



Acknowledgement of Country

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



Dedications

This report is dedicated to the staff working in our Aboriginal Community Controlled Health Organisations (ACCHOs) across NSW. Your commitment to improving the health and wellness of First Nations people is unrivalled. Thank you for working on the frontlines of the COVID-19 pandemic, and for keeping our communities safe.

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Bushfire safety – plan, prepare, protect your mob

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93

Acronyms

Aboriginal Community Controlled Health Committee
Aboriginal Community Controlled Health Organisation
Aboriginal Community Controlled Health Related Service
Annual General Meeting
Aboriginal Health and Medical Research Council
Aboriginal Health Resource Co-operative
Aboriginal Healthcare Worker
Aboriginal Medical Service
Alcohol and Other Drugs
Coalition of Aboriginal Peak Organisations
Chief Executive Officer
Continuous Quality Improvement
Close The Gap
Executive Assistant
Finance, Audit & Risk Management
General Practitioner
Human Research Ethics Committee
Indigenous Health Workforce Traineeship
Indigenous Program of Experience in the Palliative Approach
Kyanga Cultural Consultancy
Local Health District
Medical Benefits Scheme
My Health Record
Memorandum of Understanding
National Aboriginal Community Controlled Health Organisation
National Aborigines and Islanders Day Observance Committee
National Disability Insurance Scheme
National Health and Medical Research Council
National Indigenous Australians Agency
Nicotine Replacement Therapy
New South Wales
New South Wales Aboriginal Land Council
Public Health and Intelligence Team
Primary Health Network
Patient Information Management System
Personal Protective Equipment
Royal Australian College of General Practitioners
Rural Doctors Network
Registered Training Organisation
Social and Emotional Wellbeing
Service Performance and Quality Team
Tackling Indigenous Smoking World No Tobacco Day

Section 1 Our Organisation

About this Report

The AH&MRC Annual Report provides an overview of our achievements and financial health of the organisation over the 2020–2021 financial year.

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

While the impacts of the COVID-19 pandemic are yet to peak in Australia, this report aims to celebrate our achievements across each of the AH&MRC's business divisions and show how we've been able to continue our important work despite such a disruptive and challenging year.



Theme of this year's report

This year's theme is 'cultural respect – live it, breathe it and do it," signifies the direction the AH&MRC has taken in branching out within our Regions. The theme underpins all that we do and recognises the cultural diversities of communities our Member Services represent.

The AH&MRC will continue to lead by example to ensure that all of our health partnerships, staff and government recognise and respect the rich cultural heritage and diversities of our Aboriginal communities in NSW.

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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.
- Our funding bodies including National Aboriginal Community Controlled Health Organisation (NACCHO), and State and Federal governments who provided funding and grants this year.
- Our 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.
- Members of the general public who want to know who we are and learn about the social impact of the work we do.
- Policy makers who want to learn more about Closing the Gap (CTG) and our policy priority areas.

About AH&MRC

The AH&MRC is the voice on Aboriginal Health and peak body representing ACCHOs in NSW that play a vital role in addressing the needs of Aboriginal people and improving Aboriginal health outcomes.

We support 47 ACCHOs to deliver culturally safe, highquality primary health care services to Aboriginal communities across NSW.

In partnership with Aboriginal and non-Aboriginal health organisations at a local, state and national level, we address the social determinants of health and wellbeing for Aboriginal people. We work to strengthen the ACCHO 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 (AHRC), 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 ACCHOs in administering and improving holistic health outcomes for Aboriginal Communities in NSW.

Since the first ACCHO was established in Redfern in 1971, there are now more than 140 ACCHOs across Australia.



Above: First Aboriginal Medical Service Redfern 1971



Our purpose

The AH&MRC works for its Member Services 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.

At a Glance

Member Services

47

2021 Members

47

2020 Members

Member Service Regions

15

Northern NSW 8

Metro NSW 1 13

Western NSW

Executive Team

18

Went on 18 site visits

Service Performance and Quality Team

15

Provided Continuous Quality Improvement (CQI) training to 15 Member Services

Southern

NSW

Sector Support and Public Health and Intelligence Team



42

Held 42 training events and workshops

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Business Development Team



18

Delivered 18 Business Sustainability Plans

Sector Support Team

- Suicide Prevention
- Ear and Eye Health
- Social and Emotional Wellbeing (SEWB) and Alcohol and Other Drugs (AOD)

Health Promotion

- Smoking Cessation
- ✓ Palliative Care
- ✓ Sexual Health

Service Performance and Quality

- ✓ CQI
- National Disability Insurance Scheme (NDIS)
- Digital Health

Our Member Services

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

The 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 Member Services 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 communities.
- * Are governed by an Aboriginal board of management elected by their local Aboriginal community.

Associate Membership

Associate Members are Aboriginal Community Controlled Health Committees (ACCHC) or Aboriginal Community Controlled Health Related Services (ACCHRS) who are led by Aboriginal communities to deliver comprehensive and culturally appropriate health related services.

- + **ACCHC:** 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 ACCHO. There are currently no ACCHC Associate Members.
- + **ACCHRS:** a non-profit incorporated Aboriginal Community Controlled Organisation 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 ACCHO such as Link-Up or Ngaimpe Aboriginal Corporation – The Glen Centre.

Membership benefits

The AH&MRC provides support, training and services to ensure Member Services are able to deliver comprehensive health care to their communities. The AH&MRC offers support in the following areas:

Governance and management

The AH&MRC provides regular governance training to its Member Services. We provide support for Member Services in understanding the Acts, the Rule Books and Constitutions, the sequence of a board meeting, financial report reading and interpretation.

Strategic advice and support

The AH&MRC assist our Member Services with their strategic plans and provided business support. The AH&MRC identifies grant and funding opportunities and assists in applications. We also assist in writing policy submissions and advocating for our Member Services to key ministers and stakeholders.

CQI

The AH&MRC has a dedicated Service Performance and Quality Team to assist with a Member Service's clinical governance and Medicare claims. We can also assist in data cleansing of the Patient Information Management Systems (PIMS).

Education and workforce

AH&MRC's Registered Training Organisation (RTO) provides culturally competent training to increase the skills of our Member Services workforce. Our RTO courses are Nationally Accredited and AHPRA Accredited.

Communication and engagement

The AH&MRC assists with communications and marketing activities including advertising Member Services job opportunities, programs and services, as well as creating culturally competent resources and communications assets that are relevant and engaging for Aboriginal communities.

COVID-19 response

The AH&MRC have a dedicated COVID-19 Response Team who assist Member Services with COVID-19 vaccination roll-out, Personal Protective Equipment (PPE) and resources. The AH&MRC COVID-19 Response Team have regular meetings with the NSW Ministry of Health and have regular communications with our Member Services through fortnightly teleconferences in conjunction with NSW Ministry of Health and the Centre for Aboriginal Health.

Networking opportunities

In partnership with the Royal Australian College of General Practitioners (RACGP), the AH&MRC convenes a General Practitioner (GP) Advisory Committee. The GP Advisory Committee brings together GPs and practitioners to network and share knowledge. The AH&MRC also hosts an Executive Assistant (EA) network for EAs from across the sector to share skills and experience.



The ACCHO Executive Assistant Network

In March 2021, the AH&MRC established its NSW ACCHO EA Network. EAs from the sector were invited to join to share knowledge, experience and kinship during these difficult times. AH&MRCs EA and Company Secretary, Monica Marlowe, invited Member Service EAs to AH&MRC's office in Little Bay to meet each other in-person.

EAS from all over NSW, including Orange Aboriginal Medical Service, Coonamble Aboriginal Medical Service, Riverina Medical and Dental Aboriginal Corporation, Illawarra Aboriginal Medical Service, and Yerin Eleanor Duncan Aboriginal Health Centre attended – it was a great turnout.

The EAs spent the day deciding on the vision and purpose of the Network and discussing the varying aspects of the EA roles. Going around the room, many EAs realised the many roles they occupy, not just as EAs but in human resources, finance, facilities and company secretary roles.

The EA Network will convene quarterly EA Meetings and rotate the meeting location to the various membership sites. The meetings will incorporate training and development opportunities and will cover important topics including how to deal with burn out, social and emotional wellbeing, as well as administrative topics like time management and minute taking.

For more information about the EA Network, or if you are interested in joining, contact Monica Marlowe by emailing mmarlowe@ahmrc.org.au.or.phoning 9212 4777

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Starting the EA Network is a wonderful achievement and I'm really proud of the uptake and engagement to date. I look forward to working with my fellow EAs to learn new skills

Monica Marlowe, Executive Support Officer & Company Secretary

Membership list

Metropolitan Region

- Aboriginal Medical Service Co-Operative Ltd Redfern
- Awabakal Newcastle Aboriginal Co-Operative Ltd
- Link-Up NSW
- Marrin Weejali Aboriginal Corporation
- The Glen Centre (Ngaimpe Aboriginal Corporation)
- Tharawal Aboriginal Corporation
- Ungooroo Aboriginal Corporation
- Yerin Eleanor Duncan Aboriginal Health Centre

Southern Region

- Albury Wodonga Aboriginal Health Service Inc.
- Brungle Aboriginal Health Service
- Cummeragunja Housing & Development Aboriginal Corporation - Viney Morgan Clinic
- 12 Griffith Aboriginal Medical Service Inc.
- 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
- Waminda South Coast Women's Health & Welfare Aboriginal Corporation

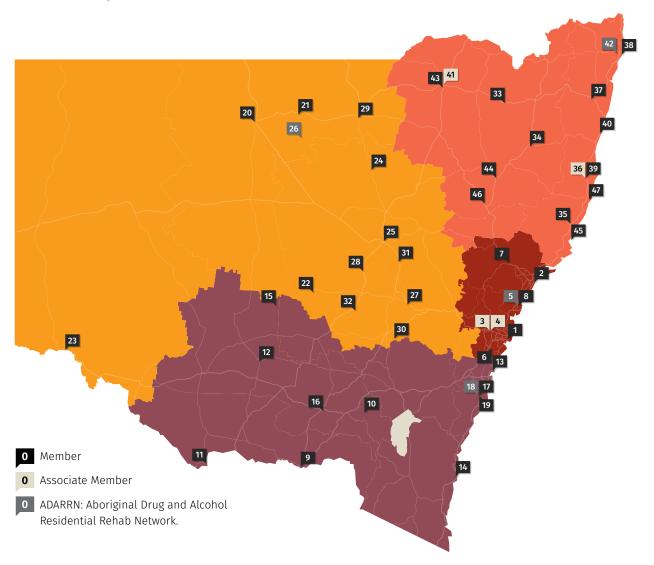
Western Region

- 20 Bourke Aboriginal Health Service Ltd
- Brewarrina Aboriginal Service Ltd
- 22 Condobolin Aboriginal Health Service Ltd
- 23 Coomealla Health Aboriginal Corporation
- 24 Coonamble Aboriginal Health Service Inc.
- Dubbo Aboriginal Medical Service
- **26** Orana Haven Aboriginal Corporation
- 27 Orange Aboriginal Health Service Inc.
- 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
- 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 Centre
- 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 Organisations

Community controlled, holistic primary health care

ACCHOs are dedicated to deliver culturally safe, primary health care to Aboriginal people.

For Aboriginal people, primary health is about the whole of Community approach to achieve good health and wellbeing.

Health care professionals working together

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.

ACCHOs are the first point of care for Aboriginal patients.

Delivering a range of health care services

Health care services that are preventative and focus on health education including:

- + 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.

Northern Region

health snapshot



Estimated Resident Aboriginal Population 2016

61,180 (7.6%)

Hospitalisation Rates Per 100,000 people (2015–16 to 2017–18)

Potentially Preventable Hospitalisation (PPH)*

Specific conditions

85	PPH	
97	PPH Chronic	
83	PPH Acute	

52 PPH Vaccine Preventable

107 Mental Health

110	Road Transport Injury
97	Diabetes
101	Intentional Self-Harm
104	All Cancers

91 Falls 65+

85 Mental and Behavioural

83 Ischaemic heart disease

113 Chronic Obstructive Pulmonary Disease





107	mental freatth
106	Diseases of the circulatory system
172	Diseases of the respiratory system
151	Diseases of the digestive system
166	Diseases of the musculoskeletal and connective tissue
145	Diseases of the genitourinary system
1/.5	Injury, poisoning and certain other consequences of external causes

^{*}Hospital admissions that potentially could have been prevented by appropriate utilisation on non-hospital health services

Western Region

health snapshot

Population

Estimated Resident Aboriginal Population 2016

39,884 (12.9%)

Hospitalisation Rates Per 100,000 people (2015–16 to 2017–18)

Potentially Preventable Hospitalisation (PPH)*

Specific conditions

82	РРН
87	PPH Chronic
85	PPH Acute
53	PPH Vaccine Preventable

^{*}Hospital admissions that potentially could have been prevented by appropriate utilisation on non-hospital health services

Mental Health

79	Road Transport Injury	
81	Diabetes	
66	Intentional Self-Harm	
29	All Cancers	

76	Falls 65+	
75	Mental and Behavioural	
85	Ischaemic heart disease	
122	Chronic Obstructive Pulmonary Disease	

Emergency department presentations per 100,000



111 Diseases of the circulatory system Diseases of the respiratory system 146 Diseases of the digestive system **171** Diseases of the musculoskeletal and connective tissue Diseases of the genitourinary system Injury, poisoning and certain other consequences of external causes 165

Metropolitan Region

health snapshot

Population

Estimated Resident Aboriginal Population 2016

122,383 (2.2%)

Hospitalisation Rates Per 100,000 people (2015-16 to 2017-18)

Potentially Preventable Hospitalisation (PPH)*

Specific conditions

60 PPH

D PPH

63 PPH Chronic

59 P

PPH Acute

55

PPH Vaccine Preventable

00	Road Transport Injury	
63	Diabetes	
99	Intentional Self-Harm	
86	All Cancers	



7 Falls 65+

102 Mental and Behavioural

55 Ischaemic heart disease

70 Chronic Obstructive Pulmonary Disease

*Hospital admissions that potentially could have been prevented by appropriate utilisation on non-hospital health services



Emergency department presentations per 100,000

72 Mental Health

60 Diseases of the circulatory system

72 Diseases of the respiratory system

75 Diseases of the digestive system

88 Diseases of the musculoskeletal and connective tissue

74 Diseases of the genitourinary system

81 Injury, poisoning and certain other consequences of external causes

Data accessed from: Torrens University, Public Health Information Development Unit (PHIDU) (2021), Aboriginal Health and Medical Research Council of NSW, Aboriginal and Torres Strait Islander Strait Social Health Altas. The Aboriginal & Torres Strait Islander Social Health Atlas includes demographic and social indicators, as well as indicators of health status and health service use. Website: https://atlasesaustralia.com.au/AHMRC/AHMRC.html

The data are presented by Indigenous Regional Areas, and Indigenous Areas† within each region. †Indigenous Areas (IAREs), based on the ABS 2016 ASGC Indigenous Structure, are medium sized geographical units designed to facilitate the release and analysis of more detailed statistics for Aboriginal and Torres Strait Islander Peoples.

