regional coordinators to each of the four regions.+ Held regional meetings with the Members of the regions.
4. Position AH&MRC as the lead agency in NSW supporting the sector and mainstream organisations to improve Aboriginal Health outcomes through policy, planning and strategic consultation.		<ul style="list-style-type: none">+ Membership on state Committees and Advisory groups as the lead voice on Aboriginal Health in NSW.+ Reviewed various health policies and agreements including the new Closing the Gap Agreement.+ Participated in the development of the NSW Mental Health and Wellbeing Policy.+ Strategic planning and consultation was met by developing needs analysis to support workforce strengthening.
5. Position AH&MRC as the leading organisation advising on the provision of accessible, responsive and culturally appropriate health care to Aboriginal and Torres Strait Islander people, and enhance Members’ access to tools, resources, programs and online support.		<ul style="list-style-type: none">+ Established the AH&MRC Cultural Group to provide cultural perspective on communications and programs.+ Developed new health resources tailored to Aboriginal Communities.+ Prioritised the recruitment of Aboriginal people for leadership and management roles.
6. Practice a coordinated and strategic approach to developing and maintaining partnerships; enhancing stakeholder engagement and maintaining strategic alliances at all levels.		<ul style="list-style-type: none">+ Worked across the health sector with industry partners e.g. Cancer Council to deliver benefits to the ACCHO sector.+ Participated in over 30 workshops and committees to strengthen our industry partnerships.

7. Provide ongoing cultural advice, support and facilitation between member services and PHNs, LHDs and other mainstream providers and key stakeholders.		+ Strengthened relationships through cross collaboration on projects e.g. Public Health Network's GP Checklist resource and COVID-19 resources with LHDs.
8. Streamline and centralise processes for member services to raise concerns regarding mainstream services and to address issues as necessary		+ This was achieved through regular meetings with Regional Coordinators in metro, northern, southern and western regions.
9. Continue engaging mainstream through workshops and forums such as Meeting Ground, and communicate outcomes and decisions to Members per communications strategy		+ Shared decisions from mainstream workshops through COVID CEO Teleconferences and regional forums.
10. Partner with mainstream organisations to undertake state-wide and cross-agency planning to achieve better outcomes.		+ Participated in NSW RDN Natural Disaster Preparedness Committees, ACCHO & PHN Partnership Group and attended regular CAH/AH&MRC meetings.

Strategic priority area 2: Education and Workforce

Action	Progress	Achievements (2019-2020)
1. Position the AHC as the leading Aboriginal Health training provider in Australia, capable of meeting the Aboriginal health workforce needs – including registration and continuing professional development requirements		+ Continued to provide training opportunities through the Practice Support Unit.
2. Establish partnerships for AHC and AH&MRC with relevant tertiary providers to increase education pathway options, promote employment opportunities in the primary health care sector and provide ongoing support for new graduates		+ Discussed the Poche Centre for Indigenous health MOU. + Pathways into the University of Sydney's Graduate Diploma in Indigenous Health Promotion was provided to the workforce. + TAFE NSW partnerships supported Ear Health Coordination Program.
3. Promote access to accredited and tailored Governance and financial management training for all ACCHS board Members at AHC		+ Provided governance, accreditation, and financial management training. + Engaged third party consultants to develop Certificate IV in Governance training.
4. Contribute to collaborative and evidence-based state-wide workforce planning, policy review and capacity building within the sector		+ Continued to use data-led insights to advocate for greater capacity of the ACCHO sector. + Conducted Needs Analysis surveys to inform workforce planning. + Developed CQI Clinical Workshops and Toolkit, accreditation workshops and Governance support for Members.
5. Facilitate and support efforts to strengthen specialist networks and service provision, updating current approaches where indicated		+ Increased networking opportunities through various teleconference platforms with key stakeholders and ACCHOs. + Held conferences to enhance specialist networking and provide a platform to the ACCHOs workforce to discuss service provision, and current and emerging issues in our sector.

6. Showcase best practice models and promote sharing and transfer of relevant knowledge		+ Highlighted through our response to COVID-19 and development of toolkits that rely on best-practice models for Members to improve practice management. + Promoted a Workforce Wellbeing Model of Care webinar to share a practical approach to the retention of staff. + Assisted workforce to attend conferences that promoted best practice models in our sector. + Launched the SEWB and AOD Dashboard that promotes best practice models, provides relevant resources, and a calendar of events from 2019 until 2023 at a national level.
7. Collaborate with government, mainstream health providers and networks to embed Cultural Competency as a core competency of mainstream and ACCHS health professionals. Investigate feasibility of providing cultural competency training to mainstream providers		+ Completed initial consultation phase with RTO and third parties, to determine feasible opportunities to co-deliver cultural competency with leading Universities.
8. Develop member training programs (face to face and online) to strengthen and support data collection and management		+ Integrated data reporting on a project level, to strengthen data insights and assess program effectiveness. + Provided training opportunities to Members around PIMS vendor (MD, Communicare & BP) data recording and reporting. + Conducted Clinical Governance Workshops that contribute to enhancing business processes and optimise business revenue.
9. Support Members to develop state-wide cultural competency framework which include: resources, training programs and policies		+ Relates to achievements mentioned in Action number 7.






Strategic priority area 3: Data and Evidence





Action	Progress	Achievements (2019-2020)
1. Build the capacity of health researchers to appropriately engage Aboriginal Communities and organisations in Aboriginal health research		+ Developed new ethical guidelines and resources to support health research deliver benefits and real opportunities for collaboration with Aboriginal organisations and Communities. + Revised the ethics submission process to align with the guidelines and standards, improving the quality of applications submitted. + Provided the opportunity for researchers to present at network teleconferences.
2. Improve Aboriginal research career opportunities		+ Our guidelines include a section related to Aboriginal Researchers and outlines the importance of employing Aboriginal people to be a part of research. + This process has been embedded into the review process and is often requested.
3. Increase co-design projects that have positive outcomes for Aboriginal peoples		+ Co-design projects and research is integral to the ethics application review process and is assessed by the HREC in each submission. + Provided pathways for our sector and workforce to engage with universities to co-design publications and discuss feasibility study opportunities.

4. Conduct a needs analysis and mapping exercises to better understand member support requirements and identify gaps to be addressed		<ul style="list-style-type: none"> + Completed 2 health needs assessments to address emerging Member concerns during COVID-19. + Mapped locations of COVID-19 testing sites to limit travel times for Communities in NSW to get tested. + Conducted Needs Assessments for SEWB and AOD and surveys for accreditation training.
5. Establish and maintain AH&MRC centralised databases to monitor responsiveness and quality of services provided to Members		<ul style="list-style-type: none"> + Created a centralised database to improve responsiveness and quality of services, using smartsheet. + Smartsheet databases supported a high volume of Member enquiries via the website and gathered Member information from the health needs assessment for evaluation of reporting.
6. Support NACCHO to undertake survey processes with Members and ensure recommendations are actioned accordingly		<ul style="list-style-type: none"> + Completed two health need assessments within a five-month period.
7. Regularly evaluate services provide to Members and implement changes as required providing updates to relevant stakeholders		<ul style="list-style-type: none"> + AH&MRC continues to evaluate Member Service offering and provide updates on a regular basis.
8. Compile database of Members' business functions (such as finance, HR, IT, governance and accreditation)		<ul style="list-style-type: none"> + Launched the Business Sustainability Meetings. + Undertook Governance Training workshops in collaboration with ATSI ICT to Member Services. + Undertook workshops relating to CQI toolkits.
9. Enhance strategic partnerships with vendors and mainstream organisations for advice and support regarding data capability and reporting on National and state KPIs		<ul style="list-style-type: none"> + Opportunity to strengthen data capabilities with support from consultants and mainstream organisations moving forward. + Vendor partnerships have been established and maintained.
10. Establish data sharing protocols and build the capacity of AH&MRC to collect, store and analyse data to identify priorities and better support Members, mainstream health systems and government to close the gap		<ul style="list-style-type: none"> + Commenced discussions with our sector about data platforms. + Data sharing consent forms are provided and completed by Members before data sharing is permitted. This is a key protocol in place on data management. + Ensuring data collected through the NSW RHS Register is available through the Health Tracker.
11. Lead support to sector on best practice and CQI, with provision of CQI tools, training, networking and practical services to Members		<ul style="list-style-type: none"> + Developed Clinical Governance workshops and Toolkit to improve clinical models, aid Medicare revenue and embed best practice CQI as standard practice across our Member Services. + Provided PIMS guides to assist Members with extracting data for ongoing CQI. + Supported Members with the SEWB CQI Support Project. + Overarching collaboratives for projects to ensure CQI is lead by the sector.
12. Commit to ongoing practice of CQI internally		<ul style="list-style-type: none"> + Scheduled CQI training sessions for 2020 – 2021 financial year. + Creation of the CQI Toolkit for Member Services.
13. Continue to provide input and participation into national and state CQI networks, forums and frameworks		<ul style="list-style-type: none"> + We participated in the NACCHO CQI Network. + Facilitation of the General Practitioner Advisory Group teleconferences. + My Health record (MHR) Affiliate meetings (quarterly).




