

United in our Path Forward

2023–2024 Annual Report



AH&MRC
Aboriginal Health & Medical
Research Council of NSW

Acknowledgement of Country

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

Dedications

This report is dedicated to the hard working staff from our Aboriginal Community Controlled Health Organisations (ACCHOs) across New South Wales. Your unwavering commitment to enhancing the health and wellness of First Nations people is truly commendable. Your efforts on the frontlines, delivering essential services and maintaining the safety of our communities, are invaluable. Your dedication and hard work make a significant difference in the lives of those you serve, and we deeply appreciate the vital role you play in advancing our collective mission. Thank you for your continued excellence and commitment.

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Acronyms

ACCHC	Aboriginal Community Controlled Health Committee	HETI	Health Education and Training Institute
ACCHO	Aboriginal Community Controlled Health Organisation	HREC	Human Research Ethics Committee
ACCHRS	Aboriginal Community Controlled Health Related Service	IAHA	Indigenous Allied Health Australia
ACDAN	Aboriginal Corporations Drug and Alcohol Networks	IHWT	Indigenous Health Workforce Traineeship
ADARRN	Aboriginal Drug and Alcohol Residential Rehab Network	LiLAC	Listen and Learning in Aboriginal Children
AES	Aboriginal Employment Strategy	LHD	Local Health District
ACI	Agency of Clinical Innovation	MBS	Medical Benefits Scheme
AH&MRC	Aboriginal Health and Medical Research Council	MH&AOD	Mental Health and Alcohol & Other Drugs
AHPRA	Australian Health Practitioner Regulatory Authority	MHR	My Health Record
AHRC	Aboriginal Health Resource Co-operative	NAATSIHWP	National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
AHS	Aboriginal Health Service	NACCHO	National Aboriginal Community Controlled Health Organisation
AHW	Aboriginal Healthcare Worker	NADA	Network of Alcohol and other Drugs Agencies
AMS	Aboriginal Medical Service	NAIDOC	National Aborigines and Islanders Day Observance Committee
AOD	Alcohol and Other Drugs	NDIS	National Disability Insurance Scheme
APRA	Australian Prudential Regulation Authority	NEGATSIEH	National Expert Group in Aboriginal and Torres Strait Islander Eye Health
ATSILS	Aboriginal and Torres Strait Islander Legal Service	NGO's	Non-Government Organisation
BACR	Building on Aboriginal Communities Resilience	NH&MRC	National Health and Medical Research Council
BBV	Blood Borne Viruses	NIAA	National Indigenous Australians Agency
CAPO	Coalition of Aboriginal Peak Organisations	NSW	New South Wales
CCC	Culture Care Connect	NSWALC	New South Wales Aboriginal Land Council
CEO	Chief Executive Officer	OM	Otitis Media
CQI	Continuous Quality Improvement	PHN	Primary Health Network
CTG	Close The Gap	PIMS	Patient Information Management System
ENTs	Ear, Nose and Throat	PPE	Personal Protective Equipment
ESTER	Excellence in Smoking Cessation Training, Education and Resources	RACGP	Royal Australian College of General Practitioners
FARM	Finance, Audit & Risk Management	RDN	Rural Doctors Network
GP	General Practitioner	RTO	Registered Training Organisation
HDK	Healthy Deadly Kids	SEWB	Social and Emotional Wellbeing
		STI	Sexually Transmitted Infections
		VPD	Vaccine Preventable Diseases

The background features a dense pattern of brown circles of various sizes. A large, stylized tree branch or root system is visible on the left side, extending from the top left towards the bottom center. At the bottom, there are decorative, wavy patterns resembling stylized leaves or a ground texture.

Section 1

Our Organisation

About this report

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 for Aboriginal people in NSW.

While the impacts of the COVID-19 pandemic peaked in 2021 in Australia, this report celebrates our achievements across each of the AH&MRC's business divisions and illustrates how we've been able to continue our important work despite such a disruptive and challenging year.

Our audience

The Annual Report is an informative 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 learn about the social impact of our work.
- + Policy makers who want to learn more about Closing the Gap (CTG) and our policy priority areas.



Theme of this year's report

This year's theme, "United in Our Path Forward," reflects AH&MRC's future direction in health, education, and support for Aboriginal communities. We acknowledge the legacy of our Elders, past and present, and the contributions of emerging leaders who have laid the foundation for our achievements over the years. This theme underscores our commitment to building strong, long-term relationships, united by the shared vision that every community member has access to the resources and support they need for health and education.



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 51 ACCHOs to deliver culturally safe, high-quality 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.



Left: First Aboriginal Medical Service Redfern 1971

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.



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.

Our Member Services

Member services

 **51**

2024 **Members**

 **49**

2023 **Members**

Member service regions

14

Northern
NSW

9

Metro
NSW

11

Southern
NSW

17

Western
NSW

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 and remains the same. 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:

- + Metropolitan region
- + Northern region
- + Southern region
- + Western region

Full membership (ACCHOs)

Our 49 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.
 - 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 assists our Member Services with their strategic plans and provides 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 Member Services' 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.

Health and Public Health programs

The AH&MRC has dedicated Health and Public Health departments that assist Member Services with health and education resources. The AH&MRC Health and Public Health departments have regular meetings with the NSW Ministry of Health and have regular communications with our Member Services through fortnightly teleconferences, webinars and on-site visits 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.

Membership list

Metropolitan region

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

Southern region

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

Western region

- 21 Bila Muuji Aboriginal Corporation Health Service
- 22 Bourke Aboriginal Corporation Health Service
- 23 Brewarrina Aboriginal Medical Service

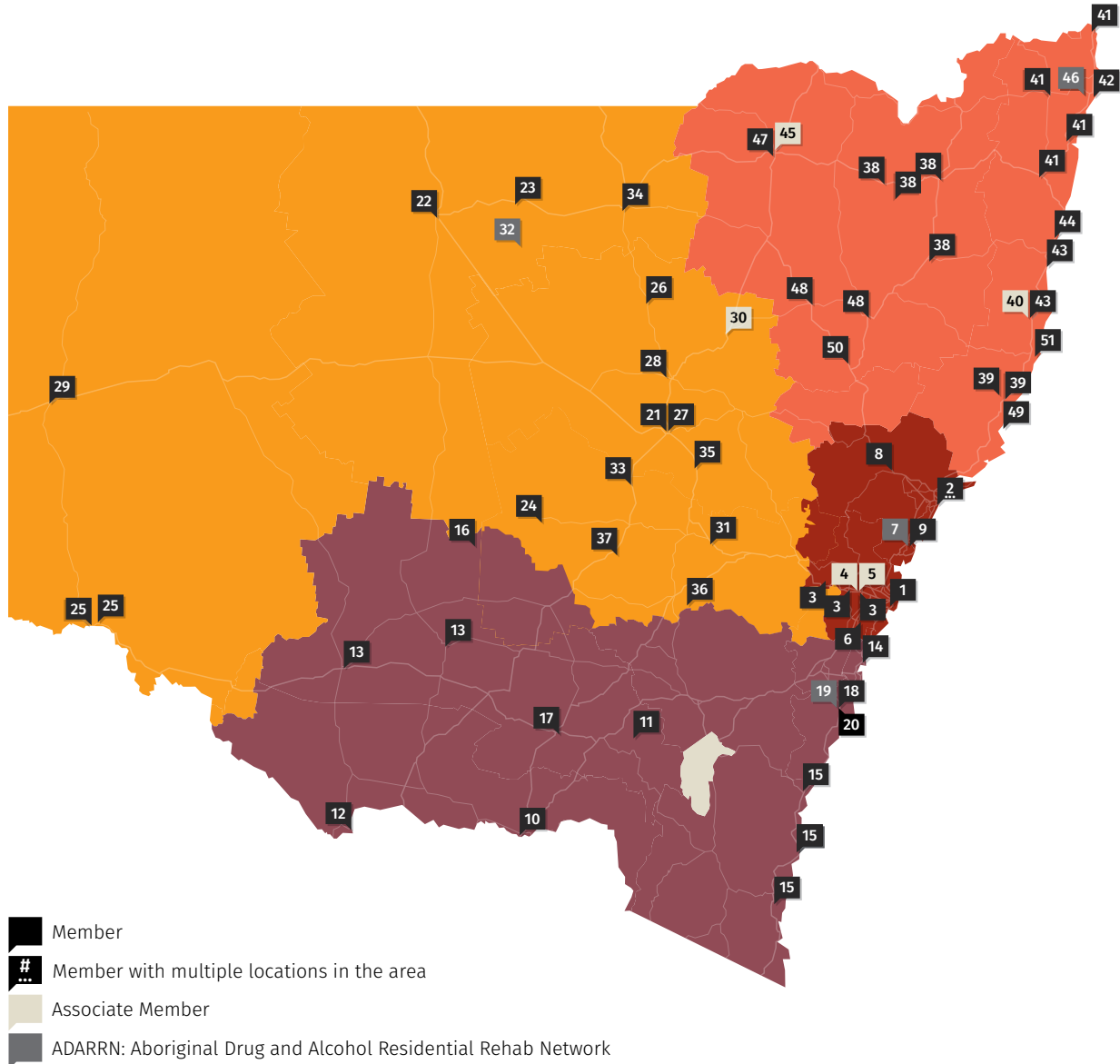
- 24 Condobolin Aboriginal Health Service Ltd
- 25 Coomealla Health Aboriginal Corporation
- 26 Coonamble Aboriginal Health Service Inc.
- 27 Dubbo Regional Aboriginal Health Service
- 28 Gilgandra Local Aboriginal Medical Service
- 29 Maari Ma Health Primary Health Care
- 30 Maruuma Li Aboriginal Corporation
- 31 Orange Aboriginal Health Service Inc.
- 32 Orana Haven Aboriginal Corporation
- 33 Peak Hill Aboriginal Medical Service Inc.
- 34 Walgett Aboriginal Medical Service
- 35 Wellington Aboriginal Corporation Health Service
- 36 Weigelli Centre Aboriginal Corporation
- 37 Yoorana-Gunya Family Healing Centre Aboriginal Corporation

Northern region

- 38 Armajun Health Service Aboriginal Corporation
- 39 Biripi Aboriginal Corporation Medical Centre
- 40 Booroongen Djugun Ltd.
- 41 Bulgarr Ngaru Medical Aboriginal Corporation
- 42 Bullinah Aboriginal Health Service
- 43 Durri Aboriginal Corporation Medical Service
- 44 Galambila Aboriginal Health Service Inc.
- 45 Maayu Mali Residential Rehabilitation
- 46 Namatjira Haven Drug & Alcohol Healing Centre
- 47 Pius X Aboriginal Corporation
- 48 Tamworth Aboriginal Medical Service Inc.
- 49 Tobwabba Aboriginal Medical Service Inc.
- 50 Walhallow Aboriginal Corporation
- 51 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 wellbeing services.



Section 2

Our Leadership

Message from the Chairperson

Having been here only a few months, I am thrilled to share with you what makes AH&MRC truly exceptional and why we are an organisation to be proud of. First and foremost, I extend my heartfelt gratitude to our new Interim CEO, Nicole Turner, and all the Board members.

Before delving into our accomplishments, I want to acknowledge the enduring legacy of AH&MRC, guided by the wisdom of many people over the years, and supported by our emerging leaders. Their collective contributions have paved the way for AH&MRC's long-standing achievements. I want to recognise the Executive team and all AH&MRC staff, with a mention to those who have moved on and those who have recently joined us.

Our AH&MRC departments, both individually and collectively, have been diligently working to contribute to the organisation's vision. As a member of the AH&MRC myself, I have witnessed firsthand the dedication and effort that goes into ensuring our goals are not only met but exceeded. Each department plays a critical role in advancing our vision and purpose, striving to expand our impact and enhance our services. Their commitment ensures that our organisation continues to grow, evolve, and better serve the members and communities we support.

Paving the Way Forward

The AH&MRC Board of Directors has been instrumental in guiding our organisation toward a transformative future. We have implemented new processes across all areas of Health and Education, with slow but much needed change. Our aim is to meet and where possible exceed the goals outlined in our current Strategic Plan. As we look ahead, we are already laying the groundwork for a new strategic plan for next year. This plan will unify our targets, hopes and aspirations as we work in close collaboration with Member Services and stakeholders to align our vision with the community's needs.

Our members are the cornerstone of our organisation, and their support and encouragement has been instrumental to our success. AH&MRC has invested considerable time and effort in building these relationships, ensuring that our sector is driving health outcomes for our communities. The Member Engagement team has played a crucial role, organising health expos, forums, and training events that provide essential education and knowledge for our sector

to address critical health disparities. Our Compliance team has been busily developing and delivering comprehensive training and facilitating workshops that have united and strengthened Member Services. The RTO team has focused on training the workforce, equipping them with the skills required to deliver member services and programs. Additionally, our Public Health team has made significant strides in improving health outcomes and enhancing service development and delivery. Our Communications team has been essential in distributing vital information, ensuring that our initiatives and resources are effectively reaching all stakeholders.

Advancing Closing the Gap

On behalf of the AH&MRC Board of Directors, I want to acknowledge and commend the outstanding efforts of all AH&MRC staff for their active involvement in various NSW Government meetings and consultations. Their dedication has significantly enhanced Member Services' engagement in parliamentary inquiries, policy submissions, and participation in NSW Closing the Gap meetings. In particular, I want to acknowledge the Policy team, who have tirelessly dedicated themselves to ensuring our purpose is fulfilled.

These efforts have led to AH&MRC making a substantial contribution to the development of the Jurisdictional Implementation Plan on Closing the Gap, underscoring our unwavering commitment to facilitating positive change for Aboriginal and Torres Strait Islander communities across NSW.