Southern Region

health snapshot



Estimated Resident Aboriginal Population 2016

42,228

Hospitalisation Rates Per 100,000 people (2015–16 to 2017–18)

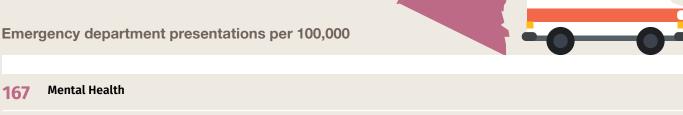
Potentially Preventable Hospitalisation (PPH)*

Specific conditions

67	РРН
75	PPH Chronic
67	PPH Acute
38	PPH Vaccine Preventable

^{*}Hospital admissions that potentially could have been prevented by appropriate utilisation on non-hospital health services

100	Road Transport Injury	81	Falls 65+
75	Diabetes	93	Mental and Behavioural
110	Intentional Self-Harm	67	Ischaemic heart disease
104	All Cancers	91	Chronic Obstructive Pulmonary Disease



- Diseases of the circulatory system **73**
- Diseases of the respiratory system 112
- Diseases of the digestive system 119
- Diseases of the musculoskeletal and connective tissue 147
- Diseases of the genitourinary system 109
- Injury, poisoning and certain other consequences of external causes 116







Message from the Chairperson

This year, despite the challenges presented by the COVID-19 pandemic, the AH&MRC has managed to achieve several key milestones. But, before I delve into these achievements, I would first like to acknowledge the legacy of AH&MRC, Elders past and present, and our emerging leaders. These leaders have laid the foundation of AH&MRC's success and the organisation's achievements this financial year would not have been possible without them.

Strategic direction of AH&MRC

During the 2020–2021 financial year, the Board of Directors turned their attention to the strategic direction of the AH&MRC, focussing on building the capacity of our ACCHOs in NSW, while challenging State and Federal Governments, as well as Primary Health Networks (PHN), on how our Member Services should be engaged.

The AH&MRC Board of Directors has been proactive in setting a new direction of change for the AH&MRC. In the 2020-2021 financial year we engaged a Law Firm, Terri Janki, to map out the strategic direction of the AH&MRC up until 2023.

Improving governance

The Board of Directors achieved many milestones in governance over the last financial year. Some highlights include:

- Creating the Finance, Audit and Risk Management Committee (FARM), who will sit under the Board of Directors and work closely with the AH&MRC Finance team and CEO on all financial and risk management strategies.
- Receiving three Membership applications. One was accepted, from Dubbo Aboriginal Medical Service (AMS), while the other two did not meet the Membership criteria.
- * Engaging ATSI ICT to deliver a refresh in governance training to the Board of Directors.
- Improving the policies and procedures in relation to the Board of Directors including induction, training, travel, record keeping and documentation.

With governance of Aboriginal organisations in the spotlight, the AH&MRC Board of Directors focused on governance training, not just for the AH&MRC Board of Directors, but for the AH&MRC Membership as well,

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We have risen to the challenges of the COVID-19 pandemic. We've listened to what our Member Services have been saying and we've taken action to ensure a safe and healthy future for our communities in NSW.

through the Australian Institute of Company Directors at a graduate level.

Closing the Gap

On behalf of the AH&MRC Board of Directors, I would like to congratulate Robert Skeen, AH&MRC's CEO, on his appointment as NSW Coalition of Aboriginal Peak Organisation (CAPO) Representative at the national CAPO meetings. This is a great achievement and puts the AH&MRC in a position to advocate for Member Services at a state and national level. It's pleasing to see that AH&MRC has an increased presence at the NSW (CAPO) meetings, especially with the activities relating to the CTG priorities.

Responding to COVID-19

The COVID-19 pandemic has impacted planning at a broad scale, however the Board of Directors adjusted and held Board meetings, oftentimes virtually, to maintain social distancing regulations and keep our communities safe.

AH&MRC has been at the forefront of the COVID-19 pandemic, working in partnership with key stakeholders including CAPO, NACCHO, NSW Health, the Department of Health and Centre for Aboriginal Health. As COVID-19 cases escalated, the AH&MRC Executive Team and staff reacted swiftly to making decisions in the best interest of AH&MRC, Member Services and the communities they service.

Acknowledgements

I would like to thank our key stakeholders: NACCHO, CAPO, NSW Health, the Ministry of Health and the Department of Health for their ongoing support of AH&MRC, its Membership and Aboriginal communities across NSW.

I would like to acknowledge the staff of the AH&MRC for their ongoing support during these challenging times. Thank you for ensuring Members Services are kept up to date with the latest training, COVID-19 updates, as well as provision of PPE stock and supplies.

I am thankful to the members of the Human Resources Ethics Committee (HREC) who, having grown their ranks considerably, were able to field upward of 150 new applications and 90 publications in the 2020-2021 financial year.

I would like to acknowledge the Board of Directors, who have had an incredibly eventful year, with many successes and challenges. I congratulate each of them for their dedication and commitment to the sector. The Board of Directors and I look forward to the 2021-2022 financial year where we will continue to serve Aboriginal communities in NSW, and ensure that health care is culturally safe, accessible and tailored to the needs of our communities. Thank you to our Company Secretary, Monica Marlowe, for the compliance measures she has put in place for the Board of Directors and the AH&MRC.

Finally, I would also like to acknowledge AH&MRC Member Services, their dedicated staff who work on the frontlines of the COVID-19 pandemic, and Board including Kane Ellis, Christine Corby, Belinda Field, Stacy Parry, Lynette Kilby, Kenneth Knox and Lisa Ogolo for their commitment to improving the lives of Aboriginal people across NSW.

Phillip Naden

Chairperson of the Board



Message from the CEO

Budyeri kamaru and welcome to AH&MRC's 2020–2021 Annual Report. In the 2020-2021 financial year the AH&MRC continued to work closely with our Member Services in a culturally respectful way, ensuring all mobs are catered for in the design and delivery of the health care services in NSW.

Responding to COVID-19

Responding to COVID-19 is an evolving process, given the nature of the virus. This past financial year, AH&MRC has been on the front foot of research, partnerships and providing timely updates and information to our Member Services. Our dedicated COVID-19 Response Team has ensured our Member Services have access to PPE, funding, a skilled workforce and communications to keep their communities safe.

The AH&MRC continues to adapt our model of care to ensure there are no gaps in services for our mob, with telehealth continuing to be the preferred and safer mode of accessing health services. The AH&MRC will continue to support our Member Services to ensure their IT infrastructure is able to meet the demand.

Reviewing policy and advocacy work

The AH&MRC advocates for policy reform to improve the health outcomes of First Nations People at every given opportunity. Our membership on peak boards and forums has increased dramatically; as a result, we are able to represent our Member Services and their communities at a state and national level. The AH&MRC

will continue to lobby for policy reforms that close the gap and strive for mandated cultural safeguards for First Nations People who access health care through mainstream services.

Supporting our sector

This year the Sector Support Team worked closely with Member Services to identify gaps in skills and training for the ACCHO workforce. Mental health has been a key focus area over the last financial year, especially in light of the COVID-19 pandemic. The demand for trained mental health professionals, in addition to culturally safe and accessible services, has risen significantly. The Sector Support Team has responded to the needs of our communities through the provision of workshops, training and resources to upskill our workforce in suicide prevention, mental health, SEWB and AOD.

Improving service performance and quality

The newly created Service Performance and Quality Team works closely with our Member Services to identify opportunities for CQI and improve service delivery. In the last financial year, the Service Performance and Quality

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Cultural respect is something we live and breathe within our organisation, and we have worked hard as a team to instil this ethos into all we do.

Team provided training, resources and one-on-one consultations to assist Member Services in embedding CQI into their model of care. Through embedding these processes, Member Services have freed up capacity to focus on programs and services to benefit their local communities.

Delivering public health campaigns

While vaccine hesitancy is still an ongoing challenge, I am confident that the work AH&MRC is doing in promoting Member Success stories and championing local health heroes, will increase vaccination rates in the year ahead. Communications campaigns to promote COVID-19 and flu vaccinations, were incredibly successful this year, and utilised by our Member Services. I am grateful that we were able to roll-out both campaigns, despite the tight timeframes, and promote messaging to keep Aboriginal communities in NSW safe and healthy.

Building the capacity of our workforce

AH&MRC's RTO continues to build its capacity to provide Australian Standard and Recognised training for our ACCHOs. This RTO will continue to grow its ability to provide sustainable employment opportunities for Aboriginal people throughout NSW.

In this financial year the RTO enrolled over 150 students. I am so proud of the RTO and all the work they do in providing culturally competent training to the future leaders of the ACCHO Sector. The RTOs provision of culturally competent and comprehensive training to the ACCHO workforce will help to grow the talent pool for our Member Services in regional and remote locations.

Acknowledgements

The AH&MRC has grown its capacity this financial year, and will continue to grow, to support the ACCHO Sector and Aboriginal communities in NSW. The achievements of AH&MRC and our Member Services in the last financial year have been significant and I would like to acknowledge all AH&MRC and Member Service staff for your hard work and commitment.

I would also like to acknowledge our stakeholders and partners including NACCHO, the Centre for Aboriginal Health, NSW Health and the Ministry of Health; without your funding and support, the achievements outlined in this report would not have been possible. I would like to acknowledge fellow CAPO members for their tireless work and dedication in advocating for the health of First Nations People at the highest levels of government.

Finally, I would like to thank AH&MRC's Board of Directors and Chairperson Phillip Naden, for your continued support of AH&MRC staff and the work we do. We are incredibly proud of our achievements this financial year, and look forward to reaching more milestones together in the new financial year.

Robert Skeen AH&MRC CEO

AH&MRC Board of Directors

Phillip Naden Chairperson of the Board



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

Phillip is currently the CEO of the Dubbo and Coonamble Aboriginal Medical Services and has extensive experience in policing, justice, business management. He also 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



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 CEO 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.

Christine Corby, OAM Director



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

Christine 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 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.

Lynette Kilby Director



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 education 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, a position she held for over 20 years, until April 2020.

Lisa Ogolo Director



Lisa Ogolo (Nee Orcher) is the CEO for Biripi Aboriginal Corporation Medical Centre. Lisa is a proud Murrawarri/Kooma woman and has been living on Biripi land for 18 years, in this time she has developed extensive local, state and national connections.

Lisa has over 18 years' experience in Aboriginal health and is previously well known and respected as the former CEO of Tobwabba Aboriginal Medical Service where her leadership grew the service.

Stacy Parry Director



Stacy Parry is a Gomeroi woman and educator. Stacy has been a teacher for over 17 years for the Department of Education and is a Board Member of Yerin Eleanor Duncan. Yerin is the supporting organisation for the Eleanor Duncan Aboriginal Health Centre.

Belinda Field Director



Belinda is a proud Wiradjuri woman, however, for over 39 years she has lived on Darkinjung country. Belinda Field is CEO of Yerin Eleanor Duncan Aboriginal Health Services Ltd. Her experience includes 10 years with NSW Department of Community Services and four years with NSW Department of Education as a fully qualified classroom teacher.

Belinda's strengths are building relationships with government and non-government agencies on behalf of the community, that are based on respect and a commitment to protecting the rights of the Aboriginal community.

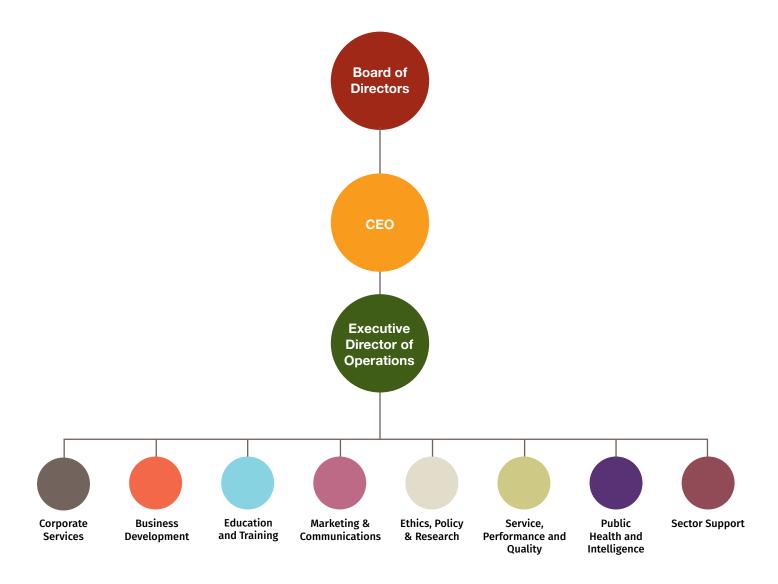
Kenneth Knox Director



Kenneth Knox has been an Aboriginal Men's Health Worker at Pius X Aboriginal Corporation for the past two years. Kenneth has a passion for social justice and is currently studying social work at Deakin University in Geelong.

2020-2021 Board meeting dates		
Board meeting 1	22 July 2020	
Board meeting 2	21 October 2020	
2020 Annual General Meeting	22 October 2020	
Board meeting 3	10 December 2020	
Board meeting 4	10 February 2021	
Board meeting 5	18 May 2021	

AH&MRC Organisational Structure



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2020–2021 Year in Review

Building our profile



96k visits to the AH&MRC website



61k people visited the AH&MRC website



2,030 Instagram followers



2,175 Facebook followers

↑%

Compared to **70k** last year

1 %

Compared to **46k** last year

+422

+422 from last year

+973

+973 from last year

Registered Training Organisation



156 students enrolled From **18 Member Services**

Business development



\$3.6 million of Grant funding secured to employ approximately 20 Trainees

Ethics, policy and research





Invited to present at 2
Parliamentary
Enquiries



17 HREC Member in 2021

+8 Members from last year

COVID-19 Response



Personal Protective Equipment

14,000 cloth masks and **hand sanitizer** sent to 47 members

COVID-19 Vaccines



Assisted 30 ACCHOs in roll-out of AstraZeneca

Assisted 4 ACCHOs in roll-out of Pfizer

2020 - 2021 Highlights

The AH&MRC continued to support Member Services to improve the health and wellbeing of Aboriginal communities in NSW. Through health promotion, education, training, advocacy and business support we provide ongoing benefits to our membership.

Our leadership

In the 2020-2021 financial year, the Executive Team at AH&MRC focused on member engagement, attending 18 site visits to our ACCHOs. One-on-one site visits were seen as a key vehicle to engage with Member Services and start an open dialogue on ways that AH&MRC can better support our ACCHOs.