14. Mapping Aboriginal Health policy and evidence across state and federal levels		<ul style="list-style-type: none"> + Consulted on key policies and strategies including; + Draft Indigenous Evaluation Strategy – Response from the AH&MRC HREC – NACCHO. + Draft National Aboriginal and Torres Strait Islander Health Workforce Plan – NACCHO. + Consultation Paper Release – National Preventive Health Strategy – Department of Health. + Indigenous Dose Administration Aid – NACCHO. + Food Security in our Remote Communities – NACCHO. + Draft Autism submission – NACCHO. + Draft ASHM Hepatitis C Testing Policy – input due 28 August 2020. + Consultation on revised policy: Smoking Cessation in Public Oral Health Settings. + Draft National Injury Prevention Strategy – Commonwealth. + Contributed to NACCHO's submission on Homelessness. + Reviewed Oral Health Unit Website – MOH. + NSW Findings from the 2018-19 National Aboriginal and Torres Strait Islander Health Survey – MOH.
15. Investigate best option to be state-wide PATCAT license for ACCHSs		<ul style="list-style-type: none"> + Investigated options to provide state-wide licenses for ACCHOs with further work to continue in the new financial year.










Strategic priority area 4: Strategic Advice and Support

Action	Progress	Achievements (2019-2020)
1. AH&MRC actively represents the concerns of the ACCHS sector in regional, state and national forums and networks, and is directly contributing a voice on Aboriginal health needs and priorities for the development of policy.		<ul style="list-style-type: none"> + Regular attendance at various NACCHO Affiliate meetings and policy meetings and Commonwealth Partnership Forums.
2. Provide onsite support to member services where required (and requested).		<ul style="list-style-type: none"> + AH&MRC Public Health and Practice Support Teams made regular visits to Member Services. Travel to Services was restricted in the last quarter of the year due to COVID-19.
3. Consult regularly with Members to enable accurate representation within government and mainstream forums.		<ul style="list-style-type: none"> + AH&MRC valued the opportunity to advocate on behalf of its Members across all levels of Government.
4. Provide strategic advice and support to Members to enhance access to Aboriginal health funding.		<ul style="list-style-type: none"> + Continued to provide funding and grant opportunity information to Member Services, and assistance to submit a funding application.
5. Support Members to navigate competitive funding environments, and where possible assist with the development of funding submissions.		<ul style="list-style-type: none"> + Provided as requested by Member Services.

6. Continue to have input into state and national standards, policies, briefings and consultations through participation in reviews. Ensure clean communication lines between AH&MRC and state and federal government policies specific to policy.		+ Membership of key Committees, Working groups, Advisory groups at a Government level, including becoming a Member of the Coalition of Aboriginal Peak Organisations (CAPO).
7. Continue to represent the sector within mainstream networks and health reform processes through committee and forum representation.		+ Participated and represented the sector within mainstream networks.
8. Consult with and provide briefings, policy papers and dissemination of information to Members on state and national policy development, variations and gaps.		+ Frequently shared information with the ADAN Network and SEWB Network, especially during COVID-19.
9. Facilitate and enhance strategic partnerships between Government, ACCHSs and Aboriginal Communities to inform policy development and ensure appropriate state, regional and local responses to emerging issues.		+ Regional meetings held to facilitate discussions between key stakeholders e.g. meetings between PHNs, LHDs, and ACCHOs to discuss a range of issues facing the Southern Region with both fire and pandemic response. + Facilitated SEWB Network teleconferences with ACCHOs, LHDs.
10. Coordinate the implementation of deliverables under the Implementation Plan for the National Aboriginal & Torres Strait Islander Health Plan 2013-2023 and support ACCHSs to implement national programs.		+ This work will continue over the next three years.

Strategic priority area 5: Communication & Engagement

Action	Progress	Achievements (2019-2020)
1. Investigate need for increased back office support for Members.		+ Worked on Business Sustainability Plans for Member Services.
2. Build organisational capacity through quality activities (accreditation, CQI and governance).		+ Provided accreditation assistance, Board Governance, and finance training to Members on request. + Accreditation Survey distributed to Members. + Completed AGPAL Workshops with two postponed due to COVID-19. + Implemented Clinical Governance Workshops.
3. Support ACCHSs to review and update member charter and Membership agreements; accreditation status; generalised HR functions and internal business processes; policies; and access to tools, resources and training opportunities.		+ In the next financial year, AH&MRC plans to have a Membership Register overhaul, as well as a VOICE survey to collect this information from Services.

4. Strengthen accreditation across sector and work with Members to provide advice on standards so that they are appropriate and fit for purpose for NSW ACCHSs.		+ Continued work on the accreditation engagement strategy and action plan in response to evolving needs. + Provided AGPAL Workshops to deliver a series of RACGP Standards 5th addition and quality improvement.
5. Maintain SPA's and MOU's with partner and key mainstream organisations.		+ We have established MOUs with partners and organisations including RDN, Mental Health Commission, ADAN, ADARRN, Macquarie University and ATSI ICT Aboriginal Corporation.
6. Attend member AGMs and board member inductions as invited.		+ This was postponed due to COVID-19.
7. Provide streamlined yet sensitive assistance to Members identified as experiencing organisational and operational stress.		+ Promoted grant and funding opportunities to support our Members. + Developed and implemented the AH&MRC COVID-19 Action Plan to support Members. + Offered immediate assistance to Member Services and Communities affected by bush fires. + Raised concerns with CAH and shared available assistance e.g. PPE reimbursements. + Encouraged Members to participate and prepare a long-term Business Sustainability Plan.
8. Develop a framework and hierarchy (including reporting tool) for assessing financial liquidity of ACCHSs and responding appropriately with a high level risk management plan and remedial strategy to guide financial and other risk mitigation activities with member services.		+ Members participating in the Business Sustainability Plan initiative completed a financial reserve test. This indicates how long a service can operate without Government funding.
9. Develop financial, management and decision-making tools and resources for Members as a preventative measure to help protect against organisational stress.		+ Developed the Financial and Business Sustainability Model to enhance the financial and business plans of interested Services.
10. Map current ACCHS accreditation rates, support Members to meet accreditation requirements and set targets for growth.		+ Achieved through AGPAL Accreditation Workshops.
11. Continue participation in national accreditation network and engagement with accreditation bodies, and ensure staff are knowledgeable across relevant standards and best practice models.		+ AH&MRC values the ongoing professional development of its staff. We will continue to upskill staff knowledge of best practice models, and provide high-quality guidance and advice to Member Services.
12. Work with NSW Ministry of Health to adapt NSW Health Performance Framework for the ACCH sector.		+ Designated focus for next year's Strategic Plan.

Bushfire Season

Aboriginal Medical Services and health organisations banded together to offer Community support during the 2019-2020 bushfire season.

In 2019-2020, bushfires had a devastating impact on Australians, burning more than 12.6 million hectares. The fire season was traumatic for NSW residents, local businesses, and firefighters. It affected Aboriginal Communities along the east and south coast of Australia with several areas including regional towns, experiencing consecutive days of smoke and hazardous air quality. NSW was declared the worst affected state in the country.

The AH&MRC offered immediate assistance to Communities impacted by the fires and worked in partnership with the Southern Region Members, the Rural Doctors Network (RDN), and other organisations.

A quick response was given to the emerging Community concerns voiced by Member Services in critical areas such as Waminda South Coast Women's Health and Welfare Aboriginal Corporation, Illawarra Aboriginal Medical Service and Katungul Aboriginal Corporation Regional Health and Community Services.

The knowledge and strength of NSW ACCHOs allowed them to immediately identify what was required to deliver the best level of medical care and cultural support for their Communities. The Services' dedication, hard work, and coordination efforts ensured emergency supplies reached Community Members in need.

Coordinating support

- ✦ We supported Waminda staff to continue to conduct mental health assessments for Community members who were evacuated, as part of a full health check.
- ✦ We supported Katungul to implement recommendations of an Engagement Report produced in response to the bushfire crisis.
- ✦ We offered ACCHO staff with culturally appropriate psychological debriefing and further training tools, to continue culturally appropriate mental health services for Community Members.
- ✦ We volunteered to assist Illawarra AMS box their emergency supplies.

I would like to acknowledge the great work of our Member Services to care for Aboriginal families, Elders and the wider Community in stressful times. Not only do our Members provide quality health care services, they understand our deep connection to country, and bring a cultural perspective to everything they do.