Acknowledgements

I extend my heartfelt thanks to our key stakeholders NACCHO, CAPO, NSW Ministry of Health, in particular the Centre for Aboriginal Health, Aboriginal Affairs NSW, and the Department of Health for their unwavering support of AH&MRC, its members, and the Aboriginal communities across NSW.

The Board of Directors and I are eager to continue our work in the 2024-2025 financial year, ensuring that the AH&MRC is viable, consistent and constant for our member services and that the delivery of health care remains culturally safe, accessible, and specifically tailored to meet the unique and complex needs of our communities.



Jamie Newman
Chairperson

Message from the CEO

I am honoured to present the AH&MRC's Annual Report for the 2023-2024 period. This report signifies the unwavering commitment to enhancing the health and well-being of Aboriginal communities across NSW. I would like to acknowledge the legacy of the AH&MRC, Elders past and present, and our emerging leaders, who have laid the foundation of AH&MRC's success. Such success this year would not have been made possible without them, and I am proud to lead our organisation in its vision.

This year's annual report is presented under the five strategic priorities of Leadership and Governance, Relevance to our Members and Stakeholders, Knowledge Sharing and Development, Cultural Capability and Humility, and Operational Excellence. This report highlights AH&MRC's dedication to delivering culturally appropriate care that honours the rich traditions and diverse needs of our communities. We are devoted to building robust partnerships, improving service delivery, and advocating for policies that protect both the health and cultural integrity of Aboriginal peoples. Our collective goal is to ensure that every community member has access to the resources and support for their Health and Wellbeing.

Under the guidance of our Board of Directors, the AH&MRC has been pivotal in driving growth, supporting the community-controlled health sector across NSW, and exercising our role with integrity and transparency. I'm honoured to share the many collective achievements across all our departments.

The Ethics Committee approved 134 research projects this year, expanding its membership to 14. The committee also proudly hosted the 2024 Ethics Forum, which focused on key topics like Genomics and Aboriginal Data Sovereignty, attracting over 200 participants.

Our Policy and Research team played a key role in co-developing the 2024-2034 NSW Aboriginal Health Plan and hosted the 2024 Indigenous Health Summit attended by over 300 people from around the country. Their efforts have been instrumental in shaping policies and driving meaningful changes within our communities and have been at the forefront of advocating for crucial reforms.

The Member Engagement team has been pivotal in our progress, organising community health expositions, forums, and providing several training opportunities. Their efforts in addressing critical health disparities and promoting culturally responsive care have greatly improved health outcomes within our communities.

Our Compliance Team has continued to make significant strides through the delivery of onsite training, facilitating accreditation workshops, and hosted the annual CQI Forum. The team demonstrated exceptional value in their work across Executive Staff, CEOs, and Boards, to refine processes and enhance service delivery.

Equally crucial, our Public Health Team, who appointed a new clinical nurse specialist in sexual health, enhancing

our capacity to advocate for and develop resources on sexual health and blood-borne viruses. The team also expanded educational initiatives, hosting the second annual Deadly Doctors Forum, along with leadership workshops and webinars on key topics such as genetics and dermatological conditions.

The AH&MRC has long prioritised the leadership development of the Aboriginal and Torres Strait Islander health workforce. Our RTO continues to demonstrate its viability, and commitment to workforce growth. The Innovation and Training Team has successfully completed an ASQA audit and renewed our RTO registration for the foreseeable future. They have launched several new programs, including the First Nation Traineeship Program and the Elder Care Support Program. Additionally, we have focused on training Indigenous Health Workers, reinforcing our dedication to building a skilled and resilient workforce.

The Marketing Team has played a key role in expanding our outreach through newsletters, a stronger social media presence, and the launch of our new website, featuring an expanded resource hub and members portal. These upgrades enhance communication with our community and stakeholders.

Among all these achievements is the AH&MRC's significant focus on social and emotional well-being for both our members and staff. As we navigate political climates, racism and institutional challenges, our cultural unity strengthens our foundation for a lasting future, and we look forward to continuing this journey with you all.

Acknowledgements

The AH&MRC has expanded its capacity this year to support the ACCHO Sector and Aboriginal communities in NSW. Special thanks to our stakeholders and partners, including NACCHO, NIAA, Aboriginal Affairs, Department of Health & Ageing, NSW Ministry of Health, and Centre for Aboriginal Health, for their funding and ongoing support. Thank you for being an essential part of our journey.

I also extend my gratitude to the AH&MRC's Chairperson and Board of Directors, for their leadership and strategic direction of the organisation. I would like to thank our members for their contributions and support, and the staff of AH&MRC for working diligently to respond to the unique needs of our communities, and their commitment to improving the lives of Aboriginal people across NSW. Our commitment to empower our communities to Live Stronger, and Live Longer remains at the heart of our vision, and we look forward to continuing to achieve positive outcomes together.



Nicole Turner
AH&MRC Interim CEO

AH&MRC Board of Directors

Jamie Newman
Chairperson



Jamie Newman, a proud Wiradjuri man, currently serves as the Chief Executive Officer of Orange Aboriginal Medical Service (OAMS). Jamie has been dedicated to the health industry since 1998, holding various director positions with AH&MRC and Bila Muuji Regional Aboriginal Health Service. He is a former Council Member for Charles Sturt University (CSU).

Kristine Falzon
Deputy Chairperson



Kristine Falzon is a proud Ghummeah, WandjWandian, Wodi Wodi, Walbunga woman with family ties to the Jerrinja, Wreck Bay, and Wallaga Lake communities along the South Coast of NSW. She currently serves as a member of the Chief Executive Leadership Team (Policy & Operations) at Waminda, South Coast Women's Health & Wellbeing Aboriginal Corporation in the Shoalhaven, Co-chair for ACI ACCN, and Chair of Cancer Australia Our Mob and Cancer Expert Working Group. Over the past 15 years at Waminda, Kristine has contributed to numerous health and wellbeing roles. She is a passionate advocate for her community, championing self-determined, culturally informed, holistic strength-based health and wellbeing care Lake communities. She serves as Executive Manager (Operations) at Waminda, based in Nowra/Shoalhaven, overseeing various health and well-being roles. I am passionate about advocating for my community for Culturally informed, holistic strength-based Health & Wellbeing care and Equality, specifically in regard to self-determined futures and eliminating the existing generational health disparity gaps for Aboriginal and Torres Strait Islander communities.

Lindsay Hardy



Lindsay is a proud Bidjara Gungarri Mhurdi from South West Queensland. He has worked in Aboriginal Health Research, community development, federal and state government for many years. Lindsay is the Deputy Chair of Yerin Eleanor Duncan Aboriginal Health Services and currently works for the Pro Vice-Chancellor's Office of Indigenous Strategy and Leadership as the Indigenous Employment Partner/Manager Student Advancement Wollotuka Centre of Indigenous Engagement and Advancement with the University of Newcastle.

Jason Smith



Jason Smith is a proud Yithi/Nari man from New South Wales, recognised and respected within the Aboriginal communities of Balranald and Newcastle, NSW. He is part of a family with a strong and longstanding connection to the Newcastle Aboriginal Advancement Society, now Awabakal Limited.

Jason is committed to continuing the important work initiated by his people. With his extensive experience and dedication, he is well-positioned to lead Awabakal Limited and shape the organisation's future over the next 20 years.

Tom Flanders



Thomas Flanders was born in Bellingen and attended schools in Coffs Harbour and Grafton. He left school at the age of 14 but later pursued higher education, commencing a university course in Social Welfare at the age of 30. Since then, Tom has been actively involved in education and community leadership.

He is the National Manager of the Lloyd McDermott Rugby Union Development Team and serves on its Board of Directors. Additionally, Tom holds key roles within the community as Treasurer for the Aboriginal Medical Service in Tamworth and Vice President of the NSW Aboriginal Education Consultative Group Inc.



Scott Monaghan



Scott Monaghan is a passionate leader with exceptional communication skills and a proven track record in successful management. With extensive knowledge of national and state economic, social, and regulatory issues impacting health service delivery, Scott is recognised as an inspiring and motivational manager by his peers. He possesses strong Aboriginal community knowledge and has built robust relationships and consultative skills with Aboriginal communities from Coffs Harbour to the Queensland border.

In June 2021, Scott was appointed a Member in the Order of Australia (AM) for his significant service to Indigenous health and medical research. He is the Chief Executive Officer of Bulgarr Ngaru Medical Aboriginal Corporation and serves as Chairperson of the Country Universities Centre. Scott has also served on multiple boards across NSW and was appointed to the NNSWLHD Board in January 2022.

Christine Corby AM



Mrs Christine Corby AM is a proud Gamilaraay woman from north-western New South Wales (NSW) and has served as CEO of both Walgett Aboriginal Medical Service Limited (WAMS) and Brewarrina Aboriginal Medical Service (BAMS) for 38 years. She is deeply committed to improving the health and well-being of her community, and her leadership in the health sector is recognised at both state and national levels. Christine has previously served as a Director of the National Aboriginal Community Controlled Health Organisation (NACCHO) and as Chair of the Aboriginal Health and Medical Research Council (AH&MRC), where she remains a current Director. She is also a member of Minister Park's Regional Health Ministerial Advisory Panel.

Christine is a respected member of her community and a role model, contributing significantly to local leadership. She has helped guide her community through numerous challenges, including drought, floods, mice plagues, COVID-19, and other disasters. Born in Sydney, she later returned to her mother's country, where she has lived for the past 48 years. Prior to her role as CEO, Christine worked as the Legal Secretary for the NSW Aboriginal Legal Service (Walgett office) for 11 years. When funding was announced in 1986 for the establishment of the Aboriginal Medical Service in Walgett, she stepped into the role of CEO, a position she has held for the past 37 years.

James Williams



James Williams, a proud Wiradjuri man from the Riverina area, resides in Griffith, NSW. He began his career in Aboriginal health in 2004 as the first receptionist at the Griffith Aboriginal Medical Service (AMS). Over the years, James took on various Health Worker roles, including Alcohol and Other Drugs (AOD) and Outreach Worker, before being promoted to Operations Manager of Griffith AMS, a role he held from 2010 to 2018. Currently, James is employed by Riverina Medical & Dental Corporation as the Team Leader of the Family Preservation Permanency Support Program. His qualifications include a Certificate IV in Primary Health (Practice) and a Diploma in Leadership and Management.

Departed

Phillip Naden – November 2023

Kane Ellis – June 2023

Lynette Kilby – November 2023

Payden Samuelsson – August 2023

Angie Stewart – August 2023

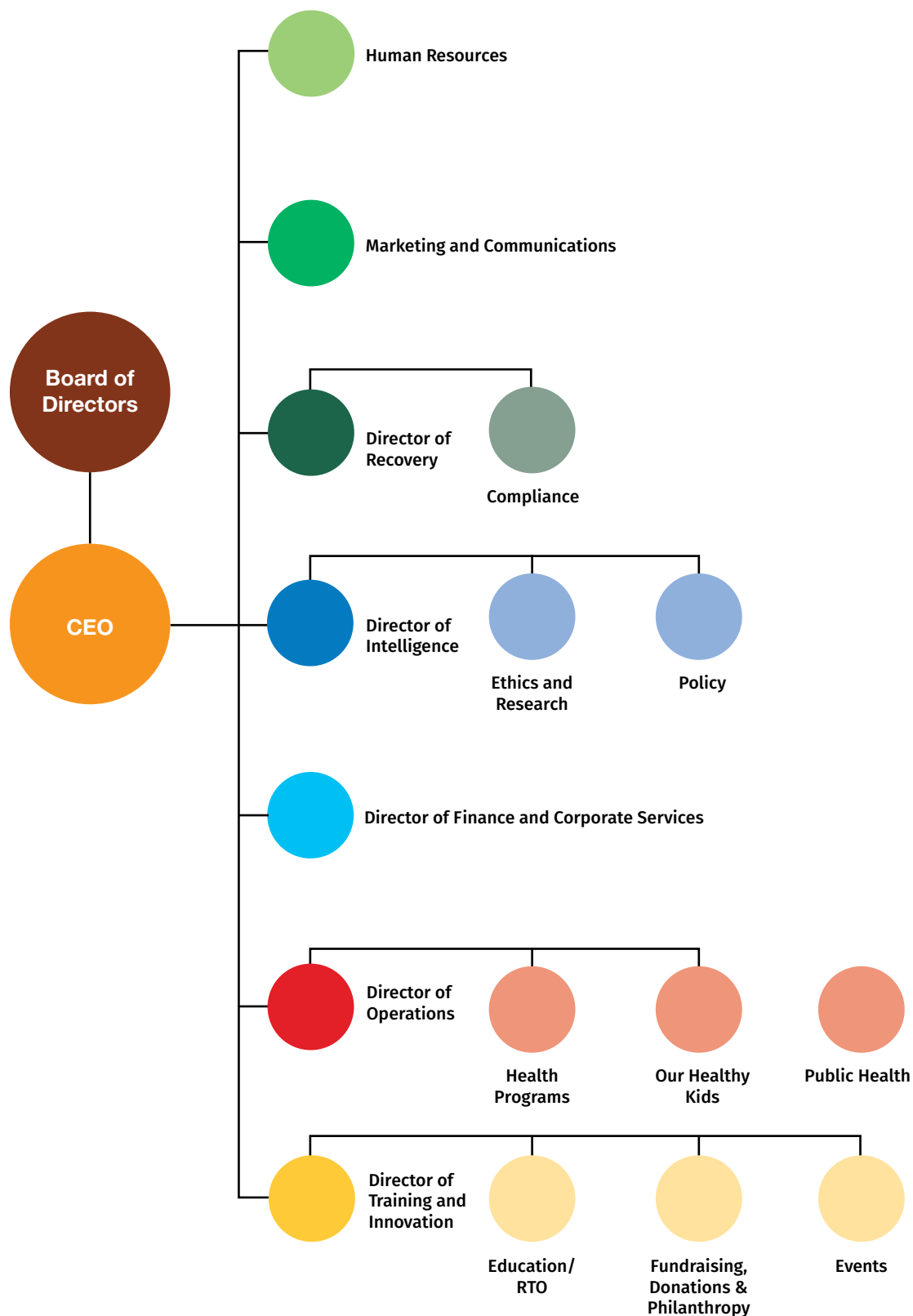
Summer Hunt – November 2023

Stacey Parry – November 2023

Board meeting dates

Board meeting 1	30 November 2023
Board meeting 2	19 December 2023
Board meeting 3	15 February 2024
Board meeting 4	18 April 2024
Board meeting 5	19 June 2024