AH&MRC's CEO Robert Skeen was appointed a Board Member of the Lowjita Institute and a Council Member on Joint Ministerial and CAPO Council on CTG. AH&MRC's representation on these councils provides a platform for AH&MRC to advocate for our Member Services.

Our emergency response

COVID-19 vaccination: In the 2020–2021 Financial Year the AH&MRC supported Members Services with the ongoing COVID-19 outbreak. This year AH&MRC turned their efforts toward the roll-out of the COVID-19 vaccines and ensuring ACCHOs had access to resources, PPE supplies and communications necessary to successfully administer the vaccine to their communities.

Bushfire safety: In light of the devastating effects that bushfires had on Aboriginal communities on the south coast of NSW during the 2019–2020 bushfire season, the AH&MRC created culturally competent bushfire safety resources in the 2020-2021 financial year. The AH&MRC created seven factsheets and an interactive activity book to help Aboriginal families prepare for bushfire season.

Our health programs

Smoking cessation: The Public Health and Intelligence Team provided Nicotine Replacement Therapy to 37 Member Services and facilitated a range of training opportunities including Brief Intervention into Smoking Cessation Training and Commit to Quit Yarn Ups. The Team also provided \$5,000 World No Tobacco Day (WNTD) Scholarships to assist our Member Services in delivering smoking cessation programs, services and resources to their communities.

Palliative care: The Public Health and Intelligence Team began working with Indigenous Program of Experience in the Palliative Approach (IPEPA) to improve palliative care for Aboriginal people. The Team created culturally competent resources for the patients, families and care team of Aboriginal people experiencing end of life care. The team also held regional Palliative Care Forums and a Loss and Grief Workshop to assist Aboriginal Health Workers in providing end of life care.

Sexual health: The Public Health and Intelligence Team worked with key stakeholders to promote sexual health to Aboriginal communities in NSW. The Team ran several webinars to upskill the workforce in providing sexual health care to Aboriginal people, distributed 30 boxes of 250 condoms to 17 Member Services, and provided \$5,000 grants to two Member Services to enhance sexual health promotion.

Supporting our Member Services

Service performance and quality: The Service Performance and Quality Team worked with Member Services to improve their model of care and optimise their services to achieve best practice. The Team offered training and one-on-one consultation to assist ACCHO staff in embedding CQI processes into their model of care. The Team also held a CQI State Forum, widely attended by 34 from guests from 18 Member Services.

Business development: The Business Development Team supported AH&MRC and Member Services to achieve business and financial sustainability. The Team worked with 18 Member Services to identify sustainable solutions in response to an everchanging funding landscape, and tailored Business Sustainability Plans in accordance. The Business Development Team also facilitated 22 venue hire bookings, helping to grow AH&MRC's business sustainability.

Upskilling our ACCHO workforce

Mental health: The Sector Support Team provided a range of training opportunities and events to upskill Members in providing mental health care to communities including the Let's Walk Together, Let's Talk Together Symposium, Loss and Grief Workshops and Red Dust Healing Workshops. The Team also distributed 200 SEWB packs to AH&MRC Member Services.

Ear and eye health: The Sector Support Team, in partnership with the Rural Doctors Network (RDN), delivered seven workshops to the ACCHO workforce, provided Ear Health Project Officer Funding to two Member Services and ear health grants to the value of \$10,000 to three Member Services. In collaboration with the Brien Holden Foundation, the AH&MRC delivered Eye Health Training Workshops for the ACCHO workforce and supported the successful trial of publicly funded spectacles for all Aboriginal people.

Registered training courses: This year the RTO delivered seven courses in Primary Health Care, Counselling, AOD and Trauma-Informed Care to 156 students from 18 Member Services. To keep students safe during COVID-19, the RTO adjusted its delivery to online environments, using Moodle, Zoom and virtual classrooms.

Ethics, policy and research

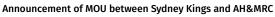
Human Research Ethics Committee: The HREC grew its ranks in the new financial year from 9 to 17 and recruited 30 External Reviewers to assist with the volume of applications it received. The HREC were able to review a record number of new applications, progress reports, amendments and publications this year as a result.

Advocating for policy reform: The newly created Policy Team advocated for policy reform on behalf of AH&MRC and our Member Services. In this financial year, the Policy Team submitted 6 Policy Submissions and was invited to present at two Parliamentary Enquiries. In addition, The Policy Team prepared a pre-budget submission for the NSW Treasury Department, advocating for increased funding for mental health and suicide prevention, youth, cancer care and regional network funding. The NSW Government has since committed \$43.7 million to the ACCHO sector in NSW.



AH&MRC staff celebrate NAIDOC Week







AH&MRC and Illawarra AMS CEOs visit Peak Hill





AH&MRC staff wear their Tharawal Strong Spirits, Strong Minds TShirts

Section 3 Our Business Performance

The Public Health and Intellige

"The Public Health and Intelligence Team creates health programs, training and resources based on the localised health needs of Aboriginal communities across AH&MRC's four regions."

Shana Quayle, Sector Support and Public Health and Intelligence Manager

During the reporting period, the Public Health and Intelligence Team (PHIT) worked with Member Services to create a variety of tailored training programs and resources.

Driving down smoking rates

The rates of smoking among Aboriginal and Torres Strait Islander people are disproportionately higher than the non-Indigenous population of NSW. While smoking rates are decreasing year on year, the health impacts on Aboriginal communities, including chronic conditions and reduced life expectancy, is staggering. The PHIT supports ACCHOs to reduce the rates of smoking in their communities in a number of ways:

Nicotine Replacement Therapy (NRT)

NRT is expensive and inaccessible to many Aboriginal people who have a desire to quit smoking. For this reason, AH&MRC supports Member Services to provide free NRT to their communities.

 NRT patches, gum, lozenges, sprays and inhalers were supplied to 37 Member Services during 2020-2021.

Brief interventions into smoking cessation training

Brief interventions (which often consist of informal counselling and information on certain types of harms and risks associated with drug use and/or risky behaviours) are proven to be effective in smoking

cessation efforts as they promote behaviour change in addition to NRT. The PHIT ran Brief Intervention into Smoking Cessation Training to:

- Equip health workers with the skills to intervene when they have a client who smokes.
- Use techniques that promote behavioural change.
- + Empower clients to finally make the decision to quit.

Ballina Commit to Quit Yarn Up:

The PHIT ran the Commit to Quit Yarn Ups to provide a forum for ACCHO workers in the Northern Region to:

- + Share insights on smoking cessation programs.
- + Have a yarn about smoking cessation strategies.
- + Discuss smoking intervention, prevention and postvention care.

Unfortunately, due to COVID-19, the forums were not able to be held across all four regions.

WNTD scholarships:

To support Member Services with WNTD community events a \$5,000 scholarship was provided to two Member Services

End of life care for Aboriginal people in NSW

In NSW, previous to 2020, end-of-life care has not been considerate of Aboriginal people's be-liefs around death and dying. For this reason, AH&MRC partnered with IPEPA to create cultural-ly appropriate training and resources for Aboriginal people in palliative care, their families and their care team.

My Journey to Dreaming Toolkit

The PHIT created the Journey to Dreaming Toolkit to provide information and resources for the families and care team of an Aboriginal person experiencing end of life care. The toolkit uses a holistic and family-centred approach to palliative care.

Events Timeline

Flinders Chronic Care online course

March – June 2021

34 attendees 7 Member Services Southern Region
Palliative Care Forum

19 March 2021

16 attendees

Western Region
Palliative Care Forum

7 April 2021

9 attendees 3 Member Services Metropolitan Region Palliative Care Forum

14 April 2021

25 attendees

nce Team

My Journey to Dreaming Diary

The PHIT created the My Journey to Dreaming Diary to guide Aboriginal and Torres Strait Islander people through their palliative care journey. The diary is a place to keep personal and medical information and includes mindful activities to prompt reflection, wellness, and gratitude.

 A total of 200 Journey to Dreaming Diaries were delivered to 9 Member Services.

My Journey to Dreaming Diary

Palliative Care Forums and Workshop

In collaboration with IPEPA, AH&MRC held four Palliative Care Forums across NSW to support the 'Journey to Dreaming' Palliative Care Resources launch and rollout, to address the current palliative care training gaps.

The PHIT also held a three-day Grief and Loss Workshop, introducing the Seven Phases to Integrating Loss & Grief as a 'loss and grief trauma-informed model', for all services that offer palliative care to Aboriginal Communities.

 A total of 4 Palliative Care Forums and one Grief and Loss Workshop were held during 2020-2021. "Palliative care is an approach to care that improves the quality of life of people and their families who are facing the problems associated with life-limiting illnesses. It is vital that we understand culture, relationships, communication and knowledge when approaching pallia-tive care for Aboriginal Australians."

Marina Wise, Public Health and Intelligence Officer

Spotlight on chronic health conditions

Chronic health conditions, including diabetes, heart, kidney and lung disease, contribute to a reduced quality of life and early mortality rate in Aboriginal communities and occur at a higher rate than the general population of NSW.

The Chronic Conditions program at AH&MRC aims to reduce the incidence of chronic conditions in Aboriginal people by providing the ACCHO workforce with culturally appropriate resources and training to care for Aboriginal people experiencing chronic conditions.

Aboriginal Chronic Conditions Conference

In collaboration with the Aboriginal Chronic Conditions Network at the Agency for Clinical Innovation, the AH&MRC co-convened the Aboriginal Chronic Conditions Conference. This virtual conference brought together stakeholders to:

- Showcase each other's successes.
- Share learnings from designing chronic conditions services.
- Share insights on implementing chronic care programs.

Sydney Loss and Grief Palliative Care Workshop

18 - 20 May 2021

16 attendees 3 Member Services Ballina Commit to Quit Yarn ups

8 June 2021

26 attendees 2 Member Services Aboriginal Chronic Conditions Conference

8 – 9 lune 2021

290 attendees
15 Member Services

Northern Region
Palliative Care Forum

9 lune 2021

38 attendees
2 Member Services

Sexual and Reproductive Health Webinar

30 June 2021

14 attendees 4 Member Services

Living Longer Stronger Resource Packs

In 2021, PHIT launched second editions of AH&MRC's Living Longer Stronger Resources which are specifically designed to facilitate discussions between Aboriginal patients experiencing chronic conditions and their care team. PHIT sent the Living Longer Stronger Resources to all Member Services for staff to guide patients through their experience of living with and treating their chronic condition/s.

 Living Longer Stronger Resource packs (which included one book, 26 pamphlets and one poster) were sent to all 47 Member Services



Providing targeted support with the Regional Health Atlas

In collaboration with Torrens University, AH&MRC developed the Regional Health Atlas. This provides information on key demographic factors, risk factors and chronic disease prevalence for each of the four AH&MRC regions. This tool allows AH&MRC to provide targeted support to ACCHOs and address the specific needs of each region.

Supporting sexual health

The PHIT supported Member Services to provide culturally safe sexual health promotion to Aboriginal communities as well as accredited and non-accredited sexual health training and education to the ACCHO workforce.

Sexual and Reproductive Health Webinars

The PHIT ran Sexual and Reproductive Health Webinars for Member Services and health workers working with Aboriginal clients to share the barriers to Aboriginal people accessing sexual health care including:

- + Sexually Transmitted Infections (STI) and pregnancy testing.
- + Follow up treatment.
- Sexual health resources.
- + Contraception.

Sexually Transmissible Infections kits

Sexually Transmissible Infection kits were distributed to six Member Services

Packs of condoms

A total of 7,500 condoms were distributed to 17 Member Services.

Sexual Health Scholarships

To enhance sexual health promotion, \$5,000 scholarships were provided to two Member Services.

Your Health Your Future Packs

To promote health and wellbeing and encourage 715 health checks, Your Health Your Future Packs were distributed to 47 Member Services

My Money Dream Modules

To offer culturally designed financial education, training and information to community, a 1-year subscription was provided to 4 Member Services.

"It's more than just modules. It's about helping people minimise stress in their daily lives." Marty, The Glen

Other PHIT achievements

In the reporting period, PHIT:

4

Participated in 4 research projects.

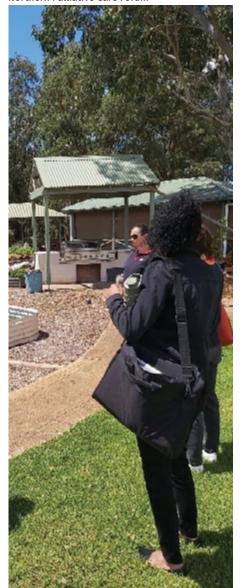
26

Sat on 26 advisory committees. 2

Took part in two grant panel reviews.



Northern Palliative Care Forum



Public Health and Intelligence Team visit Tharawal AMS

Smoking ceremony at Northern Yarn-up Bullinah



Participants and Northern Yarn-up Bullinah



Western Palliative Care Forum

AH&MRC make a trip to Tharawal AMS

On Thursday 29th of October 2020, AH&MRC visited Tharawal AMS. The visit was planned so that Sector Support and the Public Health and Intelligence Teams could share the projects they've been working on and brainstorm how AH&MRC can support Tharawal AMS with their programs and initiatives.

Tharawal AMS's CEO, Darryl Wright, took time out of his busy day to take the AH&MRC team on a tour of the service. He showed the AH&MRC Team the Fruit and Veg Shed where they run the 'Good Tucker All Round Program.' This Fruit and Vegetable Delivery Program delivers boxes of fresh fruit and vegetables to Aboriginal and Torres Strait Islander people living on the Dharawal land in the Campbelltown Local Government Area. The program targets people who have or at risk of having a chronic disease including cardiovascular disease and diabetes.

Darryl introduced the Team to staff at Tharawal AMS and showed them around the medical centre, treatment rooms and Koori Garden, explaining all the healthy lifestyle programs that Tharawal AMS has to offer.

The team witnessed a special moment when Darryl presented a beautiful sculpture to a very hard-working staff member of the Poche Centre for Indigenous Health. The staff member had worked on the Poche bus all day making dentures for Tharawal AMS community members.

The AH&MRC team were impressed with the extensive services offered to Tharawal community members in medical, social and emotional wellbeing, lifestyle and family support. It was a trip that we will remember fondly in the years to come.

Marina Wise, AH&MRC's Public Health and Intelligence Team



Sector Support Team

"This year the Sector Support Team worked to strengthen our ACCHO workforce through programs, training and the co-design of resources."

Shana Quayle, Sector Support and Public Health and Intelligence Manager

The Sector Support Team works closely with Member Services to identify skills and training gaps and create tailored programs to fill those gaps. In February 2021, the Sector Support Team and PHIT combined to provide a holistic approach to support Member Services health programs. Some key projects the Sector Support Team worked on in 2020-2021 include:

Suicide prevention

The ripple effect of suicide in Aboriginal communities is felt by everyone in this sector, and the alarming statistics continue to rise. For this reason, suicide prevention was a key area of focus in the 2020-2021 financial year. The Sector Support Team supported the development of a state-wide suicide prevention project, and held workshops and a symposium to share knowledge and insights.