Robert Skeen, AH&MRC CEO.

Section 5

Our Emergency Response

Success Story

Distribution of Ventolin Inhalers to bushfire affected Communities

The AH&MRC and the Centre for Aboriginal Health distributed 1,500 Ventolins (salbutamol inhalers) to bushfire smoke affected Aboriginal Communities in NSW. Glaxo Smith Kline (GSK), a multinational pharmaceutical company generously donated the supplies to minimise the health impacts such as asthma and other respiratory conditions that can worsen from exposure to the smoke from fires.

Member Services located in poor air quality areas received Ventolin supplies (salbutamol inhalers) to give to their patients experiencing respiratory symptoms. Patients accessed their Ventolin free of charge. Services directly impacted by the fires, continued to provide immediate support during the emergency response, while maintaining regular primary health care services for their Communities.



COVID-19

The AH&MRC shifted gear to provide Members with comprehensive support to respond to COVID-19. We delivered the latest health information, equipment supplies and culturally appropriate resources to help keep Aboriginal Communities safe.

In March 2020, the World Health Organisation declared COVID-19 a global pandemic. Under the direction of the Board and Chief Executive Officer (CEO), the AH&MRC urgently prioritised the pandemic response for COVID-19. These efforts required the redirection of staff, and postponed usual business activities to effectively address Members' COVID-19 concerns and support them to keep their Aboriginal Communities healthy and safe.

Collaboration with state and federal Governments strengthened our sector response

Working together with the NSW Health, Ministry of Health, CAH, Aboriginal Affairs and wider NSW Government, the AH&MRC identified current communication priorities, developed a stakeholder engagement plan, and ensured Member Services' needs were met. Our Government partnerships facilitated information-sharing and brought sector priorities and needs of Aboriginal people to the forefront.

External COVID-19 partnerships included;

- + Department of Health's Covid-19 Aboriginal and Torres Strait Islander Advisory Committee.
- + National Aboriginal & Torres Strait Islander Advisory Group.
- + NSW Health, Ministry of Health and CAH.
- + NSW Public Health Network CEOs to collaborate and strengthen our COVID-19 responses.
- + NSW Health Communities of Practice (primary care).
- + Aboriginal Affairs in relation to Biosecurity Act Community Consultations 'Reverse Barriers'.

In collaboration with NSW Health Office of the Chief Health Officer's Team and CAH, AH&MRC developed two online mock-up COVID-19 scenarios – one set in rural location, the other in a metro area. This provided Member Services an opportunity to engage directly with the Public Health Unit, NSW Health stakeholders and discuss collaborative approaches to respond to COVID-19 in NSW.

Encouraging COVID-19 testing to keep Communities safe

COVID-19 testing ensures early detection and minimises the risk of a possible outbreak in Communities. As a proactive measure, the AH&MRC evaluated the travel from Member Services to the nearest COVID-19 testing sites, and available transport options. This information supported high-level consultations with NSW Health and the Commonwealth ensuring Communities could access a COVID-19 testing clinic within a two-hour drive.

Services established Point Of Care Testing (POCT) sites including Walgett, Pius X, Katungul, Maari Ma and Bulgarr Ngaru. In collaboration with NSW Health, emerging concerns relating to testing were addressed and pop-up clinics established where needed to keep Communities safe, and prevent the spread of COVID-19.

"I would like to thank our Members for the work they have done to prepare and respond to COVID-19 since March 2020. Their dedication, commitment and support makes all the difference to our Communities."

Robert Skeen, AH&MRC CEO

**COVID-19
SLOW THE
SPREAD**

AH&MRC COVID-19 Logo

Bush fire support for Member Services

Communications



- + Biweekly meetings with Local Health Districts, Public Health Networks for state-based updates.
- + Regular consultation with Southern Regional Coordinators to address the impacts on staff and maintain service continuity.
- + Formalised communication channels to provide local information to both State and Federal response incident teams.
- + Supported PHNs to develop a coordination communication list, to ensure effective communication to assess and respond to the fires in each region.

Medical equipment, supplies, resourcing



- + Truck hire to deliver emergency boxes to Mogo, Narooma, Batemans Bay and Badella.
- + Provided access to generators for Services and local Community Members needing power.
- + Provided access to a mobile medical bus to assist Community Members who are not receiving medical assistance.
- + Worked with the RDN and other organisations to secure locum respite registrations.
- + Some health care professionals offered ongoing support, rather than a one-off locum respite.



Above: AH&MRC staff volunteered to assist Illawarra AMS box their emergency supplies.

Supporting COVID-19 safe practices in ACCHOs



Health care training

We uploaded webinars and training modules, including contact tracing modules developed by the Australian National University, to our Docebo learning platform for Members to access.



COVID-19 concerns

We worked in partnership with CAH and RACGP to produce webinars that addressed emerging concerns for COVID-19 testing. We also supplied personal protective equipment and assessed the COVID-19 situation and priorities regularly.



Telehealth funding

We supported 50% of our Members to receive funding from AH&MRC to strengthen their telehealth capacity during COVID-19.



CEO communications

We scheduled frequent COVID-19 meetings, sent CEO updates and provided a Member-only dashboard for Members to access the latest resources and updates.

Supplying personal protective equipment and hand sanitiser

The May 2020 Health Needs Assessment Survey indicated that most responding Member Services experienced supply issues for personal protective equipment (PPE). AH&MRC purchased PPE supplies to fill the emergency stock shortages. The first delivery included surgical masks, gloves, goggles and COVID-19 communications. The second delivery had P2 masks and hand sanitiser. An agreement is in place allowing Member Services to liaise directly with CAH and their Public Health Networks (PHNs) for their ongoing PPE supply enquiries.

Assisting with food security

Food security issues have remained a concern for some Communities during COVID-19. The AH&MRC, NSW Health and CAH eased food insecurities by distributing 1,448 food boxes to Services for their Communities. Other Aboriginal organisations including Maari Ma, Cootamundra Girls, Bombaderry Children's Home, Kinchela Boys Home, and Abcare participated in the food box initiative. The AH&MRC has contacted services such as OzHarvest and Food Bank for future partnerships to alleviate food insecurities.

Flu Vaccination during COVID-19

The #Immunity4Community campaign was prioritised to reduce the likelihood of severe influenza at a time of anticipated high demand for hospital care, and potentially prevent the unknown complications of having influenza and COVID-19. This year's flu vaccination campaign delivered a higher number of flu vaccinations amongst Aboriginal populations than previous years.

AH&MRC NSW ACCHS Seasonal Influenza Preparedness Toolkit – was launched on 31 January to support Member Services with Influenza Season preparedness.

“We have supported each other, and worked together to slow the spread and keep our Communities safe.”

Robert Skeen, AH&MRC CEO.

Success Story

Keeping Aboriginal Communities COVID-19 safe

Thanks to the fast work of the Tharawal Aboriginal Medical Service (TAMS) team, the Aboriginal Community of Campbelltown in South Western Sydney, have remained COVID-safe.

There are more than 11,200 Aboriginal people living in South Western Sydney Local Health District (SWSLHD). Tharawal alone, has 3,405 Aboriginal clients.

Caring for the Aboriginal Community is what the TAMS team do, but at no greater time was this more important, than during the COVID-19 pandemic.

Following the outbreak of COVID-19 in South Western Sydney, the team established a drive-through and walk-in testing service for the Aboriginal and wider Community at Airds, which ran over a four-week period.

This was in response to an increase in COVID-19 cases in the area and the need for broader testing to detect additional cases.

The team managed to pull together all elements required to establish the clinic and it was fully operational within two working days.

The agility and timeliness of the response is an example of the strong partnership Tharawal has with SWSLHD. Additional staff from SWSLHD provided their support at the clinic.

The clinic tested more than 1500 people - tests that are essential for identifying cases and breaking the chain of transmission.

Tharawal's Chief Executive Officer, Darryl Wright and his team, worked tirelessly adapting to meet the Community's needs in what was already a very challenging time for health service delivery.

‘This is a deadly virus, but we are more deadly,’ Mr Wright said.

Recognising the ongoing threat of COVID-19, Tharawal has continued to offer testing to the Community through their regular GP Clinic to ensure the Community remains COVID-safe.

Story credit: Tharawal Aboriginal Medical Service, NSW Health, Centre for Aboriginal Health.



COVID-19 response at a glance

Partnerships

- + Collaboration with state Government and stakeholders to design a culturally safe COVID-19 approach for Aboriginal people.

Infection control

- + Assisted with access to supplies of PPE and hand sanitiser.
- + Training and webinars providing advice to health care professionals working in the sector.
- + Encouraged the implementation of respiratory COVID-19 testing clinics.
- + Assisted with Point of Care (PoC) testing facilities for remote ACCHOs.
- + Reduced testing barriers with accessibility to a COVID-19 testing clinic less than a 2-hour drive.