AH&MRC organisational chart



2023–2024 year in review

Building our profile



105,575K
Website visits

**New Website
January 2024**



3,694
X (formerly Twitter)
followers

-65
3,752 last year



2,771
Instagram followers

+274
2,497 last year



3,714
Facebook followers

+478
3,236 last year



2,662
LinkedIn followers

+823
1,839 last year

AH&MRC Training

133

Students
enrolled with 70%
completion rate

Ethics and research



134 approved
applications

Service Performance and Quality team

12

member onsite
training

Member engagement team



15 Community
Health expos /
Forums / Training
/Conferences



14 HREC Members,
2023: 17



5 accreditation
workshops

1k

Attendees across
Forums / Training
/Conferences



Ethics Forum:
200 attendees



CQI Forum: 23 Member
Services, the event
saw 60 attendees

Policy

360

Indigenous Health
Summit attendees



4 Publications
and Submissions

Public Health

30

Deadly Doctor Forum
attendees



7 Publications
and Submissions

2023–2024 highlights

The AH&MRC's commitment to enhancing the health and well-being of Aboriginal communities in NSW remained unwavering this year. In the 2023-2024 fiscal year, AH&MRC continued its restructured focus on Compliance, Member Engagement, Public Health, and Training, while expanding the new Recovery department. This structure has been crucial for achieving our goals and better serving our Member Services and communities. Additionally, our resource campaigns and initiatives have ensured that all areas of our business benefit from up-to-date, culturally appropriate resources.

Member Engagement

Our Member Engagement team comprises six key areas. This unit actively pursues the acquisition and dissemination of best practice knowledge, while working closely with Member Services to execute impactful activities. Key areas of focus include sector engagement, resource development, program enhancement, and information sharing and training.

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

Supporting Member Services

The Compliance team, dedicated to enhancing Member Services' capabilities, conducted 12 on-site training sessions, held 5 accreditation workshops, and hosted a CQI Forum with 60 attendees from 23 Member Services.

The newly appointed Recovery department will work closely with Compliance. This department will provide guidance to services flagged as concerning or recently out of special administration. They will collaborate with CEOs, Executive Staff, and the Board to improve processes and strengthen service delivery across operations and governance.

Upskilling our ACCHO workforce

The Innovation and Training team at AH&MRC empowers members by enhancing control over workforce training, focusing on flexibility and tailored outcomes for AMS needs. With 133 students enrolled and 94 graduates, the team achieved several milestones:

- + **ASQA Audit & RTO Registration:** Successful ASQA audit and RTO registration renewal through May 2030.
- + **NACCHO First Nation Traineeship Program:** Launched to support First Nation individuals in the health sector.
- + **Elder Care Support Program:** Initiated to provide essential services to elderly community members.
- + **Indigenous Health Worker Training:** Trained 15 workers under a Department of Health initiative, securing ongoing funding.

Ethics & Research

The AH&MRC Ethics team and committee successfully hosted the 2024 Ethics Forum, attracting 200 participants and raising over \$45,000 through ticket sales. The Forum brought together researchers, HRECs, and institutions to explore critical topics like Genomics and Aboriginal Data Sovereignty. This event highlighted our commitment to ethical research practices and facilitated meaningful discussions and advancements in these essential areas, reinforcing our role in promoting responsible and culturally respectful research within the community.

Advocating for policy reform

The Policy Team dedicated itself to advocating for policy reform on behalf of AH&MRC and Member Services. This financial year, they submitted four policy submissions and hosted the 2nd Indigenous Health Summit in March 2024 at Sydney's International Convention Centre. The three-day event, themed 'Live Longer, Stronger,' gathered over 360 delegates to discuss best practice models of care, systems reform, and cultural determinants of health.



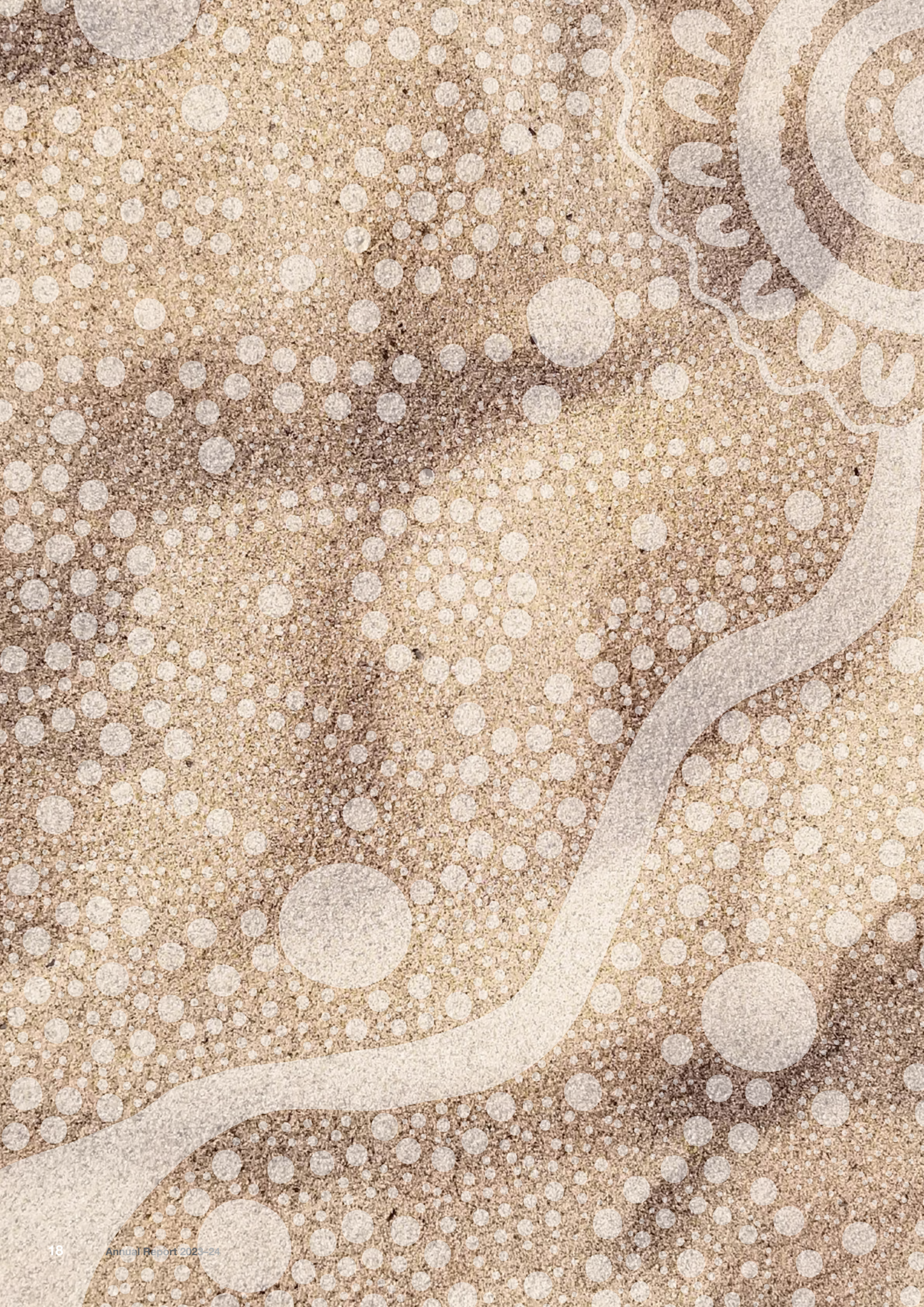


Public Health

The AH&MRC Public Health Team enhances Aboriginal and Torres Strait Islander health in NSW through ACCHOs. This year, a new clinical nurse specialist in sexual health joined the team, boosting resource development and providing practical advice. Highlights included the expanded two-day Deadly Doctors Forum, featuring cultural and clinical education for 30 GPs, and a Leadership and Innovation Workshop on emergency preparedness. Additionally, the team hosted two webinars: “Let’s Keep Yarning about Genetics” and “Identification and Management of Common Dermatological Conditions in Primary Care.” Resources in sexual health and the emergency activation framework were also expanded.

Communications

During strategic planning, it was clear that communication across partnerships and member services needed improvement. In response, we appointed a Communications and Marketing Manager to overhaul communication processes and expand our offerings. This role led to the growth of the communications team, adding two staff members to focus on resources, social media, and newsletters. They now distribute three types of newsletters and have launched a new website featuring enhanced resources, a shop, and a member portal.





Section 3

Our Business Performance

Member Engagement

The Member Engagement Unit is dedicated to acquiring and disseminating best practice knowledge across the sector. By providing clear direction and influence to members and key stakeholders, the Unit ensures that our Member Services are well-informed and able to execute impactful and relevant activities.

Our core responsibilities include:

- + **Sector Engagement:** Actively participating in and facilitating connections within the sector to enhance collaboration and share insights.
- + **Resource Development:** Creating and updating resources to support best practices and meet the evolving needs of the sector.
- + **Representation in Advisory & Research Committees:** Representing member interests in state program area advisory and research committees to influence and inform sector developments.
- + **Policy Support:** Communicating sector challenges and needs to policymakers to shape effective and responsive policies.
- + **RTO Support:** Facilitating information exchange to ensure that Registered Training Organisations (RTOs) align their education programs with workforce requirements.
- + **Program Enhancement:** Providing funding grants and recommendations to support program improvements and innovation.
- + **Information Sharing:** Distributing essential information to stakeholders to keep the sector informed and engaged.

The Member Engagement Unit also focuses on various key areas within the sector, including:

- + Chronic Care
- + Alcohol and Substance Abuse
- + Mental Health & Suicide Prevention
- + Ear and Eye Health
- + 715 Services Promotion
- + Smoking Cessation

Chronic Care

Our planning for the 2023-2024 actions was shaped by robust community feedback, collected through ongoing communication, site visits, health promotion events, and surveys. This input, alongside the needs of our Member Services, was central to our planning process and highlighted the importance of community involvement. This approach built on the feedback we gathered for the 2022-2023 actions.

Recognising the challenges faced by the member services workforce, often overburdened and overextended, the AH&MRC Member Engagement Team focuses on amplifying voices at all levels. This ensures that the lived experiences and needs of the workforce are integral to our program's direction. Our participation in various committees and initiatives, such as the Tobacco Advisory Committee and Chronic Care Education Workshops, addresses gaps and needs across the ACCHOs.

Despite COVID-19 setbacks, AH&MRC adapted by engaging member services through yarn-ups, forums, and workshops. The chronic care programs officer actively participated in site visits and community events. Our weekly newsletter and updated mailing list underscore our commitment to effective communication. Additionally, our collaboration with key partners like the Cancer Institute of NSW and Diabetes NSW enhances our collective impact in community health.





Health Promotion Events

Coomealla Health Promotion Expo

Health Promotion Events play a crucial role in engaging and educating communities about regular health checks and screenings, helping them understand local health concerns and effective solutions. On October 11, 2023, the AH&MRC, in partnership with Coomealla Health Aboriginal Corporation (CHAC) and Bila Muuji Aboriginal Corporation Health Service, hosted a Community Health Promotion Expo at Coomealla. The event successfully brought the community together, allowing AH&MRC, CHAC, Fair Dinkum Choices, and other health services to enhance health literacy and provide valuable information about available resources. Attendees signed up for their 715 Annual health checks, received information on flu and COVID-19 booster vaccinations, and provided feedback on health passports, helping identify areas needing further support.

Chronic Care Conference

Building on the success of the 2023 conference, AH&MRC and ACI partnered again in 2024 for a two-day event that gathered community-controlled organisations, Local Health Districts, Specialty Health Networks, Primary Health Networks, and other Australian entities working to improve Aboriginal health. The conference focused on promoting culturally responsive care and strategies aligned with the Closing the Gap Priority Reform Areas. It addressed the significant health disparities related to chronic diseases like diabetes, heart disease, kidney conditions, and cancer. The conference served as a platform for sharing successes, learning, and inspiring further initiatives to enhance community health. The conference was a significant success, with 122 people attending in person and 60 participating online via live stream.

Skill Development, Education, and Program Enhancements

In March 2024, AH&MRC supported a free diabetes education workshop in Dubbo, partnering with UTS and the Care Partnership—Diabetes program. This one-day clinical skills workshop was attended by staff from ACCHOs in the Western region, providing an opportunity for healthcare professionals and Aboriginal health practitioners to develop skills in managing and educating patients with diabetes. AH&MRC plans to extend similar workshops to other regions in NSW. Additionally, the AH&MRC's chronic care program contributes to the registered training office division, focusing on developing culturally safe and relevant chronic disease-specific courses and resources for emerging leaders in Aboriginal health care.