Talking About Suicide Workshops

The Talking About Suicide Workshops provided much needed suicide prevention training to the workforce. The workshop offered the opportunity to discuss suicide and provide guidance for workers to respond to an Aboriginal client in crisis.

Let's Walk Together, Let's Talk Together Symposium

The Let's Walk Together, Let's Talk Together Symposium was held to initiate the necessary discussion on suicide in Aboriginal communities in NSW. The event incorporated the voices of

- Health Workers form ACCHOs.
- + Health Workers from Local Health Districts (LHD).
- Aboriginal people with a lived experience of the effects of suicide.

These varied perspectives informed discussions towards a sector-led strategy to reduce the rates of suicide in Aboriginal communities in NSW.

Supporting the SEWB and AOD workforce

The AH&MRC enhances the capacity of the SEWB and AOD workforce through:

- Networking groups to share knowledge and promote opportunities.
- Funded opportunities to attend conference and workshops.
- Facilitating sector support training and development opportunities
- + Supplying resources.

The SEWB and AOD CQI Project

AH&MRC offered the SEWB, mental health and AOD workforce across the National Indigenous Australians Agency (NIAA) funded services the opportunity to apply for a scholarship of \$5,000. Four Member Services were eligible for this support and undertook activities and initiatives including:

- Site exchange.
- Model of care development.
- Creating a child therapy room.
- + Resource development.

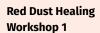
The activities will support CQI and operational excellence in SEWB and AOD services and programs.

Mental Health Workforce Wellbeing Webinars:

AH&MRC, in collaboration with NSW Health, co-facilitated Mental Health Workforce Wellbeing Webinars. The webinar series brought together the Aboriginal mental health and wellbeing workforce in NSW to:

- Share skills and experience.
- + Share strategies on how to improve mental health outcomes for Aboriginal people.

Events Timeline



22 September 2020

12 Member Services

Red Dust Healing Workshop 2

14 October 2020

10 Member Services

Red Dust Healing Workshop 3

20 October 2020

10 Member Services

Sydney Grief and Loss Workshop

10–12 November 2020 Kinchela Boys Home staff Newcastle Talking About Suicide Workshop

16 November 2020

4 Member Services

Red Dust Healing Workshops

In collaboration with Red Dust Healing, the AH&MRC held four Red Dust Healing workshops to:

- Teach participants to examine their past trauma.
- + Show participants how to heal from within.

Using these learnings and techniques, participants are able to guide clients to self-manage their own reflection and healing.

Grief and Loss Workshops

AH&MRC commissioned Rosemary Wanganeen, an Aboriginal Griefologist and founder of Australia's Institute for Loss and Grief, to deliver training to the SEWB, mental health and AOD workforce. The workshop provided participants with:

- A comprehensive understanding of loss and grief.
- How to identify clients with a history of loss and grief.
- How to work with clients who have experienced loss and grief.

The training facilitated comprehensive discussions about loss and grief and how they are the missing links to the cause and effects of mental health challenges faced by Aboriginal people.

Development and provision of resources

SEWB and AOD packs

The AH&MRC compiled wellbeing packs with educational tools, resources for community and a series of factsheets co-designed with the Aboriginal Drug and Alcohol Residential Rehabilitation Network and the Aboriginal Drug and Alcohol Network of NSW. Resources were distributed to the SEWB, mental health and AOD workforce at key events, and provided to new starters to the SEWB workforce.

A total of 200 packs were distributed to 47 Member Services.

Ear health

Aboriginal children are disproportionally impacted by ear disease which, without appropriate treatment, can result in lifelong hearing loss. For this reason, AH&MRC works with Member Services to identify and treat ear health early, before the onset of ear disease, through:

- + Grants to improve community access to ear health services.
- Funded position to build service capacity.
- Training for staff to identify and treat ear disease.

Activities undertaken during 2020-2021 include:

Ear Health Project Ear Health Grants Officer funding was provided to 2 **Member Services.**

to the value of \$10,000 were provided to 3 Member Services.

The RDN and AH&MRC ran seven Ear Health Webinars.

Eye health

Vision loss disproportionately effects Aboriginal people and contributes to a poorer quality of life. In 2020-2021, AH&MRC continued to advocate for increase resourcing for ACCHO and reduce barriers to eye care for Aboriginal people, this included supporting the successful trial of publicly funded spectacles for all Aboriginal people.

Eye health training

The AH&MRC partnered with Vision 2020 and the Brien Holden Foundation to improve the capacity within the Aboriginal community-controlled health sector to:

- Diagnose causes of avoidable vision loss.
- Treat causes of avoidable vision loss.
- Teach participants how to use digital retinal cameras to screen for diabetic retinopathy.

Red Dust Healing Workshop 4

Suicide Workshop

30 November 2020

Dubbo Talking About

7 Member Services

Canberra Talking About Suicide Workshop

2 December 2020

6 Member Services

Ear Health Webinars

February - June 2021

111 attendees

Mental health **Workforce Wellbeing** Webinars:

17-25 February 2021

265 participants 10 Member Services

19 November 2020

10 Member Services



Community attend Ma-Guwag Suicide Prevention Program



Sydney SEWB and AOD Forum





Sector Support Resources

Moree Grief and Loss Workshop

15-17 February 2021

7 Member Services

Port Macquarie Grief and Loss Workshop

22-24 February 2021

6 Member Services

Online SMART Recovery Facilitator Training

6 April 2021

32 Attendees 12 Member Services Wagga Wagga Grief and Loss Workshop

7-9 April 2021

8 Member Services

Suicide Prevention Australia Symposium

19-22 April 2021

13 attendees 12 Member Services



Trauma Informed Practice Online Workshops

In collaboration with Kyanga Cultural Consultancy (KCC), the Sector Support Team delivered four online workshops on trauma-informed practice. KCC ensured that the content of the workshop was appropriate for an online format, as trauma-informed practice can be a confronting and sensitive topic. The workshops were initially planned to be held in-person, but unfortunately, due to COVID-19, the Sector Support Team decided it was safest to deliver the workshops online.

Trauma affects us all, directly, or indirectly. Many people live with the ongoing effects of past and present overwhelming stress (trauma). Despite the large number of people affected, many of us don't think of the possibility that someone we meet, speak to or support may have experienced trauma. This makes us less likely to recognise trauma in others. Keeping the possibility of trauma on our radar means keeping the sensitivities and vulnerabilities of people who may be trauma survivors in mind. It means being respectful, understanding and acknowledging the experiences of others.

The Trauma-Informed Practice Workshops gave participants an overview of what trauma-informed practice is and provided a safe space for participants to explore what communication tools can benefit this practice. The workshops covered the core principals of trauma-informed practice, and a strength-based approach for those working with Aboriginal people affected by trauma. In addition, The Workshops encouraged participants to look at their work, and how they could improve their trauma-informed practice to strengthen their workplaces response to trauma.

We would like to thank all ACCHO staff members who attended and the KCC for such informative and engaging sessions. We look forward to working together in the future.

The Sector Support Team

Worrigee Brien Holden Eye Health Training

4 May 2021

1 Member Service

Orange Brien Holden Eye Health Training

18 May 2021

4 Member Services

Let's Walk Together, Let's Talk Together Symposium

18-19 May 2021

87 attendees 17 Member Services **Oral Health Webinar**

2 June 2021

12 attendees 6 Member Services Sydney Eye Health Training

16 June

5 attendees 1 member service





Ungooroo staff member and Lee-anne Miller at Symposium



Dubbo SEWB and AOD Regional Forum



Sector support team visit The Glen



Let's Walk Together, Lets Talk Together Suicide **Prevention Symposium**



Yerin staff and Sector Support Team at Let's Walk Together, Let's Talk Together Symposium

Registered Training Organisation

"AH&MRC's RTO provides culturally competent training to the Aboriginal community controlled sector workforce in NSW."

Sheree Rankmore, RTO General Manager

The AH&MRC of NSW RTO (no. 91020) equips students with the skills and knowledge necessary to provide holistic and culturally safe health care to Aboriginal people in NSW. The RTO supports students in their journey to become the future leaders of our sector through comprehensive training, professional development opportunities and further qualifications.

The AH&MRC RTO is a team of highly skilled trainers who each bring their unique skills and experience to teaching students a range of different courses in primary health care, mental health and AOD. In addition to the Trainers, the RTO team is led by a dedicated General Manager and administrative staff who support students every step of the way through their studies.

Student engagement

The RTOs approach is student-centred. The RTO staff work one-on-one with students to ensure they are engaged in their studies and so that their course program suits the oftentimes competing demands of family and work. Small class sizes mean our trainers can spend more time with each student and can offer extra tuition for students who need additional support.

Adapting to the virtual classroom

As a result of COVID-19, the RTO swiftly adapted to a new online mode of education delivery. While there were challenges, the introduction of online learning via Moodle, Zoom and virtual classrooms in the previous financial year, made the transition easier for students to manage.

RTO trainers and support staff were also very flexible to the changing needs of students, particularly because so many of them were on the frontline of dealing with the pandemic. We recognise that burn-out and COVID-19 fatigue are very real problems in our sector, and so worked closely with students to adjust their study routines and course trajectories accordingly.



Congratulations AH&MRC RTO graduate Celia Griffen

"I am thrilled to attain my Aboriginal Healthcare Worker Certificate III qualification. It has definitely been a journey for me, juggling work, education and becoming a mum again for the sixth time to my beautiful daughter.

I love my AHW role at Darrimba Maarra (Durri's Health Outpost) as I get to work with and for my people to achieve the health outcomes they deserve.

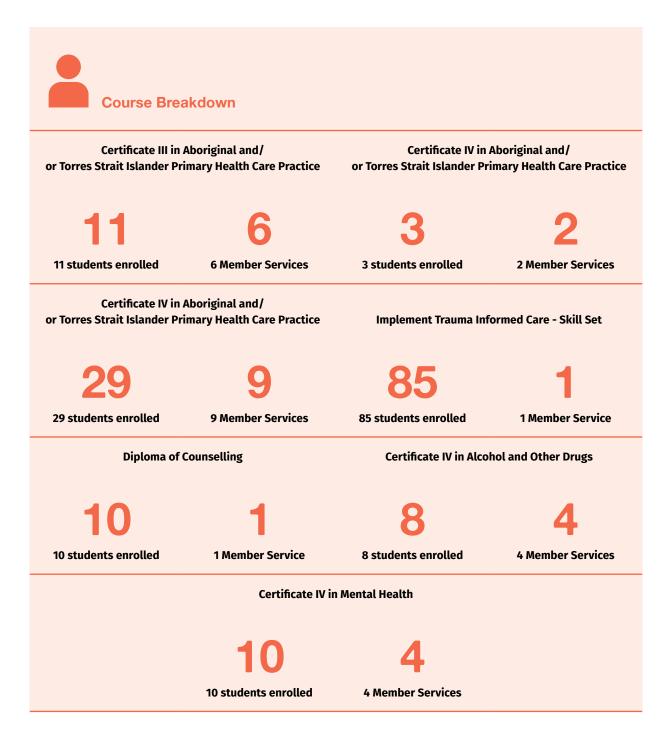
I want to thank Premi Sivanesan, Traci Arkinstall and Kristilee Cruse at the AH&MRC. Your support to help me finalise all the requirements are very much appreciated. I would also like to especially thank Dea Thiele for your support in helping me achieve my competencies, that has been invaluable. Finally, I would like to thank Durri Aboriginal Corporation Medical Service for this great opportunity.

I'm looking forward to my next journey of attaining the AHW Certificate IV in Primary Health Care Practice which I want to commence in 2021!"

Celia Griffen, Darrimba Maarra Aboriginal Health Clinic

RTO Enrolments

In 2020-2021, a total of 156 students were enrolled from 18 Member Services.





RTO students on AH&MRC front steps



AH&MRC RTO staff planning course content



RTO provide student guidance



RTO teach health checks



RTO fire safety training



RTO students



RTO virtual classroom

Service Performance and Quality Team

Through CQI events hosted by the Sector Support Team, it became apparent that each Member Service has a unique service delivery model and requires customised solutions to deliver best practice. This is the insight that led to the creation of the Service Performance and Quality (SPQ) Team in 2020.

"CQI is at the heart of what the SPQ Team does. We delve into the processes and systems used by our Members Services and using our specialised skillset and expertise, provide recommendations and guidance on how to make improvements."

Jade Hansen, SPQ Manager

Delivering workshops and training opportunities

The SPQ Team look at a services model of care holistically, and work closely with Member Services to streamline offerings and improve efficiency. Not only does this free up capacity for our ACCHOs to service their communities, but it also helps generate additional revenue.

In the 2020–2021 financial year, the SPQ Team provided workshops and training opportunities for Member Services in CQI including:

AH&MRC State CQI Forum

The SPQ Team held a 2-day CQI Forum to educate Member Services on quality improvement processes and provide guidance on how to implement CQI processes into their model of care. The SPQ team brought in CQI experts, including Gary Smith from Quality Innovation Performance Limited (QIP), to give presentations. The positive feedback has prompted the AH&MRC to deliver a CQI Forum annually.

Accreditation Pro workshops

The SPQ Team held several Accreditation Pro workshops for Member Services staff. The workshops are facilitated by accreditation experts and provide guidance on adhering to accreditation standards.

CQI and **Medicare** Training

The SPQ Team has delivered CQI and Medicare Training for Member Services and offered follow-up consultations to help Member Services implement learnings from the training. The training sessions guided practitioners through:

- Strategies to optimise Medicare billing items.
- How to become financially self-sustainable in the face of an ever-changing funding landscape.
- Identifying opportunities to increase community programs, employment and provide additional transport.

Timeline

Clinical CQI and Medicare Training

September 2020 – June 2021

220 attendees 16 Member Services

Accreditation Workshops

November 2020 - June 2021

43 attendees 26 Member Services

Dubbo NDIS Information Session

26 March 2021

16 attendees 6 Member Services

Providing governance support

The SPQ Team ran a two-day intensive Governance Support Workshop to our Member Services across NSW to strengthen the delivery of board governance. The Governance Support Workshop covered several important topics including:

- + Governance best practice.
- + Governance and management systems.
- + Financial management and business sustainability.

Digital health events and data and systems

The term digital health encompasses the full range of digital programs and digital health services that providers use to manage the health and wellbeing of clients. The SPQ Team supported Member Services throughout 2020–2021 with digital health training on how to use digital health tools and programs, and through the creation and provision of resources.