Communications

- + Developed Member-focused resources including a Member Services COVID-19 Plan to support their response to a positive case of COVID-19 in their clinic or Community.
- + Distributed 46 COVID-19 communication packs with culturally tailored resources for Aboriginal Communities and sent activity packs to 150 households in Toomelah.
- + Communicated COVID-19 messages on Koori Radio, AH&MRC social platforms and website.

Member Support

- + Conducted two health needs assessments to understand emerging concerns from Member Services.
- + Held regular CEO teleconferences and sent weekly email updates.
- + Secured \$20,000 BHP Vital Resource grant for each Member Services' ongoing response to COVID-19.

Community support

- + Delivered 1,448 food boxes to 20 Member Services and five Aboriginal organisations in partnership with NSW Health, and CAH.

Evaluating performance

- + Internal staff evaluation of the AH&MRC response to strengthen our approach to COVID-19 moving forward.

COVID-19 Communications

Developing culturally appropriate communications that empowered Aboriginal Communities to stay safe and assisted health care professionals as the COVID-19 situation unfolded.

COVID-19 continues to place strategic communications as a high priority and has been critical to the success of an effective response. The AH&MRC COVID-19 communications offered timely information tailored to Member Services, health care professionals and Aboriginal people. The coordinated communication effort resulted in integrated communications across print and digital channels including:

- + AH&MRC COVID-19 website.
- + AH&MRC corporate social media channels including Facebook, Instagram, and Twitter.
- + Message Stick, monthly e-newsletter.
- + CEO email and teleconferences.
- + CEO dashboard.
- + COVID-19 email address.

AH&MRC Cultural Group and collaboration with others

The AH&MRC COVID-19 resources have been shared and adapted across Australia. This achievement can be credited to the unique, collaborative process between AH&MRC business units, our internal Cultural Group and industry partners. Their collective health expertise, diverse lived experiences and invaluable input from a cultural perspective separated the AH&MRC COVID-19 resources from many others.

A special thank you to the team at the Hunter New England Local Health District for their collaboration with the AH&MRC to co-develop relevant, culturally appropriate, and tailored resources for Aboriginal Communities.



6 steps to clean hands poster



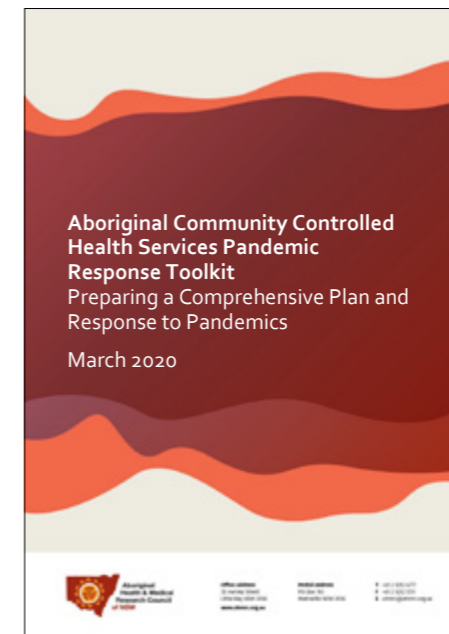
Selfcare toolkit



Do what's best. Get a COVID-19 test



Cough and sneeze safely for kids poster



AH&MRC's Pandemic toolkit



Let's slow the spread email banner



COVID-19 social media pack



Self isolation and living with others checklist



Getting your home COVID-19 ready book



Tips to keep you and your mob safe

Digital engagement statistics

Providing the ACCHO Workforce and Aboriginal Communities with digital communications during COVID-19 across Australia.

Social media strategy

The AH&MRC relied on social media to provide timely communications on the latest public health advice as the COVID-19 situation rapidly changed. We promote our COVID-19 resources across our social media channels.

Community-centric messages



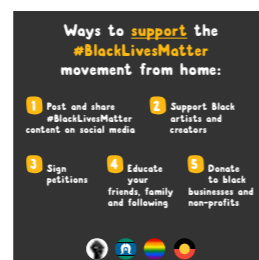
Industry-centric messages



Understanding our unique target audiences on Facebook, Instagram, Twitter and LinkedIn to tailor content and achieve high engagement.

Top performing COVID-19 post

AH&MRC shared posts leading up to the Black Lives Matter March with tips on how to march safely or support from home. This one post delivered 878 likes and empowered Community Members to make safe decisions.



COVID-19 videos

The AH&MRC developed COVID-19 videos with respected Aboriginal Community Members and health care professionals. One video series featured Illawarra Hawks Tyson Demos and Ear Nose and Throat Surgeon Dr Kelvin Kong



Tyson Demos

Deadly hygiene tips to stay safe from COVID-19.

2.3K views

10,374

COVID-19 video views on Facebook

Social media analytics

March – June 2020

+357

new **Facebook** followers

+265

new **Twitter** followers

+1,360

new **Instagram** followers

+11,298

engagements compared to 2019

+2,495

engagements compared to 2019

+3,320

engagements compared to 2019

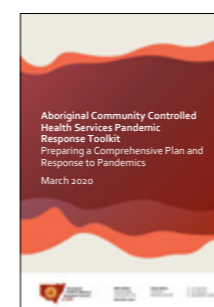
COVID-19 downloads

AH&MRC developed over 30 COVID-19 resources to download from the website. These included; factsheets, toolkits, booklets, social media packs, email banners, videos, and posters. The COVID-19 resources contributed to more than 50% of total downloads, providing sector support and trusted information for Aboriginal Communities.

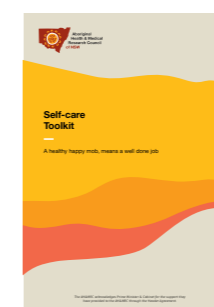
+5,180

more downloads than last year (2019)

Top 5 downloads from March – June 2020



AH&MRC's Community Controlled Sector Pandemic Toolkit



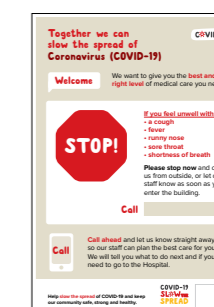
AH&MRC's Selfcare Toolkit



AH&MRC's COVID-19 Wash Your Hands Poster



AH&MRC's social distancing for Community Factsheet



AH&MRC's COVID-19 Welcome Door Sign

271

downloads

243

downloads

231

downloads

212

downloads

205

downloads

Website analytics

The COVID-19 page contributed to unprecedented growth with more than 200% increase in users and online activity.



Users



New users



Page views



Sessions



Time

March – June 2020	21,885	20,755	74,058	33,275	Approx. 2 mins
Growth	+223%	+204%	+255%	+242%	+13%

Section 6

Our Members' Success

Member Success Stories

Extracts from #CommunityControl success stories from our Member Services written and published in partnership by Croakey media.



Galambila staff get involved with Movember campaign



Staff at Nabu – Waminda's Intensive Family Support Service

Galambila Boosting Health Checks

Author Marie McNery, Croakey Media

Galambila's approach, and the healthy dose of humour it brings to its work, has contributed to outstanding successes in recent times.

Clients sitting in the waiting room have been able to track the progress of the service's innovative efforts to boost kidney health checks and flu vaccinations, egged on by plenty of puns and caricatures of staff to literally put a face to the messages.

"That really connected with Community," said Galambila chief pharmacist Chris Braithwaite, who is also leading the service's quality improvement and clinical governance work under the Enhancing Mob Health Using Data (EMHUD) program.

The program, which maps and tracks a suite of national KPIs to identify areas for improvement in terms of how Galambila delivers services, identified in 2016 that rates of flu vaccination uptake among the Community were low.

A subcommittee was formed with representatives of all teams – from reception and finance through to clinical and administration – to come up with strategies to improve uptake. This ensured input and buy-in across the organisation.

Strategies included fun and funny health promotions, plus internal action such as a Myth Busters for all staff that aimed to address mixed messages and myths that were preventing people from vaccinating.

It saw Galambila double its vaccination rate over two years, from 586 in 2017 to 1083 by the end of 2019.

Strong Women, Strong Culture at Waminda

Author Ruth Armstrong, Croakey Media

Hayley Longbottom, Waminda's Health and Wellbeing Manager and also an Aboriginal Health Practitioner, explains the service's woman-led, integrated and holistic ethos.

"Here there's no wrong door approach," Longbottom says. "A woman walks through that door and we deal with everything she brings with her. We walk beside her, not in front of or behind, but right beside her. People are their own healers. Everyone's on their own journey. We're talking about a whole person in terms of her family, her Community" says Hayley Longbottom.

This approach is beautifully illustrated in two key graphics, the Waminda Model of Care, and the Balaang (Women's) Healing framework, which was developed through women's yarning circles.