Resource Development

The Member engagement Team at AH&MRC has been instrumental in developing Chronic Care Resources and flyers, emphasising strength-based messaging. These resources include log sheets for tracking weight, blood pressure, user goals, and Aboriginal patient-specific information. They are promoted on our website and are available for our workforce at any time.

The Chronic Care Diaries have been particularly well-received this year, proving to be an invaluable tool for tracking and self-managing chronic diseases. We have garnered significant interest and positive feedback from Member Services and other stakeholders, leading to numerous orders for these diaries throughout the year.

Smoking Cessation Work

Smoking has been a significant contributor to many chronic diseases, including cancer, heart and lung diseases, and type 2 diabetes, among others.

In addition to participating in the anti-vaping Campaign committee and Tobacco Advisory Group, AH&MRC has been extending support to ACCHOs for their smoking cessation efforts. The Member Engagement Team is collaborating with CINSW and the Ministry of Health (MOH) to enhance training and resources for smoking cessation services. The meetings have been organised with CINSW to plan the Aboriginal Tobacco Resistance and Control ("ATRAC") Framework, that would support a range of staff members and management from Aboriginal Community Controlled Health Services (ACCHSs) in strengthening tobacco resistance and control efforts.

AH&MRC is working with CINSW on the Excellence in Smoking Cessation Training and Education Resources (ESTER) project, which was developed in response to a March 2020 needs assessment. This assessment identified gaps in governance and systematic coordination of training delivery in NSW. The ESTER project will include 8-9 modules focusing on brief advice for smoking and vaping cessation for the general



population, as well as specific settings (mental health, alcohol and other drugs, cardiac care, respiratory care) and priority populations (young people, Aboriginal populations, cancer services). Plans are in place to make these modules available on the AH&MRC website next financial year.

Funding Distribution

In addition to health funding as support that AH&MRC has distributed to their services, the health programs team disseminated the NRT funding to 34 Member Services for 2023-2024.

In collaboration with the Cancer Institute NSW, the AH&MRC provides Member Services with funds to purchase Nicotine Replacement Therapy (NRT) in the 2023-2024 financial year. Cancer Institute NSW's decision to fund free NRT for the Aboriginal Community Controlled Health Service sector builds on the vital positive feedback given by the industry on the value of the NRT supplied to the Member Services.

Key Highlights

We are currently part of the Aboriginal Experiences of Transition Governance Group (an initiative of the Agency of Clinical Innovations), which focuses on transitioning from pediatric chronic disease care to adult health services. AH&MRC is supporting this project and seeking advice from our members regarding community engagement.

- Aim to organise yarning sessions (in person and virtual) with young Aboriginal people aged 16-24 years, their careers, and their families to gather their experiences.



- ✦ During these group sessions, questions will be asked to start a yarn about people's experiences moving from children to adult health services.

Mental Health

Aboriginal communities in NSW and across Australia share a higher burden of disease compared to the non-Aboriginal population. Mental health conditions contribute significantly to this health disparity between Indigenous and non-Indigenous Australians. Indigenous Australians experience higher rates of mental health issues, with suicide rates nearly twice as high, hospitalisation rates for intentional self-harm three times as high, and a rate of high and very high psychological distress 2.4 times higher than non-Aboriginal Australians. AH&MRC are committed to working alongside NACCHO and The Ministry Of Health's Aboriginal Mental Health Branch to support the delivery of the Towards Zero Suicides Building on Aboriginal Community Resilience and Culture Care Connect programs to ensure our communities have access to SEWB activities that are designed and delivered by Aboriginal people who have lived experience and are able to tailor each activity to the community in which they are taking place.

Mental Health First Aid Training

The Aboriginal Health and Medical Research Council of New South Wales (AH&MRC) provides Aboriginal Mental Health First Aid (AMHFA) and Youth Aboriginal Mental Health First Aid (YAMHFA) training to its Member Services statewide. This training aims to reduce suicide rates and psychological distress by equipping the healthcare workforce with the skills to perform mental health first aid in their communities and workplaces.

Colin McGrath and Sylvia Akusah from the Member Engagement Team have traveled the state delivering AMHFA and YAMHFA training. During the 2023-24 reporting period (1 July 2023 – 30 June 2024), 141 health workers from nine Member Services were accredited in AMHFA and/or YAMHFA. The training, conducted over two days with a third day for discussions, helps health workers address challenges and identify their training and resource needs.

Culturally Appropriate Resources

New culturally appropriate mental health resources are being developed and will soon be available to Members. These include animations for use in Aboriginal Medical Service (AMS) waiting rooms, broadcast on networks like Aboriginal Health Television (AHTV), also known as Tonic TV. These resources aim to encourage AMS clients to seek mental health treatment, address concerns about stigma and discrimination, and offer hope for managing their conditions effectively.

Alcohol and Other Drugs

Impact of Problematic Alcohol and Other Drug Use

Problematic alcohol and other drug (AOD) use has a significant impact on Indigenous Australians, their families, and communities. Aboriginal and Torres Strait Islanders with problematic AOD use are likely to develop chronic diseases, acquire or spread blood-borne viruses, suffer injuries or deaths from motor vehicles, violence, or misadventure, and face neurological impacts and other disabilities. This issue often leads to social disruptions, such as domestic violence, crime, and assaults, and contributes to high rates of contact with the police, criminal justice system, and incarceration, resulting in over-representation in correctional systems. Mental health issues commonly accompany problematic AOD use.

AH&MRC's Focus on AOD Issues

Addressing problematic AOD use is a priority for AH&MRC. One targeted area is workforce development in AOD screenings, brief interventions, and referrals to treatment (SBIRT). AH&MRC collaborated with NSW Health to develop a webinar on Foetal Alcohol Spectrum Disorder (FASD), which is being edited into a video resource for Aboriginal Community Controlled Health Organisations (ACCHOs). This resource aims to help the ACCHO healthcare workforce understand FASD's implications and improve screening, intervention, and access to specialist services.

Challenges with New Synthetic Drugs

The emergence of a new synthetic opioid, nitazene, poses severe risks. It is 10 times stronger than fentanyl and up to 500 times stronger than heroin, found in various illicit drugs. Efforts by AH&MRC to mitigate the harms include promoting the Take Home Naloxone (THN) Program, providing Naloxone free of charge to ACCHOs for at-risk clients. Additionally, AH&MRC promotes the Opioid Treatment Program (OTP), streamlining the accreditation of General Practitioners and Nurse Practitioners in opioid pharmacotherapy prescribing.

Monitoring and Advocacy Efforts

Although measuring the success of these promotions is challenging due to limited data, Member Services have shown awareness of Naloxone and expressed interest in OTP. AH&MRC's Member Engagement Team participates in the Strategic Partnership Group (SPG) and the NSW Health Centre for Alcohol and Other Drugs (CAOD) Strategic Research and Evaluation Advisory Group, focusing on improving AOD services for Aboriginal people.

Concerns with Opioid Dependence Treatment Access

The Commonwealth Government's new arrangements for Opioid Dependence Treatment (ODT) Access, effective 1 July 2023, aimed to improve affordability and accessibility but have instead increased costs and reduced access. This prompted the establishment of a community of practice (CoP) to address these issues. Despite limited success, a pilot program was launched at AMS Redferns as a variation of the new arrangements. AH&MRC supported Member Services by documenting issues with the new arrangements and advocating with the government on their behalf.

Ear Health

Ear Health Overview

Promoting ear health is a crucial priority in our community, directly contributing to several key "Closing the Gap" outcomes. The ear health program is multifaceted, aiming to build awareness around ear health issues, enhance the capacity of Aboriginal Community Controlled Health Organisations (ACCHOs) to address these concerns, and foster a community of practice. The program also focuses on developing a skilled health workforce specifically trained to tackle ear health challenges. These efforts are aimed at ensuring better prevention, early intervention, and treatment for ear health issues, ultimately improving health outcomes in our communities.

Community of Practice Establishment and Capacity Building

A significant part of the capacity-building effort involves providing targeted training opportunities to upskill nurses and Aboriginal Health Practitioners (AHPs) across New South Wales. In collaboration with EarTrain, TAFE NSW, and the Benchmarque Group, AH&MRC has organized a series of training events aimed at improving ear health care services:

- + **Otoscopy Workshop:** Held on 13th March 2024 in Little Bay, Sydney NSW, this workshop was conducted by the Benchmarque Group and attended by 12 health professionals from ACCHOs, including WAMINDA, Tharawal, Illawarra AMS, and RIVMED. The workshop focused on enhancing participants' skills in using otoscopes to examine the ear and identify common issues.
- + **Ear Wax Removal (Irrigation) Workshop:** On 24th July 2023, a workshop was conducted in Dubbo NSW, where 9 health professionals from ACCHOs, including Gilgandra and Orange Aboriginal Medical Services, were trained in ear wax removal techniques using irrigation. This training is crucial in preventing hearing loss and other complications related to earwax build-up.
- + **EarTrain Training Workshop:** Held from 17th to 18th March 2024 in Coffs Harbour, NSW, this comprehensive training focused on otoscopy, tympanometry, and audiometry for both adults and children. The workshop aimed to equip clinical staff from various ACCHOs with the skills necessary to conduct thorough ear health checks and expedite access to hearing health equipment.





- + **Integration of National Key Performance Indicators (nKPIs):** Focused on integrating nKPIs for ear and hearing health, enhancing data management practices within ACCHOs through targeted workshops and forums.
- + **Community Health Survey:** Conducted during the CQI forum to assess ear health needs within clinics.

Support and Advocacy for Health Promotion

The Aboriginal Hearing Health Advisory Group (AHH AG) provides strategic direction and leadership to enhance access to quality, culturally safe ear and hearing health services for Aboriginal and Torres Strait Islander children and youth in NSW. This group also improves coordination of services, including better linkages between the range of services required by patients and the enhanced delivery of those services.

The Rural Doctors Network handed over the chairing responsibilities of the AHH AG to AH&MRC in February 2024, with the next meeting scheduled for August 2024.

Other Updates

- + **Funding:** Funding arrangements with the Rural Doctors Network (RDN) NSW ceased as of 13th October 2023. A new funding agreement is under review to allocate resources towards an additional position within the program.
- + **Recruitment:** A new Ear Health Coordinator was appointed in April 2024. Additional recruitment efforts for other vacant positions are ongoing, reflecting a strategic focus on enhancing program capacity.

- + **Auditory Processing Disorder (APD) Webinar:** Held on 8 November 2024, this webinar was presented by Dr. Harvey Dillon from Macquarie University.

Strategies for Continuation: Continue to facilitate workshops and webinars to maintain momentum in professional skills development across the regions.

Health Promotion and Resource Development

- + **Public Health Otoscopy Poster and Pamphlet:** Developed in collaboration with NACCHO ear health coordinators, these resources provide detailed, practical guidance on ear health assessment techniques for nurses and AHPs.



Live, Longer, Stronger Program – Our Healthy Kids



AH&MRC
Aboriginal Health & Medical
Research Council of NSW



AH&MRC
Live, Longer, Stronger

The ‘**Our Healthy Kids**’ program at AH&MRC is an initiative aimed at promoting health, well-being, and education among primary school children. Here’s a detailed overview:

Purpose

- + **Health Promotion:** The program focuses on educating students about various aspects of health and well-being, including nutrition, physical activity, mental health, and healthy habits.
- + **Cultural Appreciation:** It incorporates a culturally safe approach, integrating traditional Indigenous knowledge and practices to foster cultural understanding and pride.

Structure

- + **Age-Appropriate Curriculum:** The program is tailored to different year levels, from Stage 1 to Stage 3, ensuring that the content is appropriate and engaging for each age group.
- + **Interactive Sessions:** Activities include traditional Indigenous games, hand-eye coordination exercises, cultural showcases, and interactive art projects like painting and canvas creation.

- + **Holistic Approach:** The curriculum is designed to cover a broad range of topics that contribute to students’ overall well-being, promoting a balanced and comprehensive understanding of health.

Implementation

- + **School Participation:** The program is delivered in partnership with schools across various regions, including Metro, Northern, Southern, and Western areas.
- + **Community Engagement:** Emphasises inclusivity, particularly for Indigenous students, and integrates local cultural contexts into the learning experience.
- + **Feedback and Adaptation:** Schools provide feedback on the program’s effectiveness and engagement, which helps refine and adapt the program to better meet students’ needs.

Impact

- + **Positive Reception:** The program has been well-received by students and teachers, with noticeable improvements in student engagement and learning outcomes.
- + **Cultural and Health Benefits:** It promotes both physical and mental well-being while enhancing students’ cultural knowledge and appreciation.



Program Overview

- + **Gilgandra Public School:** The first to participate in the 'Our Healthy Kids' program, focusing on health, well-being, and education for primary students in Years 1 to 6. Year 2 classes engaged actively in the program throughout Term 1, with positive feedback and enthusiasm from both students and staff.
- + **Marrickville West Public School:** Implemented a holistic program for Year 1 students in Term 1, covering health promotion and cultural appreciation. The program, attended by 57.7 students on average each week, included nutrition, physical activity, mental health, and traditional Indigenous games. Seven of the 64 students were Aboriginal and/or Torres Strait Islander, reflecting the school's commitment to inclusivity. The program was well-received by staff, with positive observations on its impact on students' well-being and community connections.

- + **Hillvue Public School:** Stage 1 students graduated from the program, receiving certificates and various goodies. The program was praised for its engaging and inclusive nature, with students enjoying the interactive sessions and activities.