"Digital health is a broad term encompassing mobile health (mHealth), health information technology, wearable devices, telehealth and personalised medicine. Digital health can also include mobile medical apps and software that support the clinical decisions doctors make. These digital tools improve how healthcare professionals diagnose and treat patients and enhance the delivery of healthcare for the individual."

Jade Hansen, SPQ Manager

My Health Record Booklets

The SPQ Team worked with the Digital Health Agency to create My Health Record (MHR) Booklets. The MHR Booklets were designed to increase community engagement with MHR and were created with tailored messaging for Elders, parents/carers and youth.

MHR booklets were distributed to 12 Member Services.





Ballina NDIS Information Session

15 April 2021

17 attendees 5 Member Services

Sydney CQI State Forum

12-13 May 2021

34 attendees 18 Member Services

Sydney NDIS Training

10-11 June 2021

20 attendees 11 Member Services



The Triumph of Telehealth

Having swept through the health sector on the back of emergency Federal Government pandemic funding, Telehealth and its sudden prominence will likely have positive health ramifications for many years to come, particularly in regional and remote areas.

According to government figures, 54 million Telehealth services (defined as a health consultation via phone or video) were completed in Australia between March 2020 and March 2021, and 281 new temporary MBS item numbers were added to the schedule (meaning those services could be billed to Medicare). This represents an extraordinary rise from approximately 20,000 to around 4.5 million Telehealth appointments per month.

Ungooroo Aboriginal Corporation is one organisation that quickly jumped on the Telehealth express. Ungooroo runs a regional health service located in Singleton, NSW and because of their remote location, they had already partially adopted Telehealth for some specialist services (such as psychiatry) that didn't have a physical presence in the area. Brooke Turner is Ungooroo's Clinical Coordinator and says that while the practice found Telehealth valuable right from the beginning, it really came into its own with the arrival of the pandemic.

"Myriad benefits soon became apparent. In addition to an increase in usage for specialist services, Ungooroo started using Telehealth for general appointments, giving test results and follow-ups, and we will soon start to use it for medications too with the rollout of e-script," she says.

"Its flexibility has been one of its greatest features. For example, if someone has an appointment but can't make it to the clinic, we can offer a phone consult instead and still bill Medicare. It fills that gap and definitely reduces the problem of, 'Fail to Attend' in appointments. The doctors also love it because they can do follow-up appointments much more efficiently."

Brooke says the Ungooroo team was able to adjust quickly to the new way of working although, because of the urgency, it was a bit of a scramble to set the technology up, write new procedures and adjust to the new way of working.

Communicare CQI Training

This two-day training program held in Sydney and Dubbo in April 2021 was developed to assist AH&MRC Communicare users with:

- How to set up a database.
- + The importance of service detail.
- + Basic data entry.
- My Health Record.

CAT4 Training

The CAT4 (Clinical Audit Tool), is a platform used for population health. It supports services to drive data-driven quality improvement in the practice. We delivered one-on-one training sessions to four Member Services during site visits on:

- + The functions of the audit tool.
- How to use filters.
- + How to use the reports to create CQI activities.

NDIS readiness

The SPQ Team offers tailored support to ACCHOs at every stage of their NDIS readiness, from Member Services that are established NDIS Providers, to ACCHOs that are building their capacity to become NDIS providers. This year the SPQ Team ran training and events for the ACCHO workforce including:

NDIS information sessions

The SPQ Team held information sessions for ACCHO staff to gauge concerns around the provision of NDIS services in their local communities. The information sessions were highly constructive and successful in:

- Helping staff identify areas of improvement in community engagement and service delivery.
- Providing a platform for ACCHO staff Member Services to raise their concerns.
- Sharing knowledge on how to improve current systems.

NDIS training

Using the learnings from the NDIS Information Sessions, the SPQ Team tailored training for ACCHO. The training covered important topics including:

- + Who's who in the NDIS?
- + NDIS principles and foundations.
- NDIS eligibility and access.



CQI Medicare Training Peak Hill



Accreditation Pro Workshop Dubbo



AccreditationPro Workshop Coffs Harbour



AccreditationPro Workshop Sydney

Ethics at AH&MRC

"In 2020-2021, the Human Research **Ethics Committee continued to review** research proposals to ensure research involving Aboriginal communities in NSW is community controlled and culturally appropriate."

Michael Doyle, HREC Researcher

The AH&MRC HREC membership consists of a diverse mix of Aboriginal health and legal professionals, community members and medical doctors who each bring their varied expertise and experiences in Aboriginal health and research.

In 2020-2021, the HREC (through extra resourcing, capacity and streamlined processes) reviewed a record number of applications this year:

New applications: 152 Annual Progress Reports: 142 Amendments: 189 Publications: 94

Total reviews: 577

HREC recruitment

In 2020-2021, the HREC applied to AH&MRC's Board to overturn HREC membership quota. The request was permitted and, in line with this, the HREC was able to recruit additional Member Services and an external reviewer. This freed up capacity and shared the workload for the HREC to meet the volume of applications it was receiving.

17 HREC Member Services.

8 new Member Services.

30 external reviewers.

New ethics page

This year, the Ethics Team focused on improving the user experience of the AH&MRC ethics section of the website. The Ethics Team worked with the external web developers to design a new webpage that centralised all the relevant ethics information and resources. The new ethics page is intuitive to navigate and researchers can find everything they need in one place, including:

- Biographies of HREC members.
- + Relevant templates and guidelines.
- Steps on how to submit an ethics application.
- + Login portal to Submittable.

Created and updated resources

The Ethics Team invested a considerable amount of time and effort into updating and creating new resources to assist researchers with their applications, and guide the development of research submissions:

- Created 6 statements.
- Updated 30 resources.

Ethical guidelines

- + 332 downloads
- 200 copies printed
- Distributed to Ethics Committees across NSW

HREC meetings

The HREC meetings, usually held in-person at AH&MRC, were moved online in March 2020 because of COVID-19. The Ethics Team and the HREC held 8 meetings this financial year to address ongoing ethics applications and field new ones.

Timeline

6 October 2020

HREC met out of session

19 April 2021

HREC and Western **Australian Aboriginal Health Ethics** Committee (WAAHEC) met with the NH&MRC

11 May 2021 HREC Committee Meeting

All parties determined that further consultation is required

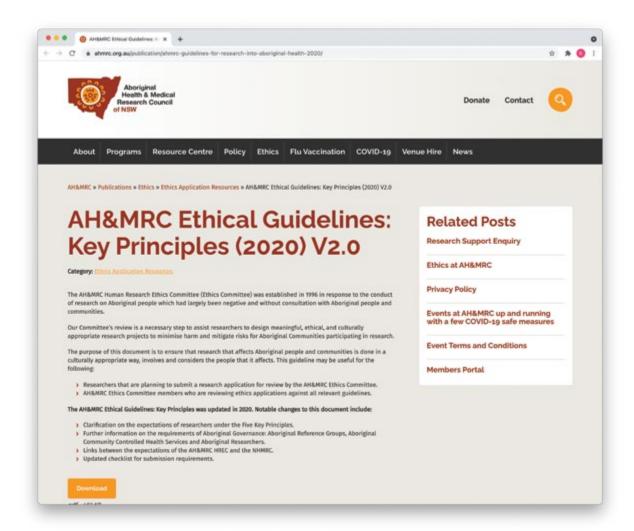
Further consultation to occur

2021 - 2022 financial year

At each meeting, the Ethics Team organised for external presenters to provide important updates for ethical consideration. One notable presentation was undertaken by the Sydney Children's Hospital Network HREC Chairperson and Executive Officer. They gave a presentation on the specific ethical issues pertaining to research with children.

NH&MRC public consultations

In 2020, the National Health and Medical Research Council (NH&MRC) proposed changes to the National Statement on Ethical Conduct in Human Research. The NH&MRC conducted a public consultation process to gather the publics views and feedback on the changes. The proposed changes sought to remove chapter 4.7, on Aboriginal and Torres Strait Islander people. The HREC did not agree with the proposed changes and strongly advised that Aboriginal and Torres Strait Islander people remain identified as a population that require protection and cultural safeguards when it comes to research.



Policy and Partnerships

"Too often, the voices of our Member Services and their communities are not represented in health policy in NSW. The Policy Team was created to address this imbalance. The Policy Team lobbies governments to make legislative and policy reform to reflect the pivotal role ACCHOs play in the NSW Health system." Margaret Cashman, Director of Ethics, Policy and Research

The Policy Team is made up of three dedicated Policy Officers and Director of Policy, Ethics and Research, who advocate for policy reform on behalf of AH&MRC and our Member Services. The Policy Team works closely with our Member Services to identify their policy priorities and elevate their voices through evidence-based:







Policy papers

Policy submission

Policy reports

In the 2020-2021 financial year, The Policy Team worked on several key programs including:

Closing the Gap (CTG)

The Policy Team worked to advance NSW progress of CTG through its involvement and advocacy work on behalf of CAPO NSW. The AH&MRC pursued strong community consultation and engagement in the design and development of the NSW Jurisdictional Implementation Plan on CTG. The first iteration of this plan has been approved and the AH&MRC will continue to advocate for ACCHO sector involvement in addressing the priority reforms of the new CTG agreement.

Maternal health

Studies have shown that the health of Aboriginal mothers and their babies improves when they have access to antenatal and postnatal care through ACCHOs. In line with this, The Policy Team is advocating for increased funding and policy reform to improve access to culturally competent maternal health services and programs run through our Member Services.

The Policy Team is in the process of creating an advocacy booklet showcasing the diverse models of maternity services available in three of AH&MRC's Member Services. The information in the booklet is based on research trips to participating ACCHOs.

Policy Advisory Group

The Policy Team created the Policy Advisory Group for Member Services to discuss any barriers and issues they are facing in terms of service delivery, as well as to highlight strong local solutions developed by communities.

AH&MRC's Policy Advisory Group welcomes CEOs or delegates from Member Services to:

- Share their views on important policy issues impacting the Aboriginal Community Controlled Sector.
- Provide feedback on current priorities.
- Review policy submissions developed by our Policy Team.

Policy submissions

Through consultation with the Policy Advisory Group, the AH&MRC was able to respond to a range of policy pieces in the 2020-2021 financial year. In addition, The Policy Team prepared a pre-budget submission for the NSW Treasury Department, advocating for increased funding for mental health and suicide prevention, youth, cancer care and regional network funding. The NSW Government has since committed \$43.7 million to the ACCHO sector in NSW.

"The Policy Team advocate for policy reform and hold governments accountable for their funding commitments to the ACCHO sector." Robert Skeen, AH&MRC CEO

Policy and partnerships achievements

2

6

200

Invited to present at 2 Parliamentary Enquiries.

Wrote 6 policy submissions.

Printed and distributed 200 copies of AH&MRC's Policy Priorities Booklet.

The Business Development Team

"In 2020-2021, the Business Development Team continued to support Member Services to increase their financial and business sustainability" Melissa Sutton, Business Development Manager

The Business Development Team (inclusive of a Venue Hire and Events Coordinator and Business Development Manager), work to:

- Make the business arm of AH&MRC and Member Services profitable.
- + Drive sustainable income.
- Provide security in an ever-changing funding landscape.

Helping Member Services achieve business and financial sustainability

The Business Development Team works with Member Services to identify untapped income streams and tailor business sustainability plans in accordance. The business sustainability plans are mapped out over a three-to-four-year period and provide implementation details on how to generate income in the following areas:

- + Business partnerships
- + Commercial
- Investment
- Philanthropy.
- + Fee for service.

The team provided 18 Member Services with business sustainability plans in the 2020-2021 financial year. Each plan involves an on-site visit to brainstorm and a follow up visit to finalise the details of the plan.

Indigenous Health Workforce Traineeship Program

In 2020-2021 the Business Development Team applied for, and were successful in being awarded, a grant for the Indigenous Health Workforce Traineeship (IHWT) Program. As a result, we will be able to recruit trainees in the new financial year. The IHWT Program aims to improve access to culturally appropriate health care services by building the number of Aboriginal and Torres Strait Islander people in the primary health care workforce.

Strategic Plans

The Business Development Team supported one Member Service to develop a Strategic Plan for their ACCHO. This involved helping them identifying the health needs of the local community and articulating their vision for the ACCHO moving forward. The overall focus was developing plans with community control at the foundation and reinforcing the values of the ACCHO and the communities they serve.

Venue hire

The AH&MRC Little Bay Campus is a bright, spacious and culturally-rich venue overlooking the beach. The venue's three board rooms (Naamba, Djiibang and Baan Baan) and auditorium (which can accommodate upwards of 100 people) can be hired as venue spaces by external organisations.

Venue hire was paused due to COVID-19, but the team quickly adapted once restrictions lifted and implemented a COVID-19 safe strategy. While venue hire bookings were closed, the team was hard at work upgrading the venues AV facilities, creating a 3D virtual tour and venue hire video, and expanding their marketing activities.

Business Development Team achievements

Business development and sustainability plans

+ 18 Member Services

Strategic plan

+ 1 Member Service

Traineeship program

 \$3.6 million of grant funding secured for over three years to employ approximately 20 trainees.

Venue hire

Facilitated 22 bookings

"Very warm, helpful and inclusive staff and space. It was such an honour to be included in the Sorry Day and Reconciliation Week ceremonies. The space was also light, open and beautiful views that really assisted the healing space."

Mental Health Coordinating Council - May 2021



Venue hire in the age of COVID-19

Venue Hire and Events Coordinator, Danni Li, soon adapted venue hire at AH&MRC to make sure all events were COVID-19 safe. We asked Danni what's changed in-light of COVID-19, how she is enjoying her role and how events at AH&MRC work:

How have events at AH&MRC changed considering COVID-19?

Events at AH&MRC are running as usual with a few measures in place to ensure all our visitors and staff are in a COVID-safe environment. These include a check in form for guests to fill out with details of recent travels and any COVID-19 symptoms they might have, plus a mandatory digital check in facility.

We also have plenty of hand sanitizer, disinfectant wipes, masks and gloves for guests to use.

We have also changed our catering processes to prevent the second touch of food and beverages. We now only provide individual packages for food, single-use cutlery and singular tea and coffee bags to our guests.

What's your most memorable event from your time working at AH&MRC?

Definitely the Kinchela Boys Home event at NAIDOC week in 2020. Elders from Kinchela Boys Home came into our Little Bay Campus to talk to us about their personal experiences and the Stolen Generations. The event was a perfect example of how AH&MRC's venue is such an intimate and culturally respectful place. This was highlighted throughout the day with regular yarning sessions that gave everyone an opportunity for their voice to be heard.

Why should people hire a venue at Little Bay?

Our venues are suitable for a range of events including corporate functions, workshops, notable speakers, team building and cultural days. Previous clients include Cancer Institute of NSW, the Ministry of Health, TAFE and La Perouse Council. Our venues are also appealing because of their cultural value, as well as having lots of natural sunlight and ocean views.