Led since 2007 by dynamic CEO Faye Worner, Waminda's 110-plus staff are a tight-knit bunch. It's a uniquely collaborative environment and, as we yarn, people frequently finish each other's sentences in a way that is amplifying and supportive. Many are from the Yuin Nation and have grown up locally. There's an immense satisfaction in giving back to Community.



RivMed CEO Tangerene Ingram

Families in focus at Riverina Medical and Dental Aboriginal Corporation (Riv Med)

Author Amy Coopes, Croakey Media

Riv Med CEO Tangerene Ingram, whose background spans correctional services, health, social and emotional wellbeing and child protection and welfare, has overseen a remarkable expansion at RivMed in recent years, with a focus on at-risk children and families. She is ambitious and unapologetic about pushing the boundaries, with pride in the service's work that is both boundless and infectious.

RivMed is one of the only services in regional NSW to offer a strengths-based, in-home program known as Functional Family Therapy (FFT), an early intervention targeting vulnerable families whose children are at risk of being taken into care due to issues ranging from substance use, domestic violence and trauma, through to squalor, grief and loss.

"The therapist goes into the home, and they start at the point at which the family is," explains program manager Felix Machiridze, a former journalist who fled Zimbabwe as a refugee and has retrained in social work as part of his recovery.

“There is no top-down kind of approach, we say the family itself are the experts of their own issues, but what we try to do is to make the family see these issues in a different way.” – Felix Machiridze, Social Worker



Walgett CEO Christine Corby, Aboriginal Health Practitioner Wayne Beddall and Admin Team Leader Sally Barton

Walgett AMS: A primary care oasis

Author Dr Tim Senior, GP in Aboriginal health

Editor Amy Coopes, Croakey Media

It may look like a conventional medical clinic, offering a range of programs including acute medical care, chronic disease management, dental and oral health services, allied health, psychology, specialist clinics, child health and antenatal care, but Walgett AMS is so much more than a one-stop shop for health. It is of, by and for the Community. Really, it is the Community, and Aboriginal Health Workers and Practitioners are integral to its success.

"One of the biggest factors is getting trust," says Wayne Beddall, an AHP coordinating the chronic disease management program Healthy 4 Life.

Originally a driver in the Kimberley, Beddall was drawn to AHW training by the huge unmet need in Aboriginal men's health, and was quick to recognise the opportunities for improvement, when he started at Walgett AMS 20 months ago, in chronic disease. One of his priorities is ensuring that people can see the same GP for their ongoing management, not just for continuity of care, but because relationships are what keeps people coming through the doors.

"By getting rapport, we also meet our KPIs and raise our Medicare revenue," he says.

“

We do a lot more than just physically have the person here... We talk about their whole wellbeing – physical, dental, emotional, grief and loss.

Norm Henderson, Senior Alcohol and Other Drug Worker.

Weigelli loving people back to life

Author Dr Tim Senior, GP in Aboriginal health

Editor Amy Coopes, Croakey Media

Tucked away on reclaimed farmland outside Cowra, there's something rather special going on. People who have been marginalised are finding a way back into the life they want to lead. But it's no miracle. Here, at the Weigelli Residential Drug and Alcohol Service, understanding, not demonising, is seen as key to confronting problem drug use, with an individual's context, education and skills viewed as assets to recovery. An unmade bed is not taken as wilful disruption, for example, but considered the act of a person who has, perhaps, never had anyone in their life to show them how.

Established 26 years ago by the local Aboriginal Community, Weigelli was both a response to a growing local need for residential rehab and a rebuke to the prevailing 12-step treatment orthodoxy. Known variously as 'The Medical Model' or the 'AA approach', these conventional methods centred and sought to treat the problem drug use rather than the person seeking treatment. Weigelli flipped this on its head.

Weigelli offers up to 21 places for a 12-week residential rehabilitation program after people have gone through detox. Everyone I speak to stresses the importance of keeping numbers low.

"It means we can get to know people well," says Steven Taylor, the Aboriginal Alcohol and Other Drug Worker on the Community and Family Support team. "We can be individually responsive."

"It feels like one big family", adds Kerri-Anne Cutmore on reception.



Steven Taylor (left), Alcohol and Other Drug Worker and Norm Henderson, Senior Alcohol and Other Drugs Worker (right)

**To read more visit
AH&MRC's blog.**

Section 7

Our Financials



Aboriginal Health and Medical Research Council of NSW

ABN: 66 085 654 397

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Auditor's Independence Declaration under Section 307C of the Corporations Act 2001 to the Responsible Persons of Aboriginal Health and Medical Research Council of NSW

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2020, there have been:

- (i) no contraventions of the auditor independence requirements as set out in section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

A handwritten signature in dark ink, appearing to read 'John Thompson', written over the printed name.

CROWE AUDIT AUSTRALIA

A handwritten signature in dark ink, appearing to read 'John Thompson', written over the printed name.

John Thompson
Audit Partner
Registered Company Auditor No. 302046

Dated at Dubbo on the 25th day of August 2020

Liability limited by a scheme approved under Professional Standards Legislation.

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Statement of Profit or Loss and Other Comprehensive Income

For the year ended 30 June 2020

	Note	2020 (\$)	2019 (\$)
Revenue	5	8,129,335	8,432,443
Other revenue	5	1,326,096	322,480
Employee benefits expense		(3,699,347)	(2,895,458)
Travel and accommodation expenses		(472,457)	(491,426)
Audit, legal and consultancy expense	6	(603,750)	(757,474)
Rent and occupancy expense	6	(465,478)	(526,418)
Venue expenses		(236,984)	(300,088)
Repairs and maintenance expense		(404,149)	(71,433)
Computer software & consumables expense		(155,130)	(110,860)
Depreciation and impairment expense	6	(495,480)	(148,736)
Programs, printing and promotion expense		(3,847,087)	(795,987)
Printing and postage expense		(90,777)	(60,907)
Telephone expense		(86,526)	(31,472)
Motor vehicle running expense		(22,385)	(17,537)
Recruitment and training		(81,349)	(193,081)
Other expense		(286,236)	(331,809)
Surplus/(deficit) before income tax		(1,491,703)	2,022,237
Income tax expense		–	–
Surplus/(deficit) for the year		(1,491,703)	2,022,237
Other comprehensive income		–	–
Total comprehensive income for the year		(1,491,703)	2,022,237

The accompanying notes form part of these financial statements.

Statement of financial position

as at 30 June 2020

	Note	2020 (\$)	2019 (\$)
Assets			
Current assets			
Cash and cash equivalents	7	1,703,526	2,398,270
Trade and other receivables	8	550,974	883,300
Other financial assets	9	4,060,019	4,924,373
Other assets	10	427,306	230,190
Total current assets		6,741,825	8,436,133
Non-current assets			
Property, plant and equipment	11	14,323,214	14,154,581
Intangible assets	12	24,024	–
Total non-current assets		14,347,238	14,154,581
Total assets		21,089,063	22,590,714
Liabilities			
Current liabilities			
Trade and other payables	13	590,607	444,967
Other financial liabilities	14	1,705	6,606
Other liabilities	15	649,701	824,000
Short-term provisions	16	2,065,974	2,021,564
Total current liabilities		3,307,987	3,297,137
Non-current liabilities			
Long-term provisions	16	24,784	45,582
Total non-current liabilities		24,784	45,582
Total liabilities		3,332,771	3,342,719
Net assets		17,756,292	19,247,995
Equity			
Issued capital		50	50
Retained earnings		17,756,242	19,247,945
		17,756,292	19,247,995
Total equity		17,756,292	19,247,995

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the Year Ended 30 June 2020

	Retained earnings (\$)	Total (\$)
2020		
Balance at 1 July 2019	19,247,995	19,247,995
Surplus/(deficit) attributable to Members of the entity	(1,491,703)	(1,491,703)
Balance at 30 June 2020	17,756,292	17,756,292
2019		
Balance at 1 July 2018	3,674,548	3,674,548
Change in accounting policy to reflect the retrospective adjustments – adoption of AASB 15 and AASB 1058	13,650,000	13,650,000
Balance at 1 July 2018	17,324,548	17,324,548
Surplus/(deficit) attributable to Members of the entity	2,022,237	2,022,237
Prior year error in depreciation expense	(98,790)	(98,790)
Balance at 30 June 2019	19,247,995	19,247,995

The accompanying notes form part of these financial statements.