Program Statistics and Updates

Metro Region:

- + **Term 1:** Marrickville West PS had 64 students, including 7 Indigenous students.
- + **Term 2:** Marrickville West PS continues with 61 students, including 2 Indigenous students (TBC). Plans to deliver the program to Stage 1 – Year 2 students on Wednesdays.
- + **Term 3:** New schools, La Perouse PS and Redfern Jarjum College, are starting the program. Marrickville West will finalize scheduling for Stage 3 students.





Northern Region:

- + **Term 1:** Hillvue Public School had approximately 160 Stage 1 students.
- + **Term 2:** Hillvue had around 130 Stage 2 students.
- + **Term 3:** Planning for Stage 3 at Hillvue. The region has 377 students in Years 1-6, with 253 identifying as Indigenous. Future plans include linking with schools in Walhallow and Quirindi areas.

Southern Region:

- + **Term 1:** Delivered to Stage 1 at Sunshine Bay PS with 52 students.
- + **Term 2:** Delivered to all students at Mogo PS (30 estimated).

- + **Term 3:** Discussions for future deliveries to Sunshine Bay PS and St Bernards PS. Planning for 2025 with additional schools.

Western Region:

- + **Term 2:** Gilgandra Public School had 58 students.
- + **Future:** Engaging schools for T3/4 and 2025, with a focus on high Indigenous student populations in various locations. NAIDOC events include Gilgandra, Dubbo, and Narromine, with plans for additional celebrations.

Overall, the 'Our Healthy Kids' program is actively expanding across various regions, with a strong emphasis on cultural inclusivity and engaging educational activities.

AH&MRC Training



AH&MRC
Training

Innovation & Training

The Innovation and Training team at AH&MRC is committed to empowering our members by enhancing their control over workforce training. We aim to increase training flexibility and improve outcomes by customising training to meet the specific needs of each AMS.

Our focus is on transitioning from traditional intensive residential blocks to a more adaptable on-the-job training model, ensuring that the training is both relevant and effective. This tailored approach supports the unique operational requirements of our members, enhancing overall training effectiveness. Currently, 133 students are enrolled, with 94 having successfully graduated.

Key Achievements

ASQA Audit and RTO Registration Renewal:

The Aboriginal Health & Medical Research Council of NSW (AH&MRC) successfully completed its ASQA audit, demonstrating compliance with national training standards.

Our RTO registration was renewed, securing our status through to the 11th of May 2030, which marks a 7-year extension. This renewal ensures continued recognition and credibility of our training programs.

NACCHO First Nation Traineeship Program:

We launched the NACCHO First Nation Traineeship Program, which has been instrumental in providing valuable training and career opportunities specifically for First Nation individuals. This program is designed to support their professional growth and development within the health sector.

Elder Care Support Program:

The Elder Care Support Program was successfully initiated, aimed at delivering essential care and support services to elderly members of the community. This program addresses the critical needs of older adults and enhances their quality of life.

Department of Health and Age Care Indigenous Health Worker Cohort:

We completed the training of a cohort of 15 Indigenous Health Workers as part of the Department of Health and Age Care initiative. This training equips participants with the necessary skills and knowledge for effective service delivery.

Additionally, we secured an extension of funding for this program, ensuring ongoing support and continued development for Indigenous Health Workers.

Alcohol and Other Drugs Skill Set Delivery:

We delivered four Alcohol and Other Drugs Skill Set programs, one in each region, to address the growing need for specialised skills in this area. The programs have been well-received, reflecting their relevance and effectiveness.

Following the success of these programs, we achieved a contract extension to deliver two additional programs. This extension highlights the program's success and the increased demand for alcohol and other drugs training.

Transition to New Learning Management System and Student Support System

AH&MRC has successfully transitioned to a new Learning Management System (LMS) and Student Support System to improve communication with employers and offer more flexible training options for learners. The rollout of these systems was executed in phases, beginning with a pilot program in Sydney in March 2024. Following this, full implementation occurred across all training locations by August 2024.

The transition has proven to be highly successful, leading to enhanced engagement with learners, more effective tracking of student progress, and streamlined administrative processes. These improvements have significantly bolstered the overall training experience and operational efficiency.

Student Enrolment and Program Expansion

AH&MRC has made significant strides in expanding its training programs and enrolling students. Over the past year, we successfully enrolled 133 students across various qualifications within our training scope.

In response to increasing demand for specialised training, we applied for and received approval from the Australian Skills Quality Authority (ASQA) to add the Certificate IV in Community Services to our delivery scope. This addition reflects our commitment to meeting the evolving needs of our learners and the community.

Furthermore, AH&MRC has been approved to offer new Aboriginal Primary Health Care qualifications. This expansion broadens the range of training options available to students, providing them with more opportunities to pursue specialised careers in Aboriginal primary health care. These developments support our mission to enhance educational offerings and address workforce needs effectively.

Consolidation and Update of Training Resources

The AH&MRC has undertaken a comprehensive update and consolidation of training resources across 25 units of competency. This initiative involved modernising the content to ensure it is relevant and aligned with current industry standards. We have integrated new learning activities to enhance engagement and understanding, as well as updated assessment tools to accurately measure learner progress and competency. These improvements are aimed at providing a more effective and cohesive training experience, supporting both trainers and students in achieving their educational and professional goals. This consolidation ensures that our resources are current, effective, and tailored to meet the needs of today's learners.

Support for ACCHOs

Over the past 12 months, our unit has been dedicated to supporting Aboriginal Community Controlled Health Organisations (ACCHOs) through a range of focused training and development initiatives aimed at enhancing workforce capacity and improving healthcare services.

One of our key initiatives was the Indigenous Health Training Workforce (IHTW) program. This program introduced 15 new trainees to the Aboriginal Health Worker Practice qualification, a crucial step in building a skilled workforce for ACCHOs. The program achieved remarkable success, with 14 of the 15 trainees securing

full-time employment upon completion, demonstrating the program's effectiveness in meeting workforce needs and providing valuable career opportunities for participants.

In addition, we enrolled 133 individuals in accredited courses across various qualifications, reflecting our commitment to comprehensive education and training. This broad engagement highlights our dedication to preparing ACCHO staff to excel in their respective healthcare roles. The accredited courses provided participants with essential knowledge and skills, directly contributing to the enhancement of community healthcare services and ensuring that staff are equipped to deliver high-quality care.

Recognising the vital role of leadership in driving organisational success, we also provided higher education leadership and management sponsorships to 5-6 ACCHO workers. These sponsorships were designed to develop leadership capabilities, enabling these individuals to take on higher responsibilities and lead their organisations more effectively. By investing in leadership development, we aim to strengthen the overall capacity of ACCHOs and support their continued growth and success in delivering quality healthcare services.

Overall, our unit's efforts have been instrumental in advancing the capabilities of ACCHOs, fostering professional development, and enhancing the quality of healthcare provided to Aboriginal communities.

Building the Community-Controlled Sector

Our training programs, notably the Indigenous Health Training Workforce (IHTW) program and the enrolment of 133 members in accredited courses, are pivotal in building a strong and sustainable Aboriginal and Torres Strait Islander community-controlled sector. The IHTW program has successfully introduced new trainees to the Aboriginal Health Worker Practice qualification, significantly contributing to a skilled workforce within the sector. Additionally, the broad enrolment in accredited courses reflects our commitment to equipping ACCHO staff with essential skills and knowledge.

We also support leadership development through higher education sponsorships, empowering 5-6 ACCHO workers to enhance their leadership capabilities. This comprehensive approach strengthens the capacity of ACCHOs to deliver high-quality, culturally appropriate services, directly advancing Priority Reform Two by reinforcing the community-controlled sector's sustainability and effectiveness.







Ethics and Research

The AH&MRC Ethics Team is responsible for providing the secretariat support to the Ethics Committee and handling all research applications, enquiries, projects, content development and resources related to research ethics at the AH&MRC.

The Ethics Team is guided by the feedback and consultation of the Ethics Committee. Our Team works closely with the Ethics Committee to ensure that research that affects Aboriginal people and communities in NSW is ethically sound and developed in a culturally appropriate way.

The AH&MRC Ethics Committee successfully reviewed and approved 134 applications, while thoughtfully declining 7. This rigorous process underscores our commitment to supporting ACCHOs by ensuring that all research conducted adheres to culturally safe practices.

HRECs, and institutions to focus on critical topics such as Genomics and Aboriginal Data Sovereignty. This event not only showcased our commitment to ethical research practices but also fostered meaningful discussions and advancements in these vital areas.

Expansion of the AH&MRC Ethics Committee

The AH&MRC Ethics Committee has proudly expanded its team by welcoming new members, including a Community Representative, a Researcher, and a Youth Representative. This strategic addition aims to enhance the committee's diversity and ensure a broader range of perspectives in its ethical deliberations and decision-making processes. This brings the total to 14 Committee Members to date.

By incorporating these new roles, the committee is better positioned to address complex ethical issues with a more inclusive approach. The Community Representative brings valuable insights from grassroots experiences, the Researcher adds expertise in academic and practical research ethics, and the Youth Representative provides a fresh perspective on the needs and concerns of younger generations. This expansion underscores the committee's commitment to comprehensive and balanced ethical considerations in its work.

Distribution of Guidelines at the AH&MRC Ethics Forum

In alignment with our Key Performance Indicators (KPIs), the Ethics Committee successfully provided 200 guidelines to all attendees of the AH&MRC Ethics Forum. These guidelines were designed to support and inform participants on best practices in ethical research and compliance.

The distribution of these guidelines reflects our commitment to fostering a deeper understanding of ethical standards and ensuring that all forum participants are well-equipped with essential information. The guidelines covered a range of topics relevant to the discussions held during the Forum, including Genomics and Aboriginal Data Sovereignty, and were intended to facilitate meaningful and informed engagement in these critical areas.



2024 Ethics Forum Success

The AH&MRC Ethics team and committee proudly hosted the 2024 Ethics Forum, marked by impressive success and impact. With an outstanding attendance of 200 participants and over \$45,000 raised through ticket sales, the Forum brought together researchers,



Events



The AH&MRC events team is dedicated to enhancing the skills and knowledge of students by providing training on various health certifications, enabling them to work effectively in the health sector and deliver services to the Indigenous community.

Throughout the year, the team meticulously plans and delivers both on-site and off-site networking and educational events for our members and other stakeholders, including academics. These events foster collaboration, knowledge sharing, and professional development, contributing to the overall improvement of healthcare services. The team provides opportunities for ACCHOs to network at these events and share and learn best practices to address some of their key challenges.

Additionally, the team manages the hiring of the Little Bay venue to various stakeholders, offering a versatile space for meetings, workshops, and other professional gatherings. This venue supports our mission by providing a conducive environment for learning and networking within the community.

We continue to provide opportunities like this with a proactive approach by engaging with our members either digitally or in person via our member engagement team.

Key Highlights

Ethics Forum

- + The Ethics Forum was attended by 190 guests.
- + Presenters and attendees provided positive feedback, noting the forum's informative and educational nature.
- + Following the forum, the secretariats were invited to present at the Western Health Research Network Symposium.

Annual State CQI Forum

- + The Annual State CQI Forum was attended by 60 member service staff from 23 affiliate services.
- + Three regional 2-day Quality Improvement workshops in partnership with QIP were offered to ACCHSs in Sydney, Port Macquarie, and Dubbo. These workshops were attended by 50 staff from 26 services.
- + Overall, these programs received very favourable feedback from participants.

Yabun Event

Thousands of attendees gathered at the Yabun event, with 5% of them participating in the AH&MRC survey regarding how the community engages with the health system. AH&MRC also showcased innovative uses of AI and virtual reality as learning tools in AHP training for our students. Participants who completed the survey were entered into a draw to win an Apple iPad.

Chronic Care Forum

The objective of the 2024 Chronic Care Forum was to promote innovations in Aboriginal Chronic Care that are culturally responsive and aligned with the Closing the Gap Priority Reform Areas. The conference was a significant success, with 122 people attending in person and 60 participating online via live stream. This turnout provided an excellent opportunity for networking and collaboration, all aimed at improving the health of Aboriginal People.

Increased Use of Little Bay Venue

- ✦ The Little Bay venue has seen increased usage from stakeholders such as NACCHO, Aboriginal Affairs, Aboriginal Language Trust, Thirriwirri, and NSW Reconstruction Authority.
- ✦ This increase reflects the venue's value as a versatile space for meetings and professional gatherings.

Funding and Sponsorship Overview

We have successfully secured a substantial amount in donations and sponsorships to support our ongoing initiatives:

- ✦ **Website Donations:** We have received \$4,556 in donations through our website. This remarkable contribution will significantly bolster our efforts in delivering vital programs and services to our community.
- ✦ **CQI Forum Sponsorship:** We secured a \$5,000 sponsorship from ICT for our Continuous Quality Improvement (CQI) Forum. This sponsorship will help us enhance the quality and reach of the forum, ensuring that it remains a valuable platform for knowledge sharing and professional development.

These funds and sponsorships are crucial in driving our mission forward, allowing us to continue making a positive impact in the community.



Policy

The AH&MRC Policy team undertakes system and program-level advocacy to influence decisions affecting the ACCHO sector and Aboriginal communities in NSW regarding access to health care. The team executes this role by:

- + Conducting policy-relevant research and communicating findings to facilitate action.
- + Developing partnerships and negotiations for the efficient use of resources.
- + Promoting evidence-based health interventions.
- + Building on ACCHO models of care.