We also have connections to local cultural tours and activities and can help organise these for guests. Guided bushwalks and tours of the La Perouse area can help to promote an understanding of Aboriginal culture and history. Additionally, the AH&MRC is a not for-profit organisation so any income created from venue hire goes directly into helping deliver programs for our sector and helping the AH&MRC achieve financial sustainability.

What does a typical workday look like for you?

I'm usually touching base with clients and planning their events. I'm constantly updating floor plans and contracts to make sure the venue is tailored to the client's needs. My main goal is to help clients bring their events to life in the way they imagine. AH&MRC is a place of working together in unity and it is my hope that every guest leaves feeling connected to culture and having had a positive experience.

When you are not organising events, what do you like to do in your free time?

I love photography and spending time with animals, especially rescue dogs. I also love road trips and travelling as it gives me the opportunity to wind down, appreciate the beautiful land we live on and capture these moments as photographs.



Gujaga host event at AH&MRC

Venue hire at AH&MRC



Sorry Day finger painting at AH&MRC



Mental Health Coordinating Council and AH&MRC



Mental Health Coordinating Council event at AH&MRC



Sorry Day Welcome to Country at AH&MRC

Section 4

Our Public Health Response

COVID-19

In the 2020-2021 financial year the AH&MRC supported Member Services with the ongoing COVID-19 outbreak. This year AH&MRC turned their efforts toward the roll-out of the COVID-19 vaccine and ensuring Member Services had access to resources, PPE, staffing and communications to roll out the COVID-19 vaccine.

COVID-19 PPE

September 2020

100

100 PPE gowns

6

Sent to 6 Member Services

14k

14,000 Cloth masks & hand sanitiser 47

Sent to 47 Member Services

COVID-19 vaccine roll-out



30

Assisted 30 ACCHOs

Astra Zeneca vaccine roll-out



4

Assisted 4 ACCHOs

Pfizer vaccine roll-out

COVID-19 communications

Weekly meetings

The AH&MRC COVID-19 Team held weekly meetings for Member Service CEOs to raise any concerns they had around COVID-19. The AH&MRC COVID-19 Team invited senior health officials, including NSW Chief Health Officer Kerry Chant, to these meetings so they could relay timely information to Member Services and for CEOs to ask any questions they may have around the COVID-19 vaccination roll-out.

COVID-19 CEO updates

The AH&MRC provided regular updates to CEOs through a weekly email communicating all relevant information around COVID-19 grants, communications assets, COVID-19 training opportunities and important meetings. For timely updates, including grant closing dates, workshop and webinar reminders and survey response reminders, the AH&MRC sent SMS updates to all Member Service CEOs.

Yarn Up - addressing vaccine hesitancy

During the initial stages of the vaccine roll-out a lot of misinformation and anti-vaccine sentiment was spreading in Aboriginal communities in NSW. To address vaccine hesitancy, the AH&MRC created the Yarn Up Campaign. The key message of the campaign was for Aboriginal people to have a discussion with someone they trust, like an AHW or GP at their local AMS about the COVID-19 vaccine. The guiding insight was that a GP or Health Worker would provide a reputable source of information and provide vaccine advice tailored to the patient.

Yarn Up about the COVID-19 vaccine

AH&MRC engaged 33 Creative to create the Yarn Up branded campaign inclusive of posters, social media tiles, email and web banners. The digital assets were shared with Member Services and the posters were printed and distributed to Member Services administering the COVID-19 vaccine. The campaign branding was designed using Yulul-gi Munan, an artwork created by Madison Connors at the start of COVID-19.

Yarn Up T-shirts

The AH&MRC engaged Yilay Creative to design Yarn Up T-shirts using elements of the Yulul-gi Munan design. The T-shirts were created to help community members identify staff members who could provide information about the COVID-19 vaccine, especially older people, who may not be able to access information online.

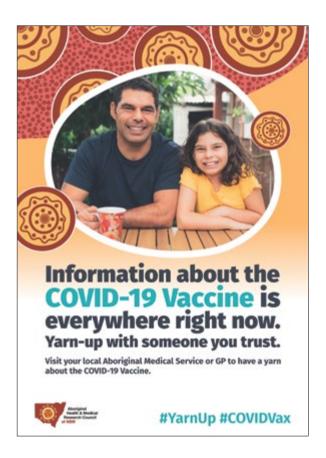
Yarn Up videos

The AH&MRC engaged external video consultants Laundry Lane to create a Yarn Up video. The video featured staff and a GP from Awabakal AMS. The key message was for members of the community to turn to someone they could trust to provide tailored health information on the vaccine based on their individual health needs

Promoting COVID-19 testing with Swab 4 Mob

In response to low COVID-19 testing rates in Aboriginal communities across NSW, the AH&MRC created the Swab4Mob campaign. The Swab4Mob campaign, run across AH&MRC social media channels, used local champions to encourage Aboriginal people to get tested for COVID-19 and Swab4Mob. The key insight was that if members of the community saw someone they trusted and respected getting a COVID-19 test, they would too.

We asked AH&MRC CEO Robert Skeen and staff Shana Quayle, Arthur Little and Beverley Moreton, and Member Service CEOs Kane Ellis and Darryl Wright, to feature in 5 Swab 4 Mob videos. In addition to the videos, 33 Creative designed a series of Swab4Mob social media tiles to post COVID-19 testing messages.



Yarn Up achievements



Yarn Up Video

- Played in 52 AMSs across NSW
- + Reached 290,990 people
- + Played **47,810** times

#YarnUp

- + **12** posts
- + 6 tiles
- 1,132 engagements

3 posters

- + 20 distributed to 47 **Member Services**
- + 43 downloads



- **15,908** views

T-shirts

- + **20** shirts
- Distributed to 39 AMS

Swab 4 Mob achievements



#swab4mob videos

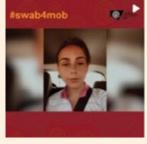
- **5** videos
- 485 YouTube views
- 1,095 Instagram video





#swab4mob

- + **38** posts
- **33,128** views
- + 3,572 engagements



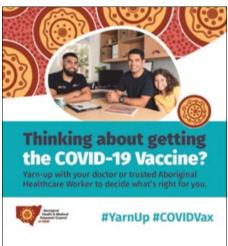




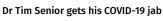














AWAHS wear Yarn Up Tshirts





Dr Kerry Chant fields questions at COVID-19 Meeting

Flu vaccination

This financial year the AH&MRC continued to support Member Services in the delivery of the flu vaccination to Aboriginal communities across NSW. AH&MRC supported Member Services in their flu vaccination roll-out, ensuring Member Services had adequate supply and staffing to administer the flu vaccination. The AH&MRC also worked on creating culturally appropriate assets to promote flu vaccination to Aboriginal communities.

This year's flu vaccination campaign was complicated by the COVID-19 vaccine roll-out. The AH&MRC had a small window to promote flu vaccination, before our ACCHOs began administering the COVID-19 vaccines to their communities.

The key message AH&MRC wanted to communicate is that getting the flu shot is the best way to stay healthy and strong against the flu. The AH&MRC identified three key audiences for the flu vaccination campaign, and tailored messaging accordingly:

Elders and people with chronic health issues

Messaging: Getting the flu shot reduces your chances of serious illness as a result of the flu.

Mums and bubs

Messaging – Getting the flu shot will provide immunity for you and your unborn baby.

Community members

Messaging – Getting the flu shot will help protect your family and community from the flu.

Flu vaccination assets

The AH&MRC engaged 33 Creative, an Aboriginal Creative Agency, to create flu vaccination assets including videos, posters, social media tiles and web banners to promote to our key audiences. These digital assets were shared with our Member Services in order for them to promote flu vaccination to Aboriginal communities.

Flu vaccination videos

Because videos have consistently proven to be the top performing content in terms of engagement, AH&MRC commissioned 33 Creative to create two short videos filmed at Tharawal AMS, featuring Tharawal AMS CEO, Darryl Wright and Senior Aboriginal Health Worker, Kelly Briggs.



Flu Vaccination Campaign Achievements



Videos

Keep our mob safe from the flu

- + **300** views
- + 93 engagements

Keep our Elders safe from the flu

- + **132** views
- + **16** engagements



Social Media

#FluShot

- + **20** posts
- + **11,721** views
- + 696 engagements

Flu vaccination posters

- 3 Posters
- + **73** Downloads



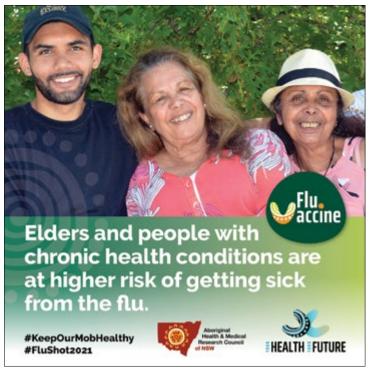
Website

Flu vaccination page

- + 612 visits (+ 68% year on year)
- **2 mins 42 seconds** average time on page (+ 45% year on year)









Bushfire safety – plan, prepare, protect your mob

The 2019–2020 bushfires had a devastating effect on Aboriginal communities along the east and south coast of Australia, highlighting the need for resources to help Aboriginal communities prepare for bushfire season. Member Services in impacted regions, shared their insights and learnings so Aboriginal communities can be bushfire ready in the future.

Information provided by Waminda South Coast Women's Health and Welfare Aboriginal Corporation, Katungul Aboriginal Corporation Regional Health and Community Services and Illawarra Aboriginal Medical Services guided the development of resources including a video, activity books and factsheets with the aim of getting communities bushfire ready.

Bushfires happen unexpectedly and can spread rapidly – for this reason AH&MRC guides contain a bushfire plan for communities that can be implemented quickly and recommends leaving early as the safest option.

Bushfire safety plan video

The AH&MRC produced a video featuring AH&MRC's Cultural Responsiveness Engagement Officer, Arthur Little, on how to make a bushfire safety plan for your mob.

+ 145 views

Getting your mob bushfire ready interactive book

The AH&MRC created an activity book for families to plan what to do in the event of a bushfire. The interactive guide goes through a step-by-step approach on how to prepare and protect your mob from bushfires.

Preparing your mob factsheets

The AH&MRC created seven factsheets to provide information and guidance on how to prepare your mob, prepare your home, read bushfire danger ratings and alerts, and stay socially and emotionally well.











2020 NAIDOC Week Portrait Series

AH&MRC celebrated NAIDOC Week a little differently in 2020. In place of community events, which were cancelled because of COVID-19, the AH&MRC hosted the 2020 NAIDOC Week Portrait Series. AH&MRC's social media followers were asked to nominate someone who they believed made a significant contribution to the health of Aboriginal people in NSW. From the abundance of nominations, AH&MRC's Board of Directors selected five nominees – Steven Taylor, Melanie Briggs, Phillip Naden, Donna Taylor and Uncle Terence Donovan.

The AH&MRC commissioned Marley Morgan, photographer and owner of Barefoot Wandering, to photograph the series. She travelled to regional and remote locations across NSW including Coffs Harbour, Cowra, Coonamble, Moree and Nowra to photograph our five nominees.

The nominees were asked to share a story about what the 2020 NAIDOC Week theme 'Always Was, Always Will Be' means to them. The portraits and accompanying stories were shared on AH&MRC's social media throughout NAIDOC Week. The portraits delivered high engagement across social media and helped to keep the NAIDOC Week community spirit alive despite events being cancelled.



Marley Morgan

"NAIDOC to me is about community and coming together to celebrate black excellence, language, connection to Country, cultural identity and our 65,000 plus years of survival.

It's a chance for Australians of all walks of life to come together to learn and celebrate the world's oldest living continuous culture."

About the photographer:

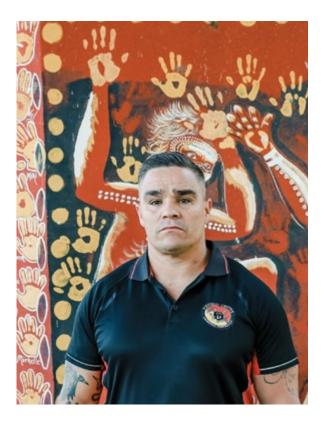
Marley Morgan is a proud descendant of the Wiradjuri and Yuwaalaraay nations.

She is the matriarch and mother to two wild boys and partner to a handsome First Nation man named Josh.

Marley is based in Coffs Harbour on the Mid North Coast and can often be found photographing barefoot, climbing trees or getting muddy to get the perfect capture.

She is a passionate believer in keeping culture alive through learning from it, growing through it and passing it on to our next generation.

Barefoot Photography: https://www. barefootwanderingphotography.com.au/about



Steven Taylor

"This year's theme 'Always Was, Always Will Be' says it all. The Country always was and always will be Aboriginal land.

Our connection to Country, water and sky have never been lost. Thanks to our Elders, the fire keeps burning within us all."

Reason for nomination:

Steven Taylor is an AOD Worker at Weigelli Residential Rehabilitation Centre. Steven has been working in AOD for nearly 10 years, supporting Aboriginal people, their families and Communities to reduce the impacts of substance misuse.

By highlighting the importance of Aboriginal culture and lifestyle (both traditional and contemporary), Steve uses a holistic approach to help clients maintain positive lifestyle changes. He works one on one with clients in care planning, social and emotional wellbeing and AOD education to prevent clients from relapsing.

His invaluable experience and wealth of knowledge aid him in delivering counselling and improving outcomes for Aboriginal people in recovery. Steven has volunteered to be a coach and mentor to others, providing his extensive insight into Aboriginal dance and culture. Steven hosts free dance lessons for the Community to sustain crucial links to Country and culture. This gives our youth a sense of belonging, identity and purpose.



Melanie Briggs

"Always Was Always Will Be. My bloodline connects me to my children, my family, my country and my ancestors. This line can never be broken and never be taken from me or my children, for the blood of my ancestors flows through our veins. The truth is we were always here, wandering this land for thousands of years. Even though science has proven it, we can actually feel it. It's a power beyond this world that can only be felt by our people.

Our connection goes deeper than the physical world, it lies deep within the spirit of ancestors before us. They guide us into the future and give us a purpose. Keeping true to our ancestors, we will always care for country to ensure our future generations will thrive and grow to be strong, resilient and to keep the bloodlines going for thousands more years.

We are here, we always have been here, and we always will be here – subconsciously connected to each other and the land. Each and every Aboriginal person holds a sense of knowing and belonging to one another and to country. Our connection can never be broken. – Always Was Always Will Be"

Reason for nomination:

Melanie Briggs was nominated for the NAIDOC Week Portrait Series because of her amazing work as a midwife at Waminda and for her leading role in the Birthing on Country project, which integrates traditional birthing and modern midwifery practices.

Melanie has worked tirelessly to advocate for, support and raise funds for the Birthing on Country project providing Aboriginal women with a culturally safe place to give birth.