Statement of Cash Flows

For the Year Ended 30 June 2020

	Note	2020 (\$)	2019 (\$)
Cash flows from operating activities:			
Receipts from grants		10,436,497	8,313,160
Payments to suppliers and employees		(11,401,747)	(7,226,475)
Receipts from other customers		–	1,113,863
Interest received		97,797	89,966
Net cash provided by/(used in) operating activities	24	(867,453)	2,290,514
Cash Flows From Investing Activities:			
Purchase of property, plant and equipment		(688,136)	(401,089)
Receipts from investments		865,746	(4,817,097)
Net cash provided by/(used in) investing activities		177,610	(5,218,186)
Cash Flows From Financing Activities:			
Net increase/(decrease) in cash and cash equivalents held		(689,843)	(2,927,672)
Cash and cash equivalents at beginning of year		2,391,664	5,319,336
Cash and cash equivalents at end of financial year	7	1,701,821	2,391,664

The accompanying notes form part of these financial statements.

Notes to the financial statements

for the year ended 30 June 2020

The financial report covers Aboriginal Health and Medical Research Council of NSW as an individual entity. Aboriginal Health and Medical Research Council of NSW is a not-for-profit company, registered and domiciled in Australia.

The principal activities of the company for the year ended 30 June 2020 were to represent, support and advocate for the Members and their Communities on Aboriginal Health at state and national levels.

The functional and presentation currency of Aboriginal Health and Medical Research Council of NSW is Australian dollars. Comparatives are consistent with prior years, unless otherwise stated.

Note 1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board ('AASB'), the *Australian Charities and Not-for-profits Commission Act 2012*., as appropriate for not-for-profit oriented entities.

Note 2 New or amended Accounting Standards and Interpretations adopted

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

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

Note 3 Summary of Significant Accounting Policies

a / Income Tax

The company is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

b / Leases

The determination of whether an arrangement is or contains a lease is based on the substance of the arrangement. This requires an assessment of whether the fulfilment of the arrangement is dependent on the use of a specific asset or assets and the arrangement conveys a right to use the asset.

Leases where the lessor retains substantially all the risks and benefits of ownership are classified as operating leases.

Finance leases, which transfer to the entity substantially all the risks and benefits incidental to ownership of the leased item, are capitalised at the inception of the lease at the fair value of the leased property or, if lower, at the present value of the minimum lease payments. Lease payments are apportioned between the finance charges and reduction of the lease liability so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised as an expense in profit or loss.

Capitalised leased assets are depreciated over the shorter of the estimated useful life of the asset and the lease term if there is no reasonable certainty that the entity will obtain ownership by the end of the lease term.

Operating lease payments are recognised as an expense in the Statement of profit or loss on a straight-line basis over the lease term. Lease incentives are recognised in the Statement of profit or loss as an integral part of the total lease expense.

c / Revenue recognition

The company recognises revenue as follows:

Revenue from contracts with customers

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

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

Donations

Donations are recognised at the time the pledge is made. Grants

Grant revenue is recognised in profit or loss when the company satisfies the performance obligations stated within the funding agreements.

Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

d / Goods and services tax (GST)

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

Receivables and payable are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

e / Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment.

Items of property, plant and equipment acquired for nil or nominal consideration have been recorded at the acquisition date fair value.

Assets measured using the revaluation model are carried at fair value at the revaluation date less any subsequent accumulated depreciation and impairment losses. Revaluations are performed whenever there is a material movement in the value of an asset under the revaluation model.

Land and buildings

Land and buildings are measured using the revaluation model.

Plant and equipment

Plant and equipment are measured using the cost model.

Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the assets' useful life to the company, commencing when the asset is ready for use.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Buildings	1% – 2.5%
Plant and Equipment	5% – 40%
Motor Vehicles	25%

At the end of each Annual Reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

f / Cash and cash equivalents

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

g / Provisions

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

Note 4 Critical Accounting Estimates and Judgements

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Impairment of property, plant and equipment

The company assesses impairment at the end of each reporting period by evaluating conditions specific to the company that may be indicative of impairment triggers.

The entity measures some of its assets at fair value on either a recurring basis, depending on the requirements of the applicable accounting standards. Fair value is the price the entity would receive to sell an asset or would have to pay to transfer a liability in an orderly transaction between independent, knowledgeable and willing market participants at the measurable date.

Fair value of financial instruments

The company has certain financial assets and liabilities which are measured at fair value. Where fair value has not able to be determined based on quoted price, a valuation model has been used. The inputs to these models are observable, where possible, however these techniques involve significant estimates and therefore fair value of the instruments could be affected by changes in these assumptions and inputs.

Provisions

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the Annual Reporting period in which the employees render the related service, including wages, salaries and time of in lieu. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

Provision is made for employees' long service leave entitlements not expected to be settled wholly within 12 months after the end of the Annual Reporting period in which the employees render the related service. The company's obligations for long-term employee benefits are presented as non-current employee provisions in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current provisions.

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

Coronavirus (COVID-19) pandemic

Judgement has been exercised in considering the impacts that the Coronavirus (COVID-19) pandemic has had, or may have, on the company based on known information. This consideration extends to the nature of the products and services offered, customers, supply chain, staffing and geographic regions in which the company operates. Other than as addressed in specific notes, there does not currently appear to be either any significant impact upon the financial statements or any significant uncertainties with respect to events or conditions which may impact the company unfavourably as at the reporting date or subsequently as a result of the Coronavirus (COVID-19) pandemic.

Note 5 Revenue and Other Income

	2020 (\$)	2019 (\$)
Sales revenue		
State/Federal government grants – operating	4,632,325	4,228,008
Other organisations – operating	3,399,213	4,085,152
Total organisations – operating	8,031,538	8,313,160
Interest income		
Interest received from investments	97,797	119,283
Total interest income	97,797	119,283
Total revenue	8,129,335	8,432,443
Other income		
Charitable income and fundraising	1,052,629	136,445
RTO activities	97,449	20,676
Others	176,018	165,359
Total other income	1,326,096	322,480
Total revenue and other income	9,455,431	8,754,923

Note 6 Result for the Year

The result for the year includes the following specific expenses:

	2020 (\$)	2019 (\$)
Expenses		
Rental expense		
Minimum lease payments	351,143	432,757
Rates, utility and service charges	114,335	93,661
Total rental and occupancy expense	465,478	526,418
Audit, legal and consultancy expense		
Audit fee	55,600	48,000
Legal & professional fee	20,738	3,122
Consultancy expense	527,412	706,352
Total audit, legal and consultancy expense	603,750	757,474
Depreciation expense		
Building – depreciation	115,649	–
Plant and equipment – depreciation	350,987	120,807
Fit out – depreciation	1,250	–
Motor vehicles – depreciation	23,363	27,928
Website – Amortisation	4,230	–
Total depreciation expense	495,479	148,735

Note 7 Cash and Cash Equivalents

	2020 (\$)	2019 (\$)
Cash at bank	1,703,526	2,398,270
Total cash and cash equivalents	1,703,526	2,398,270

Reconciliation of cash

Cash and Cash equivalents reported in the statement of cash flows are reconciled to the equivalent items in the statement of financial position as follows:

	2020 (\$)	2019 (\$)
Cash and cash equivalents	1,703,526	2,398,270
Credit cards	(1,705)	(6,606)
Balance as per statement of cash flows	1,701,821	2,391,664

Note 8 Trade and Other Receivables

	2020 (\$)	2019 (\$)
Current		
Trade receivables	466,855	883,300
Trade receivables	84,119	–
Total current trade and other receivables	883,300	883,300

Note 9 Other Financial Assets

	2020 (\$)	2019 (\$)
Current		
Term deposit investments	4,060,019	4,924,373
Total other financial assets	4,060,019	4,924,373

Note 10 Other Assets

	2020 (\$)	2019 (\$)
Current		
Prepaid expense	411,197	195,759
Accrued income	12,387	29,318
Shares held	3,722	5,113
Total other assets	427,306	230,190

Note 11 Property, plant and equipment

	2020 (\$)	2019 (\$)
Land and Buildings		
At fair value	13,650,000	13,650,000
Accumulated depreciation	(115,649)	–
Total land and buildings	13,534,351	13,650,000
Plant and equipment		
Work in progress		
At cost	28,040	60,646
Total work in progress	28,040	60,646
Plant and equipment		
At cost	1,899,578	1,998,946
Accumulated depreciation	(1,258,979)	(1,583,363)
Total plant and equipment	640,599	415,583
Motor vehicles		
At cost	111,713	111,713
Accumulated depreciation	(106,724)	(83,361)
Total motor vehicles	4,989	28,352
Office Fit out		
At cost	116,485	–
Accumulated depreciation	(1,250)	–
Total office equipment	115,235	–
Total plant and equipment	788,863	504,581
Total plant and equipment	14,323,214	14,154,581

a / Movements in carrying amounts of property, plant and equipment

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

	Works in Progress (\$)	Land & Buildings (\$)	Furniture & Equipment (\$)	Office Fit Out (\$)	Motor Vehicles (\$)	Total (\$)
Year ended 30 June 2020						
Balance at the beginning of the year	60,646	13,650,000	415,584	—	28,352	14,154,582
Additions	28,040	—	579,202	64,039	—	671,281
Disposals	—	—	(3,200)	—	—	(3,200)
Transfers	(60,646)	—	—	52,446	—	(8,200)
Depreciation expense	—	(115,649)	(350,987)	(1,250)	(23,363)	(491,249)
Balance at the end of the year	28,040	13,534,351	640,599	115,235	4,989	14,323,214
Year ended 30 June 2019						
Balance at the beginning of year	—	—	294,734	—	56,280	351,014
Additions	—	—	340,442	—	—	14,051,088
Depreciation expense	60,646	13,650,000	(120,801)	—	(27,928)	(148,729)
Prior year depreciation recognised in equity	—	—	(98,791)	—	—	(98,791)
Balance at the end of the year	60,646	13,650,000	415,584	—	28,352	14,154,582

b / Asset revaluations

Land and buildings were independently valued at 30th June 2020 by MMJ Advisory. The valuation is based on present value of the market rental of the market lease less the lessee's contribution to any outgoings to determine a reasonable market profit rental. The present value of the profit rental has been obtained at an assessed rate of return.