As a member of the NSW Coalition of Aboriginal Peak Organisations (NSW CAPO) and the National Coalition of Peaks, the AH&MRC Policy team plays a central role in delivering Closing the Gap initiatives at both the state and federal levels. We represent the ACCHO sector in Closing the Gap negotiations and collaborate with partners to drive progress against the National Agreement.

Key Achievements

The key achievements for Policy have been:

- + Convened the 2024 Indigenous Health Summit.
- + Hosted the 2024 NSW Aboriginal Mental Health & Wellbeing Forum in collaboration with the AH&MRC Member Engagement team and NSW Health Mental Health Branch. Phil Williams, Policy Officer – Closing the Gap, delivered the opening address to over 250 delegates.
- + Finalised the Review and Refresh of the NSW Aboriginal Health Plan 2024 – 2034 in partnership with the Centre for Aboriginal Health.
- + Secured and awarded ICT Infrastructure Grant Funding for 10 ACCHOs in NSW.
- + Provided witness evidence at NSW Parliament House for the Inquiry into Birth Trauma in NSW.
- + Led the development of quarterly ministerial progress packs to report on Closing the Gap milestones and coordinated briefings and sector priorities for meetings with the NSW Minister for Health and Minister for Mental Health.





2nd Indigenous Health Summit – March 2024

The AH&MRC Policy team convened the 2nd Indigenous Health Summit in March 2024 at the International Convention Centre, Sydney. Held over three days, the event explored the theme of 'Live Longer, Stronger' through discussions on best practice models of care within the ACCHO Sector.

The Summit addressed various aspects, including:

- + Policy and Strategy
- + Systems Reform
- + Proud Partnerships
- + Social and Cultural Determinants of Health
- + Caring for Country

With over 360 delegates from NSW and other jurisdictions, attendees included ACCHO staff, government agencies, NGOs, and universities. The program featured standout keynotes from Stan Grant, Professor Chelsea Watego, Donnella Mills, and Professor Alex Brown, which were highly celebrated. Aunty Sylvia's Ngarrangiya Healing Session was a highlight, receiving overwhelming positive feedback and creating a welcoming and safe space for delegates. The Summit's key objectives were to showcase significant work within the Sector and provide a platform for networking, collaboration, and discussion.



Resources and/or Publications

Policy has developed the following resources that have been distributed to the public:

- + Inquiry into Birth Trauma in NSW
- + Effectiveness Review into the General Practice Incentive Program
- + Inquiry into the NDIS Participant Experience in Rural, Regional, and Remote Australia
- + Inquiry into the Implementation of Portfolio Committee No. 2 Recommendations Relating to the Delivery of Specific Health Services and Specialist Care in Remote, Rural, and Regional NSW

NSW Implementation Plan for Closing the Gap

The AH&MRC Policy team is responsible for leading the NSW Implementation Plan for Closing the Gap as the health CAPO lead.

Key Projects

- + **Review and Refresh of the NSW Aboriginal Health Plan:** Completed in partnership with the Centre for Aboriginal Health, this plan integrates the Closing the Gap Priority Reform Areas, committing the NSW health system to genuine partnership and shared decision-making with NSW ACCHOs.
- + **NSW Governance and Accountability Framework:** The team is collaborating on the final draft and has recently consulted with the sector. This framework aims to enhance outcomes for Aboriginal people in NSW by embedding Aboriginal voices and leadership into NSW Health policies, procedures, and structures, strengthening accountability, transparency, and partnerships.
- + In partnership with the NSW Cancer Institute, this project addresses gaps in the integration of services and transitions between primary care and cancer services. It includes the development of a Model of Care, with community consultations now complete. The project aims to reduce mortality and morbidity rates for Aboriginal people by providing culturally appropriate access to services across NSW's rural, regional, and metropolitan primary care services. The project will continue into the next financial year.



Public Health

The Public Health Team at the AH&MRC is dedicated to enhancing the health and well-being of Aboriginal and Torres Strait Islander communities in New South Wales (NSW) through a focus on public health and evidence-based primary healthcare within Aboriginal Community Controlled Health Organisations (ACCHOs).

This year, we expanded our team by welcoming a clinical nurse specialist in sexual health. This addition has enhanced our capacity to advocate for and develop sexual health and blood-borne virus resources. The new team member's clinical experience has also strengthened our ability to provide practical public health and primary healthcare advice to our member services.



Highlights of the Year

Deadly Doctors Forum: Connecting, Learning, and Growing

The 2023 AH&MRC Deadly Doctors Forum, an expanded two-day event, was held on November 11-12 on Bidjigal and Gadigal country at the AH&MRC training campus in Little Bay. This year's forum provided an opportunity for doctors working in Aboriginal Community Controlled Health Services (ACCHS) across NSW to network and engage in cultural and clinical education.

Over 30 general practitioners (GP) from 16 NSW ACCHSs participated. Keira Edwards, Lead of Cultural Education at AH&MRC, served as Master of Ceremonies. The event commenced with a Welcome to Country by Aunty Lola Ryan, followed by an Ochre ceremony led by Susan Moylan-Coombs from the Gaimaragal Group, who also presented on health through an Indigenous knowledge lens.

Day one featured Dr. Kerry Chant, NSW Chief Health Officer, who provided an immunisation update and contributed to discussions on Voluntary Assisted Dying (VAD), developmental and behavioural disorders in Aboriginal children, and cardiovascular disease. The second day focused on peer connectivity, collaborative approaches to continuous quality improvement (CQI) and continuing professional development (CPD) between ACCHSs, and GP self-care. Highlights included Bulgarr Ngaru Medical Aboriginal Corporation's presentation on "The way to better AMS service delivery" and an information-sharing session facilitated by the AH&MRC Public Health team which explored doctors' views on how to improve Aboriginal health outcomes.

The forum received enthusiastic support and positive feedback from attendees. AH&MRC aims to establish this as an annual event, complemented by initiatives supporting the GP workforce in the ACCHO sector. These activities reflect our commitment to fostering a strong, connected, and culturally informed medical community dedicated to improving Aboriginal health outcomes across NSW.

Leadership and Innovation Workshop: Strengthening Emergency Preparedness

In March 2024, following the Indigenous Health Summit, the AH&MRC Public Health team ran a Leadership and Innovation Workshop facilitated by Nicole Turner. This event brought together representatives from our member services, NGOs, academic institutions, and NSW Health, fostering a collaborative approach to emergency preparedness.

A key focus of the workshop was the introduction of the AH&MRC Emergency Resources, a comprehensive toolkit designed to assist member services in planning for future emergencies and natural disasters. While our published Emergency Framework addresses the 'response' phase, this workshop emphasised the critical 'preparation' phase, using heatwave and bushfire scenarios – both recent challenges in NSW – as practical examples.

Participants engaged in small group discussions, sharing valuable insights on how ACCHSs have supported their communities during recent NSW floods and fires, often when other agencies were absent. The workshop also demonstrated the pivotal leadership role of ACCHS during the COVID-19 pandemic, which was crucial in mitigating the virus's impact on Indigenous communities.

These discussions highlighted the importance of strong leadership, robust governance, and strategic planning in managing emergencies and natural disasters effectively. Moving forward, AH&MRC is committed to ongoing support for our members and will establish an AH&MRC Emergency Response Committee. This committee will guide the sector in preparing for and responding to emergencies across NSW, ensuring our communities are resilient and well-supported in times of crisis. This initiative reflects our dedication to innovation, preparedness, and community-led solutions in safeguarding Aboriginal health and well-being.



Member Service Site Visits and Support

Enhancing Sexual Health Services: Yoorana Gunya Site Visit

The year 2024 commenced with a significant outreach initiative as our Public Health Medical Officer and Sexual Health Nurse conducted a site visit to Yoorana Gunya. This visit aimed at bolstering the service's sexual health capabilities through targeted education and process optimisation. Key activities included the delivery of comprehensive sexual health education, facilitation of discussions on improving sexual health screening uptake, and exploration of strategies to enhance community health outcomes.

The Yoorana Gunya team demonstrated exceptional engagement and enthusiasm throughout the visit. This collaborative effort identified specific areas where AH&MRC could provide tailored support to strengthen the service's capacity in delivering effective sexual health care to the community.

Albury Wodonga Aboriginal Health Service (AWAHS) Visit

In March, the Public Health team conducted a productive visit to AWAHS's Glenroy clinic. Key activities included facilitating an open discussion with clinical staff on sexual health program workflows, capacity, barriers, and enablers, delivering a comprehensive sexual health education session, and participating in a 'Yarn Up' with

staff, including GPs from both Glenroy and Wodonga sites. The visit fostered knowledge sharing and identified opportunities for enhancing sexual health services.

Test Treat and Go (TTANGO) Program Implementation

AH&MRC supported the expansion of the TTANGO STI Point-of-Care Testing (POCT) Program at Coomealla Health Aboriginal Corporation (CHAC). This initiative, in collaboration with Flinders University and The Kirby Institute, enables rapid screening for chlamydia, gonorrhoea, and trichomoniasis. Outcomes included full training of two CHAC staff as TTANGO operators, enrolling four additional staff for training, and the successful uptake of POCT for STI screening within the service. This collaboration exemplifies our commitment to assisting our member services introduce innovative healthcare.

Community Engagement: NAIDOC Day Celebrations

The Public Health Team participated in the 2024 NAIDOC Day celebrations of our Affiliate Member, Maaruma-li. In partnership with Tamworth Aboriginal Medical Service and their Gunnedah Outreach Clinic, we provided pre-assessment screenings and health checks for community members. These initiatives reflect AH&MRC's ongoing commitment to working closely with our member services, providing on-the-ground support, actively engaging in community events, and fostering continuous improvement and collaborations to improve health outcomes for Aboriginal people in NSW.

Monthly Public Health Newsletters

The Public Health Team collates a monthly newsletter that serves as a vital communication tool for our member services. This newsletter focuses on the latest developments in current health issues, providing timely updates on new and emerging health concerns affecting Aboriginal communities. It also highlights changes in screening pathways, ensuring members are informed of the latest protocols and best practices for patient care. Additionally, the newsletter features a curated selection of resources, including educational materials, guidelines, and toolkits that support health service delivery. Educational opportunities such as upcoming workshops, webinars, and training programs are also promoted, fostering continuous professional development. This comprehensive newsletter is emailed directly to member CEOs, ensuring that leadership is well-informed and equipped to address the evolving needs of their communities.



Monthly Virtual Meetings with AH&MRC Updates for Members

Our monthly virtual meetings, formerly known as Public Health (PH) updates, offer a dedicated platform for sharing crucial and timely developments with our member services. These meetings provide an opportunity to present the latest insights and updates on a range of topics, including changes in health policies, emerging trends, and new initiatives within AH&MRC. We cover a broad spectrum of subjects, from advancements in clinical practices and regulatory changes to updates on training programs and resource availability. These sessions also facilitate interactive discussions, allowing members to raise questions, share feedback,

and collaborate on addressing common challenges. By fostering open communication and real-time engagement, these meetings ensure that all member services are well-informed and aligned with AH&MRC's strategic goals and operational updates.

Rapid Antigen Test (RAT)/Personal Protective Equipment (PPE) Supply During Transition

With the closure of the Commonwealth stockpile for COVID-19 resources, including RATs and PPE, AH&MRC supported our members with emergency consumable supplies for COVID-19 outbreaks within their communities. They also assisted member services in accessing their own supply pathways for ongoing consumables.

Condom/Lube Supply

AH&MRC supplies condom/lube packs to all our member services upon request. Each pack includes two condoms, two lubricants, and detailed instructions on the back.

Support for Winter Season Vaccination Efforts

The AH&MRC Public Health team facilitated short-term funding to assist Member Services' winter vaccination activities. This funding supported influenza vaccine clinics and activities encouraging the administration of all immunisations to prevent respiratory illnesses during the colder months and beyond.

Resources and Publications

The Way Forward – Views of Deadly Doctors

In November 2023, AH&MRC hosted its annual Deadly Doctors Forum. The Public Health team compiled a comprehensive report based on the valuable input gathered during the information-sharing session. This initiative aimed to equip ACCHOs with effective strategies to enhance their work environments for health professionals.

The forum highlighted that by addressing the professional needs of GPs, ACCHOs can cultivate a stronger sense of purpose and pride among their medical staff. This, in turn, empowers GPs to better support the well-being of patients and the broader community. The findings from this forum serve as a roadmap for ACCHOs to implement targeted improvements, ultimately strengthening their capacity to deliver high-quality healthcare services to Aboriginal communities.

Sexual Health Resources

Several sexual health resources have been developed, including our STI Booklet "STI Awareness and Prevention | 'Doin It Right' Booklet by AHMRC," an infographic on "How to Use a Condom," and the "Condom Card Game." These resources can be used independently but will also be used with our Doin' it Right Program, which is under review and currently being updated. This program aims to deliver a fun, interactive, and informative educational program to young people about consent, safe sex, gender and sexuality, and contraception and pregnancy.

Emergency Activation Framework

The Emergency Activation Framework and Appendix was revised and incorporated into a single document that can still be used in electronic form but can also be printed and provided to our member services on request. We have new influenza and COVID-19 resources, including posters, web banners, and an updated Influenza Preparedness Toolkit 2024. A Respiratory Infection and Prevention Control Manual is a new resource intended to be a practical guide for ACCHOs to use in the 'post-pandemic' era to manage the risk of transmission of respiratory infections.

Webinars

Let's Keep Yarning about Genetics

In August 2023, AH&MRC, in conjunction with HETI, held a webinar featuring Bethany Wadling, Australia's only Indigenous genetic counsellor. She provided an overview of reproductive genetic carrier screening, pre- and post-counseling considerations, and how to access relevant support services and resources.