Her significant work toward closing the gap in Aboriginal and infant mortality for Aboriginal and Torres Trait People in NSW should be acknowledged and celebrated.



Phillip Naden

"As a young 47-year-old man, yet to hit the milestone of Eldership, I reflect on two times in my life that feel worlds apart; my youth and now.

'Always was Always will be' were not words I heard as a young person, but as time goes on and my living status, memory and tradition changes, so have our conversations.

As a young man I grew up not fully understanding the true impact of who we are as people because our lives, through colonisation and policy, were controlled to a point whereby we were taught to think a certain way and put behind us the history of our ancestors.

I was never told our dream times stories but, as kids, we did practice a little of our traditional values and always had a high amount of respect for our elders. With the limited traditional values that were shared, we were never told the truth of who we really were as people to our own country.

The way I look at my childhood and the way I reflect upon it now, makes me feel frustrated that I was never told the truth. I can remember as a young person, that my life was good, I was happy, I had some really good friends, our family was accepted in community and I had really supportive parents, but years later I realised that the true story of our Aboriginal Australia was never told to us.

My memory through intergenerational history, tells me that what I wasn't supposed to learn, was the truth of what I was meant to hear. History suppressed our memories.

I can remember sitting in my class in my Primary School days and singing songs such as, "toorali-oorali-addity, singing toorali-oorali-ay, singing toorali-oorali-addity, and we're bound for Botany Bay." I loved the tune. I sang this song with pride but never recognised until years later that I was actually singing a song that had no connection to me as an Aboriginal person. This was my childhood culture.

I experienced racism, had to fight for my independence, was oppressed to think another way, experienced intergenerational trauma through the removal of grandparents on my mother's side and experienced the despair of dispossession.

I always knew I was Aboriginal and I always knew that my growing up was different, but it didn't stop me from being who I am now. I now know more about my history, the pain, the suffering and the hurt that our ancestors went through and I allow this piece of history to motivate me to teach our kids and the wider community about our struggles and the true culture of being Aboriginal:

- · The dispossession,
- The removal,
- The racism,
- The policies,
- The Government,
- My people.

The culture you see today is not the culture of who we are. Traditionally, our values are represented through spiritualty, kinship and connection to country. I cannot change history, but I can be involved in the truth-telling of our history. Always was, always will be.

Reason for nomination:

Phillip Naden has done remarkable work in improving the health and outcomes of Aboriginal people and the Communities he services in his role as CEO of both Coonamble and Dubbo AMS. Phillip is well-respected in his community, being elected as CEO of Aboriginal Legal Services NSW in 2012.

He is committed to enhancing the health care services provided to Aboriginal people in NSW. As Chairperson of the Board at AH&MRC, he has worked tirelessly to unify the Aboriginal Community Controlled Healthcare Organisations across NSW.

Phillip should be recognised for his pivotal role in implementing AH&MRC's regional service delivery model; a model aimed at improving Aboriginal people's accessibility to comprehensive healthcare services in NSW.



Donna Taylor

"Yaama, my name is Donna Taylor, and I am a strong Gomeroi Yinaar from Moree. I have dedicated most of my life to the ACCHO sector, commencing work for Pius X Aboriginal Corporation as a Trainee Bookkeeper in 1987, and eventually becoming Chief Executive Officer in 2004.

To me, "Always Was Always Will Be" means that our people were the first to walk on this continent and maintain connections to our culture and spirituality to this day, whether those connections are to the land or sea. We have been here from when time began and will be here well into the future."

Reason for nomination:

Donna has been an inspirational leader in her community for over 16 years. She has done this by advocating for funding and projects in Moree that enable community to reclaim their culture.

Donna has supported the community in sorry business time by providing resources for mourning families and advocating for services to support social and emotional well-being and healing.

In her role as CEO of Pius X, Donna has supported many services including outreach medical/ nursing/ health worker clinics to Toomelah and Mungindi to address the health needs of the community, including the provision of medical, dental and visiting specialists.



Uncle Terence Donovan

"As a proud Gumbayngirr and Biripi man I am spiritually and culturally connected to this country.

My ancestors have cared for it, from the time of creation and I have lived my culture every day.

Aboriginal culture is a way of living within the environment you are born into. A learned way of surviving within the environment, an environment that our people have carved from the land. Mother Earth.

Learning to live in harmony with the animals, the birds, the land and the seas. Respecting the people and all that live on this earth.

We remain the oldest continuing culture on the planet as we acknowledge that our sovereignty was never ceded."

Reason For Nomination:

As a valued Elder and also a member of the Aboriginal Health and Ageing Program at NeuRA, Terry has become a most valued advocate for Aboriginal people living with dementia.

He participates in research programs gathering stories around dementia in his community whilst also supporting people living with dementia with the appropriate resources and information to enhance their quality of life.

Terry has made remarkable contributions to improving the health and wellbeing of Aboriginal people and their communities.

NAIDOC Week portraits

Social media performance

f © 5

13 Facebook, Twitter and Instagram posts





40k+

2,161

40,573 views

2,161 clicks





289

56

289 likes

56 comments





Relationships, recognition and trust: community control success stories from the NSW south coast

For the people of the Tharawal nation, on the lands now known as the NSW South Coast, the challenges of 2020 have been relentless, with bushfires, flooding and the novel coronavirus pandemic representing something of an unholy trinity.

"This year has been really difficult. We've had the trifecta – fires, then floods, then COVID. It's had a massive impact," explains Uncle Darryll Farrell, from the South Coast Medical Service Aboriginal Corporation (SCMSAC).

Servicing a huge swathe of the Shoalhaven, from Gerroa to the Victorian border, SCMSAC operates eight sites and offers a range of services including family support, permanency support for children in out-of-home care, health, and wellbeing. One of its headline programs is Tackling Indigenous Smoking, or TIS, which is overseen by Farrell and is part of a Commonwealth-funded effort.

Farrell knows all too intimately what a toll smoking can take, on families and communities. His father was a heavy smoker and had emphysema, and "growing up in an Aboriginal community, lots of my uncles and aunties died from smoking, and lots of young people smoked. It was everywhere," he says.

This was why, though he had previously worked for Anglicare and NSW National Parks, Farrell says he jumped at the chance to join the TIS program.

"When the opportunity came along to educate the community about smoking and the harms, I was very happy to take it on."

Read more at <u>Croakey.org</u>





Proactive partnership: community control success stories at Bulgarr Ngaru

As the coronavirus pandemic threatened to erupt across Australia, Bulgarr Ngaru Medical Aboriginal Corporation acted swiftly, in community partnership, to keep Bundjalung Country safe on the NSW north coast.

As the first wave of COVID-19 swept across Australia and health services stepped back from business as usual, the team at Bulgarr Ngaru Medical Aboriginal Corporation asked themselves a different question: how can we step in?

An ACCHO on Bundjalung Country, Bulgarr Ngaru were acutely aware of the risks to the communities they service along the NSW North Coast, from Grafton through to Tweed Heads on the Queensland border.

"Cases from cruise ships and intestate travellers were beginning to filter into the region, and the Service knew they had to get on the front foot," explains GP Hannah Visser.

"We made a list of patients we thought might be at risk and started providing welfare checks. An AHW or a nurse, sometimes a doctor would call them weekly to make sure they were OK," she says.

"It wasn't just medical, either," adds Marnie Smith, who is the Quality Improvement Officer at Bulgarr Ngaru. "We'd make sure people had access to food and things like that."

Like primary care providers across the country, Bulgarr Ngaru had to adapt its operations in response to the pandemic.

Read more at Croakey.org

Maintaining connection: community control success stories at Orange Aboriginal Medical Service

Orange Aboriginal Medical Services worked in new ways through the pandemic to keep both its community and its staff safe and healthy. It also launched a new men's health project that, amid all the turmoil of the pandemic, delivered great outcomes for individuals and the community.

During the COVID-19 pandemic, Orange Aboriginal Medical Service (OAMS) placed great importance on staying open to ensure continuity of care for their clients and that it took care of staff too during such a challenging time.

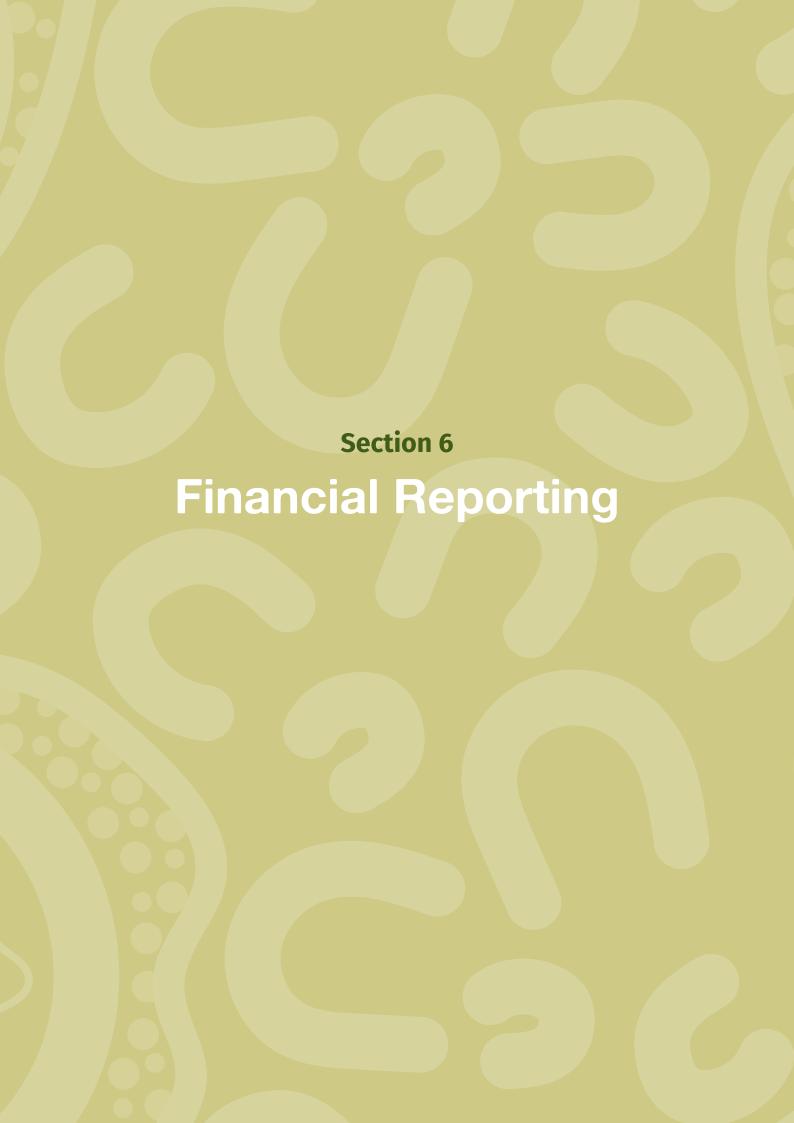
"OAMS is more than just a primary health care service, it is a cultural hub. So, throughout all the challenges of the pandemic, it was important for the organisation to maintain connection to its community," said Chief Executive Officer Jamie Newman.

"Closing our service was never entertained," he said.

OAMS is a community controlled, owned and operated organisation that has been providing medical and primary health care services to the local Orange community in central western NSW since 2005. It also offers dental outreach services to the surrounding regional centres of Bathurst, Cowra, Parkes and Forbes.

Like all health care services across the country, it had to change the way it delivers services during the COVID-19 pandemic.

Read more at Croakey.org





Aboriginal Health and Medical Research Council of NSW

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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 2021, 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.

CROWE AUDIT AUSTRALIA

Crowe Audit provalia

John Thompson Audit Partner

Registered Company Auditor No. 302046

Dated at Orange on the 2nd day of September 2021

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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Statement of Profit or Loss and Other Comprehensive Income

For the year ended 30 June 2021

	Note	2021 (\$)	2020 (\$)
Revenue	5	9,852,100	8,129,335
Other revenue	5	509,650	1,326,096
Employee benefits expenses		(4,667,063)	(3,699,347)
Travel and accommodation expenses		(505,198)	(472,457)
Audit, legal and consultancy expense	6	(575,871)	(603,750)
Rent and occupancy expenses	6	(39,864)	(465,478)
Venue expenses		(360,642)	(236,984)
Repairs and maintenance expenses		(102,246)	(404,149)
Computer software & consumables expenses		(181,551)	(155,130)
Depreciation and impairment expenses	6	(581,190)	(495,480)
Programs and promotion expenses		(2,168,573)	(3,923,052)
Printing and postage expenses		(47,408)	(90,777)
Telephone expenses		(75,841)	(86,526)
Motor vehicle running expenses		(29,686)	(22,385)
Recruitment and training		(73,104)	(81,349)
Other expenses		(259,773)	(210,270)
Surplus/(deficit) before income tax		693,740	(1,491,703)
Income tax expense			
Surplus/(deficit) for the year		693,740	(1,491,703)
Other comprehensive income		<u> </u>	-
Total comprehensive income for the year		693,740	(1,491,703)

Statement of Financial Position

as at 30 June 2021

	Note	2021 (\$)	2020 (\$)
Assets			
Current assets			
Cash and cash equivalents	7	2,489,289	1,703,526
Trade and other receivables	8	385,500	550,974
Other financial assets	9	4,087,499	4,060,019
Other assets	10	1,534,335	427,306
Total current assets		8,496,623	6,741,825
Non-current assets			
Property, plant and equipment	11	14,125,161	14,323,214
Intangible assets	12	34,920	24,024
Total non-current assets		14,160,081	14,347,238
Total assets		22,656,704	21,089,063
Liabilities			
Current liabilities			
Trade and other payables	13	673,005	590,607
Other financial liabilities	14	1,053	1,705
Other liabilities	15	1,422,732	649,701
Short-term provisions	16	2,075,220	2,065,974
Total current liabilities		4,172,010	3,307,987
Non-current liabilities			
Long-term provisions	16	34,662	24,784
Total non-current liabilities		34,662	24,784
Total liabilities		4,206,672	3,332,771
Net assets		18,450,032	17,756,292
Equity			
Issued capital		50	50
Retained earnings		18,449,982	17,756,242
		18,450,032	17,756,292
Total equity		18,450,032	17,756,292

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the Year Ended 30 June 2021

	Retained earnings (\$)	Total (\$)
2021		
Balance at 1 July 2020	17,756,292	17,756,292
Surplus attributable to members of the entity	693,740	693,740
Balance at 30 June 2021	18,450,032	18,450,032
2020		
Balance at 1 July 2019	19,247,995	19,247,995
Deficit attributable to members of the entity	(1,491,703)	(1,491,703)
Balance at 30 June 2020	17,756,292	17,756,292

The accompanying notes form part of these financial statements.