Note 12 Intangible Assets

	2020 (\$)	2019 (\$)
Website development		
Cost	28,254	—
Accumulated amortisation and impairment	(4,230)	—
Net carrying value	24,024	—
Total Intangibles	24,024	—

Note 13 Trade and Other Payables

	2020 (\$)	2019 (\$)
Current		
Trade payables	379,697	282,495
GST payable	—	11,581
Accrued expense	117,787	96,869
Other payables	93,122	54,022
Total trade and other payables	590,607	444,967

Trade and other payables are unsecured, non interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short term nature of the balances.

Note 14 Borrowings

	2020 (\$)	2019 (\$)
Current		
Credit card	1,705	6,606
Total current borrowings	1,705	6,606

Note 15 Other Liabilities

	2020 (\$)	2019 (\$)
Current		
Income received in advance	649,701	824,000
Total other liabilities	649,701	824,000

Note 16 Provisions

	2020 (\$)	2019 (\$)
Current		
Employee benefits	176,323	131,913
Provisions for building maintenance	1,889,651	1,889,651
Total current provisions	2,065,974	2,021,564
Non-current		
Employee benefits	24,784	45,582
Total non-current provisions	24,784	45,582

a / Movement in carrying amounts – detailed table

	Employee Benefits (\$)	Leasehold building Maintenance (\$)	Total (\$)
Current			
Opening balance at 1 July 2019	177,495	1,889,651	2,067,146
Additional provisions raised during the year	221,650	—	221,650
Provisions used	(198,038)	—	(198,038)
Balance at 30 June 2020	201,107	1,889,651	2,090,758

Note 17 Capital Management

The company manages its capital to ensure that adequate cash flows are generated to fund its mentoring programs and that returns from investments are maximised within tolerable risk parameters. The Finance and Risk Management committee ensures that the overall risk management strategy is in line with this objective.

The Finance and Risk management committee operates under policies approved by the board of directors. Risk management policies are approved and reviewed by the board on a regular basis. These include credit risk policies and future cash flow requirements.

The company capital consists of financial liabilities, supported by financial assets.

Management effectively manages the company's capital by assessing the financial risks and responds to changes in these risks in the market. These responses may include the consideration of debts levels.

There have been no changes to the strategy adopted by management to control the capital of the company since the previous year. The strategy of the company is to minimise debt, maximise returns and to manage cash flow timing to ensure that funds are available, without penalty or loss of interest, to meet the requirements of the programs.

Note 18 Capital and Leasing Commitments

a / Operating lease commitments

	2020 (\$)	2019 (\$)
Minimum lease payments under non-cancellable operating leases:		
Not later than one year	—	273,426
Total lease commitments	—	273,426

The property lease commitments are non-cancellable operating leases contracted for but not recognised in the financial statements with a five-year term. Increase in lease commitments may occur in line with the Consumer Price Index (CPI). There were no lease commitments at year end.

Note 19 Financial Risk Management

The company is exposed to a variety of financial risks through its use of financial instruments.

The company's overall risk management plan seeks to minimise potential adverse effects due to the unpredictability of financial markets.

The most significant financial risks to which the company is exposed to are described below:

Specific risks

- + Liquidity risk
- + Credit risk
- + Market risk – currency risk, interest rate risk and price risk

Financial instruments used

The principal categories of financial instrument used by the company are:

- + Trade receivables
- + Cash at bank
- + Investments in listed shares
- + Trade and other payables

a / Liquidity risk

Liquidity risk arises from the company’s management of working capital and the finance charges and settling its debts or otherwise meeting its obligations related to financial liabilities. The entity manages this risk through the following mechanisms:

- + preparing forward-looking cashflow analysis in relation to its operational, investing and financing activities;
- + maintaining a reputable credit profile;
- + managing credit risk related to financial assets;
- + only investing surplus cash with major financial institutions; and comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

The company’s policy is to ensure that it will always have sufficient cash to allow it to meet its liabilities as and when they fall due. The company maintains cash and marketable securities to meet its liquidity requirements for up to 30-day periods.

The timing of cash flows presented in the table to settle financial liabilities reflects the earliest contractual settlement dates and does not reflect management’s expectations that banking facilities will be rolled forward.

The table below reflects the undiscounted contractual maturity analysis for non-derivative financial liabilities. The entity does not hold directly any derivative financial liabilities.

	Within 1 Year		1 to 5 Years		Total	
	2020 (\$)	2019 (\$)	2020 (\$)	2019 (\$)	2020 (\$)	2019 (\$)
Financial liabilities due for payment						
Accounts payable and other payables (excluding estimated annual leave and deferred income)	592,311	451,573	—	—	592,311	451,573
Property lease liabilities	—	273,426	—	—	—	273,426
Total contractual outflows	592,311	724,999	—	—	592,311	724,999
Financial assets cashflows realisable						
Cash and cash equivalents	1,703,526	2,398,270	—	—	1,703,526	2,398,270
Accounts receivable and other debtors	978,281	1,113,490	—	—	978,281	1,113,490
Total contractual inflows	2,681,807	3,511,760	—	—	2,681,807	3,511,760

b / Credit risk

Credit risk refers to the risk that a counterparty will default on its contractual obligations resulting in a financial loss to the company.

Credit risk arises from cash and cash equivalents and deposits with banks and financial institutions, as well as credit exposure to outstanding receivables and committed transactions. The entity does not have any material credit risk exposure as its major source of revenue is the receipt of grants.

The credit is further mitigated as over 90% of the grants being received from state and federal Governments are in accordance with funding agreements which ensure regular funding for a period of 12 months.

c / Interest rate risk

The company’s exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period whereby a future change in interest rates will affect future cash flows or fair value of fixed rate financial instruments.

The financial instruments which expose the entity to interest rate risk are limited to government and fixed interest securities, and cash on hand.

The following table illustrates the sensitivity of the net result for the year and equity to a reasonably possible change in interest rates of +2.00% and -2.00% (2019: +2.00%/-2.00%), with effect from the beginning of the year. These changes are considered to be reasonably possible based on observation of current market conditions and economist reports.

The calculations are based on the financial instruments held at each reporting date. All other variables are held constant.

	2020		2019	
	+2.00%	–2.00%	+2.00%	–2.00%
	(\$)	(\$)	(\$)	(\$)
Net results	81,200	(81,200)	98,487	(98,487)
Equity	81,200	(81,200)	98,487	(98,487)

d / Price risk

Price risk relates to the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices of securities held being available-for-sale or fair value through profit and loss.

The entity’s investments are held in the following sectors at reporting date:

	2020 (\$)	2019 (\$)
Banking and finance	100%	100%
	100%	100%

Note 20 Members’ Guarantee

The company is incorporated under the Corporations Act 2001 and is an entity limited by guarantee. It is regulated under the Australian Charities and Not-for-profits Commission Act 2012. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the entity. At 30 June 2020 the number of Members was 46 (2019: 46).

Note 21 Key Management Personnel Remuneration

Person(s) having authority and responsibility for planning, directing and controlling the activities of the company directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel. The totals of remuneration paid to the key management personnel of Aboriginal Health and Medical Research Council of NSW during the year are as follows:

	2020 (\$)	2019 (\$)
Short-term employee benefits	555,828	689,781
Long-term benefits	–	–
Post-employment benefits	41,259	–
Total key management personnel remuneration	597,087	689,781

Note 22 Contingencies

In the opinion of those charged with governance, the company did not have any contingencies at 30 June 2020 (30 June 2019:None).

Note 23 Related Parties

a / The company’s main related parties are as follows:

Key management personnel – refer to Note 21.