Identification and Management of Common Dermatological Conditions in Primary Care

This webinar aimed to equip healthcare providers in ACCHOs with essential knowledge on common dermatological conditions. It covered eczema, psoriasis, acne, and various skin infections, emphasising their diagnosis and treatment within the context of Indigenous health. Participants learned about the causes, symptoms, and effective treatments, along with patient education and engagement strategies. The interactive format fostered knowledge sharing and practical insights, enhancing the ability of healthcare providers to deliver comprehensive and culturally appropriate dermatological care, ultimately improving skin health outcomes in Aboriginal and Torres Strait Islander communities.

Recovery

The Director of Recovery is a newly created department and is responsible for providing guidance and assistance to services of concern within the membership of AH&MRC. Services of concern are defined as those flagged with stakeholders or services emerging from special administration within the past two years.

The Director of Recovery will work closely with CEOs, Executive Staff, and the Board of Directors to improve and develop processes to strengthen service delivery from the organisation's operations to its governance.

Key Responsibilities

- + Meet with funding agencies to secure funding and confirm service delivery expectations.
- + Provide advice on organisational structures.
- + Provide guidance in strategic and business planning.
- + Improve internal business and governance practices.
- + Ensure the corporation meets its objectives and the needs of its directors and members.
- + Create, review, and implement policies, procedures, and processes.
- + Provide clinical supervision, education, mentoring, and staff development to maximise Medicare and compliance.

There have been a number of services flagged by the services themselves, funding bodies, and ORIC. These services have been assisted in a number of ways, such as:

- + Providing advice
- + Onsite assistance
- + Policy development
- + Data analysis
- + Compliance assistance

Key Achievements

Director of Recovery Interim CEO Role at Walhallow Aboriginal Corporation

The Director of Recovery was approached by the Walhallow Aboriginal Corporation's Board of Directors to serve as an interim CEO during the recruitment process

for a permanent CEO. Over the course of five months in this role, the Director undertook several key tasks:

- + Worked closely with the Board and funders to ensure the service was fulfilling its contractual obligations.
- + Developed various organisational structures for the Board's consideration.
- + Undertook recruitment for operational staff and the CEO position.
- + Reviewed policies and procedures.
- + Trained and mentored staff in maximising Medicare.
- + Applied for funding grants.

Walhallow Aboriginal Corporation has now successfully employed a CEO and is on the path to recovery. It has been a pleasure working with the Board and staff, and I look forward to seeing the expansion of service delivery in their future.

Developing a Board Induction Pack

We are currently in the process of developing a comprehensive Board Induction Pack. This pack is designed to ensure new board members are fully equipped with the necessary knowledge and tools to effectively contribute to our organisation. The induction pack will include:

- + **Welcome Letter:** Introduction from the Chairperson and CEO.
- + **Organisational Overview:** Mission, vision, values, and strategic goals.
- + **Board Roles and Responsibilities:** Descriptions of roles and duties.
- + **Governance Structure:** Overview of the board and committee functions.
- + **Policies and Procedures:** Key organisational guidelines.
- + **Financial Information:** Recent financial statements and budget overview.
- + **Meeting Schedules and Protocols:** Meeting schedules and participation expectations.
- + **Strategic Plan:** Current strategic plan.
- + **Contact Information:** Directory of key contacts.

This pack ensures new members can effectively contribute to our governance and strategic direction.



Compliance

The Compliance Unit is a dedicated team of specialised staff focused on enhancing the capabilities of Member Services through targeted programs and training. The team plays a crucial role in supporting ACCHSs to improve the quality of their service delivery and increase their revenue, thereby ensuring financial sustainability. This is achieved through strengthened clinical governance and continuous quality improvement activities.

Key Achievements

Delivery of Onsite Clinical CQI & Medicare Training:

The team provided tailored training to multiple AMSs, focusing on Clinical Continuous Quality Improvement (CQI) and Medicare processes. This training was designed to enhance organisational processes and support business sustainability.

Onsite Clinical Accreditation Pre-Assessment Support:

The Compliance Unit offered hands-on support to AMSs in preparation for clinical accreditation. This pre-assessment assistance helped organisations identify and address potential areas for improvement before the official accreditation process, thus ensuring compliance with the required clinical standards.

Regional Quality Improvement Workshops: The team organised and conducted workshops across various regions, aimed at fostering quality improvement within Member Services. These workshops provided valuable insights and practical strategies for enhancing service delivery and operational efficiency.

Successful CQI State Forum: The Compliance Unit successfully organised and executed a CQI State Forum, bringing together key stakeholders and experts to discuss advancements and best practices in continuous quality improvement. The forum facilitated networking, knowledge sharing, and collaboration among participants.

These achievements reflect the Compliance Unit's commitment to advancing the quality and sustainability of ACCHSs through comprehensive support and training initiatives.





Enhancing Service Delivery and Operational Excellence

The team is dedicated to collaborating with Members to identify potential improvements in their model of care, aiming to enhance operational excellence in health service delivery, clinical governance, accreditation, and reporting. The goal is to improve service delivery and promote best practices in primary health care for our AMSs.

We offer guidance and advice on audit and compliance requirements, including data analysis and reporting, to support Member Services' decision-making in their daily operations. Through CQI training, we assess each Member's model of care holistically, addressing unique issues related to care models, organisational structure, staffing, claiming processes, clinical governance, and data management.

Our training helps streamline services and improve efficiency, contributing to better community service from reception through to patient referrals. This enhanced operational efficiency helps AMSs generate additional revenue to better serve their communities.

Clinical & CQI Medicare Training Delivery

In the financial year 2023-24, the team successfully delivered Clinical & CQI Medicare training to 12 Services, including RivMed, Pius X, GWAHS, AWAHS, OAMS, Tobwabba, Awabakal, Condobolin, TAMS, BACHS, Armajun, and Durri AMSs. This training aimed to enhance participants' expertise in Clinical Continuous Quality Improvement and Medicare compliance. It involved tailored sessions focusing on improving service quality and operational efficiency while maximising Medicare revenue. The program provided practical recommendations and case discussions specific to each organisation's needs, supporting their efforts to achieve better clinical outcomes and regulatory compliance.

Pre-Assessment Clinical Accreditation Support

The Compliance Unit provided pre-assessment clinical accreditation support and assistance to 5 AMSs during the financial year. This support was extended to Walhallow, Bullinah, Peak Hill, Pius X, and Coomealla. The assistance included thorough reviews and guidance to help these organisations prepare for their clinical

accreditation processes. This pre-assessment support aimed to identify and address potential areas for improvement, ensuring that each AMS could meet the required standards and achieve successful accreditation. By offering appropriate and relevant recommendations, the Compliance Unit contributed to enhancing the overall quality and compliance of these services.

Regional Quality Improvement Workshops

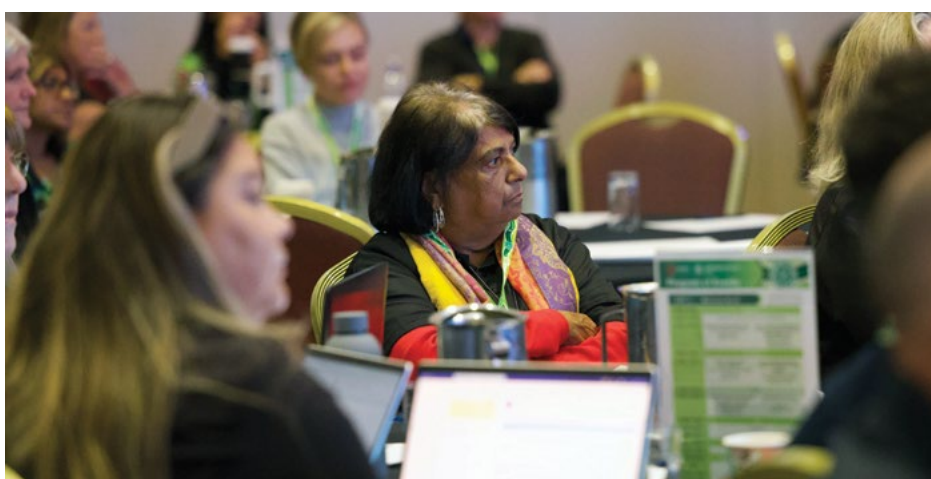
The Compliance Unit, in partnership with QIP (Quality Innovation Performance Ltd), offered three regional 2-day Quality Improvement workshops for ACCHSs in Sydney, Port Macquarie, and Dubbo. These sessions were designed to enhance quality improvement practices across various services. A total of 50 staff members from 26 different services participated in the workshops. The workshops focused on practical strategies for continuous quality improvement and provided valuable insights tailored to the needs of each region. The feedback from delegates was overwhelmingly positive, reflecting the effectiveness of the workshops in addressing quality improvement challenges and supporting professional development within the ACCHO sector.

2024 Annual State CQI Forum

The Annual State CQI Forum was held in Sydney in May with the theme **'Aim high. Quality starts with us'**. This notable event was attended by 60 staff members from 23 Member Services. This yearly conference is dedicated to advancing quality improvement practices and featured a range of talks and workshops designed to enhance participants' skills and knowledge. The Forum also showcased the achievements of Members through multiple presentations from ACCHSs, highlighting individual and organisational successes. The event culminated in the traditional CQI awards night, where outstanding contributions to quality improvement were recognised and celebrated. This forum not only provided valuable learning opportunities but also honoured the efforts and achievements within the ACCHO sector.

AH&MRC Awards Winners

- + **Emerging Talent Award** – Callum Mocaraka (from Weigelli Centre Aboriginal Corporation)
- + **Digital Innovation Award** – Tamworth Aboriginal Medical Service



- + **Staff Member of the Year Award** – Donna Bliss (from Yoorana Gunya Family Healing Centre)
- + **Quality Team of the Year Award** – Weigelli Centre Aboriginal Corporation
- + **Quality Organisation of the Year Award** – Orange Aboriginal Medical Service (OAMS)
- + **Sustainability Impact Award** – Riverina Medical & Dental Aboriginal Corporation
- + **Outstanding Contribution to Quality Management Practice Award in Admin** – Werin Aboriginal Medical Service
- + **Outstanding Contribution to Quality Management Practice Award in Data** – Waminda South Coast Women’s Health and Welfare Aboriginal Corporation
- + **Outstanding Contribution to Quality Management Practice Award in Clinics** – Bourke Aboriginal Corporation Health Service
- + **Outstanding Contribution to Quality Management Practice Award in Programs** – Mental Health Camps: Tobwabba Aboriginal Medical Service

Ongoing Initiatives and Updates

The Compliance Unit has been actively engaged in several key initiatives to enhance the support and resources available to ACCHSs:

- + **Continual Updating and Revision of Clinical & CQI Medicare Training:** The team has been updating and revising the Clinical & CQI Medicare training to reflect the latest changes in the Medicare Benefits Schedule (MBS) and Department of Health programs, including current

MBS resources and MyMedicare Program updates.

- + **Review of the AH&MRC ACCHS Accreditation Mapping Project:** The AH&MRC has updated the ACCHS accreditation mapping project to improve and align it with current standards and requirements.
- + **Development of Onsite AMS Accreditation Education and Support Program:** An onsite AMS accreditation education and support program has been developed to provide tailored guidance and training, helping AMSs prepare for and achieve successful accreditation.
- + **Continued Collation of ACCHS-Relevant Policies and Procedures:** The team is continuously collating and updating policies, procedures, and staff professional development resources relevant to ACCHSs to ensure they are current and accessible.

Support for Digital Health

The Compliance Unit continues to play a vital role in supporting Services in the adoption and utilisation of Digital Health technologies. This support encompasses a range of areas, including My Health Records, telehealth, digital literacy, and data quality and management. By providing guidance and resources, the unit helps Services integrate these technologies effectively, enhancing their ability to deliver high-quality care.

The focus is on improving digital health capabilities, ensuring that staff are proficient in using these tools, and maintaining high standards of data management and quality. This ongoing support is crucial for advancing digital health initiatives and optimising service delivery.



Communications

During strategic planning, it was clear that communication across partnerships and member services needed improvement. To address this, we appointed a Communications and Marketing Manager in 2022 with a mandate to overhaul communication processes and broaden our business offerings. This role was crucial in redefining our approach to internal and external communications.

As part of this initiative, the communications team has expanded to include two additional staff members this financial year. Their primary responsibilities include developing resources, managing social media, and producing newsletters. This expansion has significantly enhanced our ability to engage with our audience and deliver timely, relevant information.

Newsletter Expansion

We have made remarkable progress in our newsletter distribution, transitioning from no newsletters to three distinct types:

- + **Yarn Connect:** This is our primary information-based newsletter, designed for broad visibility across all stakeholders. It features general updates, insights, and information pertinent to a wide audience. With an average open rate of 43%, this database is expected to grow further. Our efforts include targeted email marketing campaigns at events and forums that we host, contributing to increased engagement and expanding our reach.
- + **Member Services Newsletter:** Tailored specifically for member services, this newsletter focuses on immediate action items and critical updates that are relevant exclusively to member services. It ensures that important information is communicated directly to those who need it most. With an average open rate of 32%, up from 21% the previous year, we have seen a significant improvement in our email marketing performance.
- + **Public Health Newsletter:** This newsletter provides up-to-date information on public health matters. It serves as a crucial resource for keeping stakeholders informed about the latest developments in public health.

These newsletters have significantly enhanced communication from AH&MRC, establishing a clear and efficient channel for information sharing across health and education sectors. They provide a structured way for partnerships and affiliate members to disseminate important information, improving overall engagement and responsiveness.