Statement of Cash Flows

For the Year Ended 30 June 2021

	Note	2021 (\$)	2020 (\$)
Cash flows from operating activities:			
Receipts from grants and other customers		12,275,048	10,436,497
Payments to suppliers and employees		(10,466,814)	(11,401,747)
Interest received		28,542	97,797
Net cash provided by/(used in) operating activities	23	1,836,776	(867,453)
Cash Flows From Investing Activities:			
Proceeds from sale plant and equipment		46,326	-
Purchase of property, plant and equipment		(440,358)	(688,136)
Purchase of financial assets		(656,329)	-
Receipts from investments		-	865,746
Net cash provided by/(used in) investing activities		(1,050,361)	177,610
Cash Flows From Financing Activities:			
Net increase/(decrease) in cash and cash equivalents held		786,415	(689,843)
Cash and cash equivalents at beginning of year		1,701,821	2,391,664
Cash and cash equivalents at end of financial year	7	2,488,236	1,701,821

Notes to the financial statements

for the year ended 30 June 2021

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 2021 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.

Notes to the financial statements

for the year ended 30 June 2021

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

	2021 (\$)	2020 (\$)
Sales revenue		
State/Federal government grants – operating	6,283,732	4,632,325
Other organisations – operating	3,529,336	3,399,213
Total organisations – operating	9,813,068	8,031,538
Interest income		
Interest received from investments	39,032	97,797
Total interest income	39,032	97,797
Total revenue	9,852,100	8,129,335
Other income		
Charitable income and fundraising	28,115	1,052,629
RTO activities	356,512	93,349
Others	125,023	180,118
Total other income	509,650	1,326,096
Total revenue and other income	10,361,750	9,455,431

Note 6 Result for the Year

The result for the year includes the following specific expenses:

	2021 (\$)	2020 (\$)
Expenses		
Rental expense		
Lease payments	-	351,143
Rates, utility and service charges	39,864	114,335
Total rental and occupancy expense	39,864	465,478
Audit, legal and consultancy expense		
Audit fee	52,768	55,600
Legal & professional fee	11,500	20,738
Consultancy expense	511,603	527,412
Total audit, legal and consultancy expense	575,871	603,750
Depreciation expense		
Building – depreciation	115,649	115,649
Plant and equipment – depreciation	397,728	350,987
Fit out – depreciation	2,912	1,250
Motor vehicles – depreciation	58,341	23,363
Website – Amortisation	6,560	4,230
Total depreciation expense	581,190	495,479

Note 7 Cash and Cash Equivalents

	2021 (\$)	2020 (\$)
Cash at bank	2,489,289	1,703,526
Total cash and cash equivalents	2,489,289	1,703,526

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:

	Note	2021 (\$)	2020 (\$)
Cash and cash equivalents		2,489,289	1,703,526
Credit card	14	(1,053)	(1,705)
Balance as per statement of cash flows		2,488,236	1,701,821

Note 8 Trade and Other Receivables

	2021 (\$)	2020 (\$)
Current		
Trade receivables	385,500	466,855
GST receivable		84,119
Total current trade and other receivables	385,500	550,974

Note 9 Other Financial Assets

	2021 (\$)	2020 (\$)
Current		
Term deposit investments	4,087,499	4,060,019
Total other financial assets	4,087,499	4,060,019

Note 10 Other Assets

	2021 (\$)	2020 (\$)
Current		
Prepaid expense	412,494	183,288
Accrued income	22,879	12,387
Other assets	466,391	227,909
Investments	632,571	3,722
Total other assets	1,534,335	427,306

Note 11 Property, plant and equipment

	2021 (\$)	2020 (\$)
Land and Buildings		
At fair value	13,650,000	13,650,000
Accumulated depreciation	(231,299)	(115,649)
Total land and buildings	13,418,701	13,534,351
Plant and equipment		
Work in progress		
At cost	15,297	28,040
Total work in progress	15,297	28,040
Plant and equipment		
At cost	2,025,751	1,899,578
Accumulated depreciation	(1,621,936)	(1,258,979)
Total plant and equipment	403,815	640,599
Motor vehicles		
At cost	233,365	111,713
Accumulated depreciation	(58,341)	(106,724)
Total motor vehicles	175,024	4,989
Office Fit out		
At cost	116,485	116,485
Accumulated depreciation	(4,161)	(1,250)
Total office equipment	112,324	115,235
Total plant and equipment	706,460	788,863
Total property, plant and equipment	14,125,161	14,323,214

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 2021						
Balance at the beginning of the year	28,040	13,534,351	640,599	115,235	4,989	14,323,214
Additions	15,297	_	148,604	_	233,365	397,266
Disposals	_	_	(13,750)	_	(4,989)	(18,739)
Transfers	(28,040)	_	26,090	_	_	(1,950)
Depreciation expense		(115,650)	(397,728)	(2,911)	(58,341)	(574,630)
Balance at the end of the year	15,297	13,418,701	403,815	112,324	175,024	14,125,161
Year ended 30 June 2020						
Balance at the beginning of 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

b / Asset revaluations

Land and buildings were independently valued at 30 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

	2021 (\$)	2020 (\$)
Website development		
Cost	45,710	28,254
Accumulated amortisation and impairment	(10,790)	(4,230)
Net carrying value	34,920	24,024
Total Intangibles	34,920	24,024

Note 13 Trade and Other Payables

	2021 (\$)	2020 (\$)
Current		
Trade payables	393,042	379,697
GST payable	35,066	-
Accrued expense	101,493	117,787
Other payables	143,404	93,122
Total trade and other payables	673,005	590,607

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 Financial Liabilities

_		
	2021 (\$)	2020 (\$)
Current		
Credit card	1,053	1,705
Total current borrowings	1,053	1,705
Note 15 Other Liabilities		
	2021 (\$)	2020 (\$)
Current		
Income received in advance	1,120,546	649,701
Other liabilities	302,186	240,670
Total other liabilities	1,422,732	649,701

Note 16 Provisions

	2021 (\$)	2020 (\$)
Current		
Employee benefits	185,569	176,323
Provisions for building maintenance	1,889,651	1,889,651
Total current provisions	2,075,220	2,065,974
Non-current		
Employee benefits	34,662	24,784
Total non-current provisions	34,662	24,784

a / Movement in carrying amounts - detailed table

	Employee Benefits (\$)	Building Maintenance (\$)	Total (\$)
Current			
Opening balance at 1 July 2020	201,107	1,889,651	2,090,758
Additional provisions raised during the year	19,124	_	19,124
Balance at 30 June 2021	220,231	1,889,651	2,109,882

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 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 Y	ears/	Tota	al
	2021 (\$)	2020 (\$)	2021 (\$)	2020 (\$)	2021 (\$)	2020 (\$)
Financial liabilities due for payment						
Accounts payable and other payables (excluding estimated annual leave and						
deferred income)	636,637	592,311			636,637	592,311
Total contractual outflows	636,637	592,311	_		636,637	592,311
Financial assets – cashflows realisable						
Cash and cash equivalents	2,489,289	1,703,526	_	_	2,489,289	1,703,526
Accounts receivable and other debtors	1,919,835	978,281	_		1,919,835	978,281
Total contractual inflows	4,409,124	2,681,807		_	4,409,124	2,681,807

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 +1.00% and -1.00% (2020: +2.00% and -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.

	202	2021		0
	+1.00%	-1.00%	+2.00%	-2.00%
	(\$)	(\$)	(\$)	(\$)
Net results	40,875	(40,875)	81,200	(81,200)
Equity	40,875	(40,875)	81,200	(81,200)

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 company's investments are held in the following sectors at reporting date:

	2021 (\$)	2020 (\$)
Banking and finance	87%	100%
Shares	13%	-%
	100%	100%

Note 19 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 2021 the number of members was 47 (2020: 46).

Note 20 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:

	2021 (\$)	2020 (\$)
Short-term employee benefits	974,979	555,828
Long-term benefits	2,333	-
Post-employment benefits	100,592	41,259
Total key management personnel remuneration	1,077,904	597,087

Note 21 Contingencies

In the opinion of those charged with governance, the company did not have any contingencies at 30 June 2021 (30 June 2020:None).

Note 22 Related Parties

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

Key management personnel - refer to Note 20.

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 23 Cash Flow Information

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

Reconciliation of net income to net cash provided by operating activities:

	2021 (\$)	2020 (\$)
Surplus/(deficit) for the year	693,740	(1,491,703)
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
+ depreciation and amortisation	581,190	495,480
Changes in assets and liabilities:		
+ (increase)/decrease in trade and other receivables	165,474	332,326
+ (increase)/decrease in other assets	(478,179)	(198,509)
+ increase/(decrease) in trade and other payables	82,397	124,719
+ (increase)/decrease in other liabilities	61,516	20,919
+ increase/(decrease) in income in advance	711,514	(174,299)
+ increase/(decrease) in provisions	19,124	23,614
Cashflows from operations	1,836,776	(867,453)

Note 24 Events after the end of the Reporting Period

The financial report was authorised for issue on 31 August 2021 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 directors declare that in their 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	Deputy chairperson
Phil Naden	Kane Ellis

Dated 2nd September 2021



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

Crowe Audit Australia

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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 2021, 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 2021 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 2021 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.

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John Thompson Audit Partner

Registered Company Auditor No. 302046

Dated at Orange on the 2nd day of September 2021



Looking to the future

This year AH&MRC has led our Member Services through an uncertain period with strength and resilience. AH&MRC has been a port in the storm which Member Services can turn to when they have needed information, guidance and resources during the COVID-19 pandemic.



The impact that COVID-19 has had on the mental health of our communities, as previously predicted, has been monumental. While the physical health burden of COVID-19 has been well-documented globally, across Australia, we are yet to realise the mental health implications of the pandemic in our mob. One of AH&MRCs key priorities for the next financial year will be working with Member Services to identify training, resources and funding, to ensure our communities are getting the help and support they need.

This year we looked at our reporting structure and how it can be optimised to ensure we can best support our Member Services and, in-turn, their communities. The new reporting structure will be implemented in the coming year, and I look forward to seeing the outcomes of the new model, including streamlined services and increased Member Service engagement. In line with the new model, AH&MRC will continue to attract new recruits to bolster the strength of our existing teams, as well as bring new skills, knowledge and a passion for improving the health and wellbeing of Aboriginal people, to their roles.

Regionalisation is a continued priority for AH&MRC, as we work toward providing a tailored approach for our Member Services based on the localised health needs of their communities. Member Service engagement has been a key priority for AH&MRC this year. The teams, Executive Team included, have been on a record number of site visits, to gauge Member Services concerns and tailor strategies to assist.

Our Business Development and Service Performance and Quality Teams have worked tirelessly over this reporting year providing one-on-one supports, resources and information to strengthen the capacity of our members to determine their own destination; this investment lays the platform for future growth in the next financial year.

The AH&MRC has taken an active role within CAPO. In my new positions of Co-chair with New South Wales Aboriginal Land Council (NSWALC) Councillor Charles Lynch and NSW Joint Council for CTG, AH&MRC and our Member Services now have a platform to ensure Aboriginal Community Controlled Organisations have equity in the design and accountability of government programs.

Over the coming year, I look forward to strengthening AH&MRC's position as the peak body for Aboriginal health in NSW and advocating for our Member Services and the communities they service, at every level.

Yours in Unity, Robert Skeen

AH&MRC CEO

Acknowledgments

The AH&MRC would like to acknowledge our 47 Member Services for their dedication to improving the health and wellbeing of Aboriginal Communities in NSW. The roll-out of the COVID-19 vaccines has been difficult, and our Member Services have demonstrated the upmost strength and resilience for their communities throughout this period.

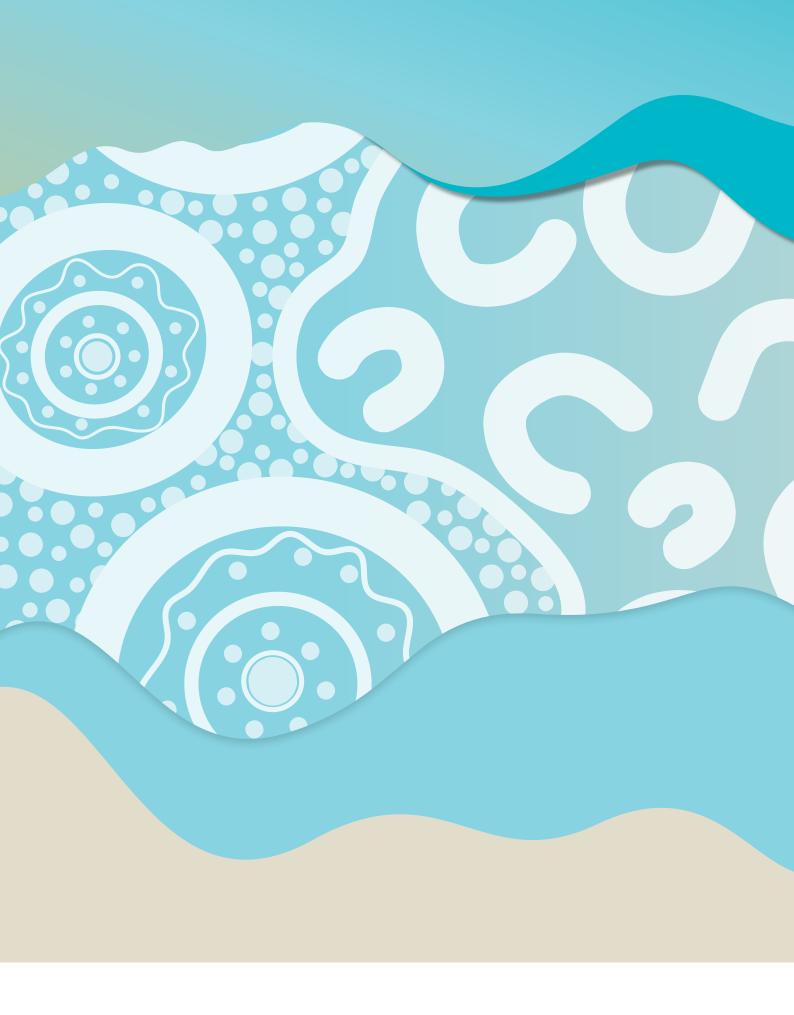
We would like to thank NACCHO, the Centre for Aboriginal Health, the Ministry of Health and our non-government partners for their funding and ongoing collaboration in health promotion activities that assist our Member Services; your support has been instrumental in our sector's response to COVID-19.

A special thanks to Pat Turner and our CAPO affiliates for their work in community consultation and advocacy for Aboriginal communities at a state and national level. We look forward to working together to roll-out the new CTG implementation plan and affect real change in our communities.

And finally, a huge thank you to the staff at AH&MRC. It has been a challenging year, but you have adapted to change and been unwavering in your commitment to improving the health and wellbeing of Aboriginal people across NSW.







AH&MRC

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