Other related parties include close family Members of key management personnel and entities that are controlled or significantly influenced by those key management personnel or their close family Members.

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated. There were no other related party transactions during the year.

Note 24 Cash Flow Information

a / Reconciliation of result for the year to cashflows from operating activities

	2020 (\$)	2019 (\$)
Reconciliation of net income to net cash provided by operating activities:		
Surplus/(deficit) for the year	(1,491,703)	2,022,237
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
+ depreciation and amortisation	495,480	148,730
Changes in assets and liabilities:		
+ (increase)/decrease in trade and other receivables	332,326	(864,600)
+ (increase)/decrease in other assets	(198,509)	(139,595)
+ increase/(decrease) in trade and other payables	124,719	233,598
+ (increase)/decrease in other liabilities	20,919	33,319
+ increase/(decrease) in income in advance	(174,299)	824,000
+ increase/(decrease) in provisions	23,614	32,825
Cashflows from operations	(867,453)	2,290,514

Note 25 Events after the end of the Reporting Period

The financial report was authorised for issue on 27 August 2020 by those charged with governance.

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations or the state of affairs of the company in future financial years.

Note 25 Statutory Information

The registered office and principal place of business of the entity is:

Aboriginal Health and Medical Research Council of NSW
35, Harvey Street
LITTLE BAY NSW 2036

Aboriginal Health and Medical Research Council of NSW


ABN: 66 085 654 397


Directors' Declaration

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.


Chairperson
Phil Naden


Deputy chairperson
Kane Ellis

Dated: 25 August 2020



Independent Auditor's Report

To the Members of Aboriginal Health and Medical Research Council of NSW

Report on the Audit of the Financial Report

Opinion

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

In our opinion, the accompanying financial report of the Aboriginal Health and Medical Research Council of NSW is in accordance with the Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the entity's financial position as at 30 June 2020 and of its financial performance for the year then ended; and
- (b) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

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

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

Other Information

Directors are responsible for the other information. The other information comprises the information contained in the entity's Annual Report for the year ended 30 June 2020 but does not include the financial report and our auditor's report thereon.

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

Liability limited by a scheme approved under Professional Standards Legislation.

The title 'Partner' conveys that the person is a senior member within their respective division, and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is the Crowe Australasia external audit division. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.

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

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

Responsibilities of Directors and Those Charged with Governance for the Financial Report

Directors are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting and for such internal control as management determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

Directors are responsible for overseeing the entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

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

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

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



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

Crowe Audit Australia
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John Thompson
Audit Partner
Registered Company Auditor No. 302046

Dated at Dubbo on the 25th day of August 2020

Section 8

Our Future

Looking into the future

This year the AH&MRC established its position as the peak body of Aboriginal health in NSW, providing support and guidance to our Member Services and the Communities they service. In the new financial year and under my leadership, AH&MRC will build on this foundation and lead the direction of health initiatives that impact Aboriginal people in NSW.

The first wave of COVID-19 is behind us, but the future remains uncertain. The long-term health effects and implications the pandemic has had on the mental health of Aboriginal Communities will be a strong focus in the coming years. We will remain proactive to ensure ACCHOs have access to adequate resources, funding and training to support Communities and minimise the spread of COVID-19.

The AH&MRC will continue its implementation of a regionalised service delivery model to ensure that Aboriginal people have access to the best level of health care. A regionalised model will help to connect our ACCHOs to share knowledge and resources. By adopting a regionalised model, each Member Service will be able to leverage their unique strengths and assist neighbouring ACCHOs in combating COVID-19.

We will broaden the RTO's course offering, as we prioritise upskilling our workforce to meet sector demands. The COVID-19 pandemic has helped identify new opportunities in sector training and offered insight into how we can improve our course offering and trainer specialisation. These changes will ensure we have an adequately skilled and resourced workforce to respond to Community health needs.

We will continue to action our financial and Business Sustainability Plan and profile the work of our Members, and sector to make a positive impact on Aboriginal lives in NSW. Our long-term goal focuses on building our financial capacity to fund projects, that are self-determined by our Member Services and the AH&MRC.

The AH&MRC looks forward to working with allied Aboriginal Community Controlled peak bodies across Australia to ensure that we are working towards achieving the targets outlined in the new Closing the Gap Agreement. We will work in partnership with Coalition of Peak Members, and Member Services toward a shared vision of Closing the Gap in health outcomes for our people and Communities.



Yours in Unity,
Robert Skeen



Get involved

Subscribe to Message Stick

Stay up to date with the latest AH&MRC and Member Service updates, sector stories, training opportunities and events by subscribing to our monthly newsletter, Message Stick.

Follow us

You can find AH&MRC on:



@ahmrc



@AHMRCNSW



@ahmrc_nsw



@AH&MRCofNSW

Share your success story

The AH&MRC's dedicated Communications Team aims to uplift Aboriginal voices and celebrate the vital role of ACCHOs' play to address the health inequities between Indigenous and non-Indigenous Australians. If you work in Aboriginal health share your success story with the AH&MRC Communications Team, email: Comms@ahmrc.org.au

Right: Awabakal deliver NRT to local Community



Make a donation

The AH&MRC is a not-for-profit organisation. We receive Government funding to deliver culturally appropriate health initiatives to support our Member Services and improve the health and wellbeing of Aboriginal Communities.

Our long-term goal is to self-determine projects that upskill our workforce and support ACCHOs' to provide comprehensive primary health care that is independent of Government funding. Your donation will make a difference to the health of Aboriginal people in NSW and help the AH&MRC achieve business sustainability. No donation is too big or too small. To donate please visit www.ahmrc.org.au.

Left: Bullinah AMS deliver food boxes to Aboriginal Communities



Become a health ambassador

The AH&MRC prides itself on working with local Communities and Aboriginal health care professionals to promote important health messages. If you are interested in championing the health of your Community, or if there is a particular health campaign or project you would like to be an ambassador for, please get in contact with the AH&MRC Communications Team: Comms@ahmrc.org.au

Left: Your Health Your Future Ambassador, Tyson Demos

Acknowledgments

The AH&MRC would like to acknowledge our 47 Member Services for their unwavering commitment to improving the health and wellbeing of Aboriginal Communities in NSW. Our Member Services have demonstrated the utmost strength and resilience during the COVID-19 pandemic. We value the opportunity to work together to implement programs to support healthy, strong Aboriginal Communities in NSW and strengthen our workforce to deliver culturally safe health care.

We would also like to thank Centre of Aboriginal Health, the Ministry of Health and our non-Government partners for their funding and ongoing collaboration on health promotion activities that assist our Members in preparing and responding to the COVID-19 pandemic. Your support has been instrumental in our sectors' response to COVID-19.

A special thanks to Pat Turner for role in delivering the new Closing the Gap Agreement as Co-chair on the Coalition of Peaks. The AH&MRC would also like to thank Dawn Casey and the staff at NACCHO for their advocacy and support in delivering the new Agreement.

The new Closing the Gap Agreement marks significant improvements to work with Aboriginal, in shared partnership. It recognises the only way to close the gap is for Aboriginal people, is through the advice of our Communities – we must shape the next steps to achieve real change. It has been a journey to reach an Agreement that puts Aboriginal health back in Aboriginal hands and we are thankful to be a part of it.



About the artwork

Yulu-Gi Munan translates to 'To Dance Heavy' in Gamilaraay language.

Our mob dance. We dance to celebrate. We dance to commemorate. We dance to heal. We dance to share stories, and to express our emotions. This piece tells the story of our people coming together to connect, to dance, to heal together, and move together towards a brighter future.

Our connections to Community are what keeps us strong and being apart from one another can create uncertainty. This piece is showing a dance through heaviness, sharing a moment in time, sharing culture, and providing support for one another through adverse times.

The depiction of water washing over the dancers represents healing. This healing is empowering the dancers to come together as one. The symbols on the outskirts represents various Communities separated in time by this virus.

The virus has affected many parts of the world, but the virus does not define us, will not tear us down. Through our traditional song lines and our cultural practices, we will continue to stay connected, and alongside this we find new ways to strengthen those links.

Aboriginal and Torres Strait Islander peoples will continue to work together during this time to heal and continue to stay strong through adversity.

About the artist

Madison Connors (nee' Saunders) is a proud and strong Yorta Yorta (Wolothica), Dja Dja Wurrung and Gamilaroi woman and mother of two booris (babies), Marley and Yindi.

Madison was born and raised in Shepparton, spending the majority of her life living on her Grandmother's Country. She comes from a strong line of women and is following in their footsteps.

Oral history has taught Madison to yarn with her Elders; to listen, to understand and acknowledge the challenges they faced, to be strong in the face of adversity and to continue teaching her children the importance of her history, their history.



AH&MRC

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