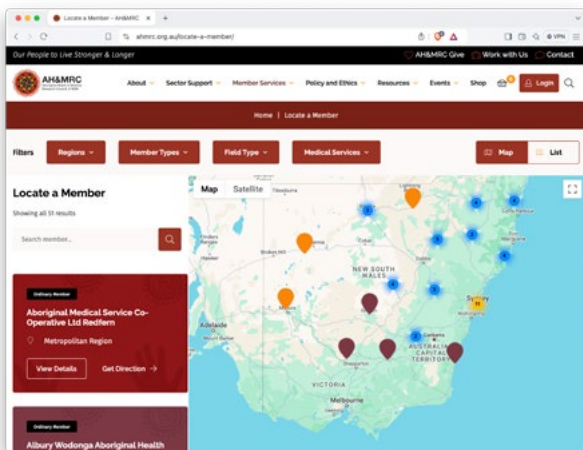
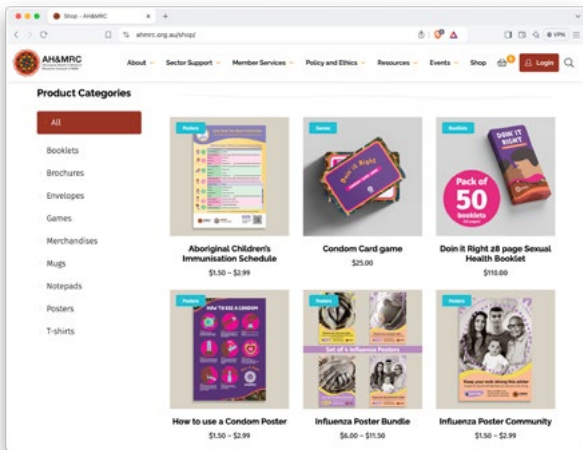
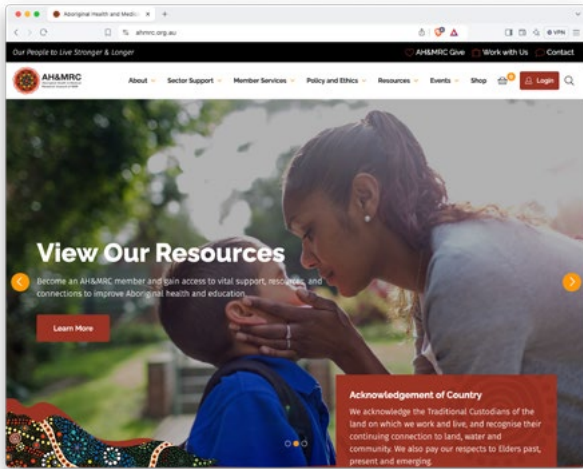


New Videos

As part of our brand awareness campaign, we produced five videos highlighting key areas of our business and showcasing the impactful work of AH&MRC:

- + **Venue Hire:** Demonstrates the facilities available for hire and the benefits of using our venues.
- + **Training:** Highlights the training programs offered and their role in professional development.
- + **Ethics:** Focuses on our commitment to ethical practices and the role of our Ethics team.
- + **Compliance:** Showcases our efforts in ensuring compliance and supporting member services in meeting regulatory standards.
- + **Our Healthy Kids:** Features our initiatives and programs aimed at promoting children's health and wellbeing.

These videos are available on YouTube and serve as a powerful tool for promoting our work and engaging with the community. They provide a visual representation of the diverse and impactful work carried out by AH&MRC's various departments.



New Website

The launch of our new website in January 2024 marked a significant milestone in expanding our business capabilities. The revamped website offers:

- + **Enhanced Navigation:** A more intuitive layout that simplifies the process of finding member service locations and details on their areas of specialisation. This feature helps stakeholders easily locate and understand the services available in their regions.
- + **Shop Functionality:** A new online shop that showcases and sells resources created by our department over the past year. This feature allows the public to purchase resources directly, with plans to expand into additional services in the future.
- + **Member Portal:** An exclusive portal for member services, providing access to essential notifications and a comprehensive library of resources. This portal ensures that member services are promptly informed of important updates and have easy access to the materials they need.

These website enhancements facilitate better communication and resource availability for member services while offering a more streamlined experience for users.



The background of the page is a vibrant orange color. It features a large, stylized sunflower graphic in a lighter shade of orange. The sunflower's head is composed of concentric circles of dots, and its petals are represented by simple, curved shapes. The overall aesthetic is warm and positive.

Section 4

Our Members' Success Stories



Coomealla and Bila Muuji Community Health Expo

AH&MRC partnered with Coomealla Health Aboriginal Corporation (CHAC) and Bila Muuji Aboriginal Corporation Health Service to put on a Community Health Expo at Coomealla on the 11th of October 2023.

The AH&MRC was proud to support the event and thank Summer Hunt, Shiralee Hedges, Peter Matsumoto, and CHAC's other clinical and non-clinical staff for planning and organising a great health promotion day.

Through this expo that brought the community together, the AH&MRC, CHAC, Bila Muuji, Fair Dinkum Choices, and other health services present could enhance health literacy and provide relevant information about the available resources.

Community members could sign up as new patients, book in for their 715 annual health checks, receive information on the flu or COVID-19 booster vaccinations, and make appointments to receive them. The attendees answered questions and provided feedback on the health passports that would help AH&MRC further assist the health services.

Dancers from Kiilalaana Dance Group and The Brother Boys kept the event fun and entertaining.

Merchandise for different age groups was handed out to the community, and the prizes were raffled off throughout the day with fresh food and grocery vouchers from the local supermarket.



Tharawal Aboriginal Medical Services' Suicide Prevention and R U OK Day event

On Thursday, September 14th, 2023, staff from the AH&MRC (Aboriginal Health and Medical Research Council) participated in the Tharawal Aboriginal Medical Services' Suicide Prevention and R U OK Day event, which took place on the service's premises.

The event was a resounding success, with several local organisations that offer mental health support services to the community also in attendance. Tharawal staff members were present and available for conversations with attendees.

Among the organisations in attendance were:

- + Safe Haven, Mcarthur
- + Campbelltown Mission Australia
- + Heal Your Way, Cox Inall Ridgeway
- + Life Line
- + Neami National
- + WSLHD In-Patient Support Unit

The event was hosted by comedian Kevin Kropinyeri, who shared his personal stories of mental health challenges. He skilfully lightened the atmosphere with his comedy, effectively addressing a potentially sensitive subject and leaving everyone in high spirits and laughter.

The crowd was then treated to a captivating performance by the talented Miss Felicia Fox, an Aboriginal drag performer. To keep everyone content, lunch was provided by Ryan Gozleme, ensuring that everyone's bellies were full and happy.





EarTrain Training in Coffs Harbour

EarTrain Training in Coffs Harbour on October 17th and 18th, in collaboration with EarTrain TAFE NSW and the AH&MRC Ear Health Coordination Program, aims to enhance the skills of the workforce in ear and hearing health.

The goal is to bridge the gap in ear health checks and hearing tests for young children, and prioritise early learning and access to hearing health equipment.

The EarTrain program is a free online initiative for primary healthcare professionals, designed to identify and treat otitis media and other hearing conditions in Aboriginal and Torres Strait Islander communities. Otitis Media (middle ear infection) can be prevented and treated early through regular ear checks during interactions with children and families. EarTrain empowers primary healthcare professionals to improve ear health in their communities. The program, funded by the Australian Federal Government, is delivered across Australia by TAFE NSW and is part of the Closing the Gap initiative available until June 2024.

In support of the EarTrain program, we work with Aboriginal Community Controlled Health organisations and clinical staff to provide more accessible training in rural and remote areas, tailored to specific skill sets. This practical training enhances the confidence of clinical staff in conducting ear health checks and following referral pathways to provide quality ear health care for their patients and local communities.

During a week of reflection, we appreciate the participation and determination of those attending the two-day EarTrain training workshop. Participants included Riverina Medical and Dental Aboriginal Corporation (RIVMED), Biripi Aboriginal Corporation Medical Centre, and Dubbo Regional Aboriginal Health Service (DRAHS).

About the EarTrain program: EarTrain is a fully funded* online training program for primary healthcare professionals to identify and manage otitis media and other hearing conditions in Aboriginal and Torres Strait Islander communities. The program, funded by the Australian Government, is delivered across Australia by TAFE NSW and is part of the Closing the Gap initiative which was available until June 2024.

Program Eligibility: Primary healthcare professionals and workers providing care to Aboriginal and Torres Strait Islander people are eligible to participate in the EarTrain program.

Workshop 1: Practical Skills – Screening in your Community: This two-day workshop provides practical skills in otoscopy, tympanometry, screening otoacoustic emissions, introduction to audiometry (for adults and children), and referral pathways. It is ideal for those seeking an introduction or refresher in these practical skills. The workshop offers the opportunity to apply the skills and techniques learned in the online training, gaining practical experience and confidence under guidance.



TAMS Cultural Family Fun Day

TAMS Cultural Family Fun Day (Community event) took place on Wednesday, July 12th at Viaduct Park.

The event was organised by TAMS staff and featured a variety of exciting activities for attendees of all ages. Lenny Waters and Mark Atkins warmly welcomed everyone to the event.

The AH&MRC Ear Health Programs provided valuable support to the TAMS team, with Kristy Cooke, Katrina Millgate, and Sheleaka O’Leary-Cloake emphasising the importance of including kids’ ear health checks in the Cultural Day event. In addition to the health checks, there were numerous fun activities available, such as pony rides, cultural activities, face painting, jumping castles, and an Elders tent.

TAMS expressed their gratitude to their local partners for their support in making the event possible. These partners included JobLink Plus, Aboriginal Lands Council Bumbira, TACCS, Family Support, Justice Health Centre Care, Health Wise, UNE, Fire Brigade, FACS, BARB’S 2340, and Service Australia.

Over 40 people, including adults, participated in the ear health checks. Dr. Emma, a TAMS GP, provided valuable assistance with Otoscopy and Video Otoscopy, while offering educational information to the attendees. The community members were pleased with TAMS’ dedication to the well-being of the community, with one individual remarking, “It’s great to see the work TAMS does for the community.” The local media, represented by Tamworth’s Leader newspaper, attended the event and published an article about it.

The TAMS staff members were commended for their hard work, and the event saw a fantastic turnout. Inspired by the success, the TAMS staff have expressed their interest in planning an even larger event next year, with a focus on establishing key partnerships and involving more stakeholders.



Katungul collaborative site visit AH&MRC/RDN

On the 26th of July, the collaborative meeting between Ear Health AH&MRC and RDN was a privilege as they had the opportunity to meet with CEO Kayleen Brown and Executive Director to CEO Marsha File.

The meeting revolved around discussing the comprehensive scope of Katungul’s clinical service locations in Batemans Bay, Bega, and Narooma. The focus was on accessing specialist services, establishing strong collaboration with the local health district, and ensuring the availability of ENT services and resources, along with ear health training. During the meeting, the Executive Director made a significant remark, stating, “The positive outcomes resulting from the impacts of COVID have brought together local services and fostered stronger relationships, enabling us to work together for the betterment of our local communities.”

Additionally, Katungul is actively involved in the Listen and Learning in Aboriginal Children (LiLAC) research project, which runs parallel to the Improving Care Pathways for Otitis Media (OM) in Aboriginal children project. Through this participation, they provide access to speech pathology and occupational therapy services for children experiencing hearing loss due to OM.

Katungul is seeking further support in terms of continuity of care and access to hearing health specialist services. Despite numerous challenges and environmental factors, Katungul maintains a shared vision and recognises the urgent need to expand their clinical facilities to accommodate visiting specialist services. The team expresses gratitude to Kayleen and Marsha for their valuable time spent in the meeting, overseeing the internal services provided. This engagement has enhanced their knowledge and understanding of the overall operational perspective, contributing to the holistic quality of care provided to Ear Health programs and teams in collaboration with AH&MRC and RDN.





AH&MRC Deliver Aboriginal Mental Health First Aid (AMHFA) Training to Durri Aboriginal Corporation Medical Service, Kempsey

Colin McGrath and Sylvia Akusah delivered AMHFA training to Durri ACMSs' health workers in a marathon effort over four days.

Two AMHFA training courses were delivered over four consecutive days for 36 of Durri's workforce.

The AH&MRC provides the AMHFA training to its Member Services free of charge and as part of a larger suicide prevention strategy.

The AMHFA training is designed to empower our ACCHO's health workers with the tools to assist community members, family and friends who experience mental health crises. Accredited Aboriginal Mental Health First Aid officers are able to support their community members who are in a mental health crisis, provide them with support and information and encouragement to reach out and get professional help and other supports that will keep them safe until professional support has been arranged.

Kempsey's Aboriginal community has been rocked by tragedies in recent times and seen much mourning and Sorry Business. Many of the health workers in attendance at the training were still grieving the loss of community members and loved ones.

Colin himself has struggled with AOD and Mental Health issues for most of his life and faced and overcame many challenges that arose from these conditions.

He uses the insights gained from his own life in the delivery of the Aboriginal Mental Health First Aid training. In 2019, his partner's mother took her own life and he knows the pain and suffering caused and the states of being that make up the journey through loss back to a new normal.

"This is why mental health first aid, provided in a culturally appropriate setting, is so important," Colin said, and then went on to say, "Having people from Aboriginal communities who have the knowledge and skills to provide mental health first aid is essential to safeguard mob, and will benefit the whole community and make them more resilient when there are people from your own community to listen and provide professional support options, and importantly, hope.

A key message to the Durri participants of the training was that grief and mourning is normal, that it is part of the healing process and, to not blame yourselves for a loved one taking their own life, "that their decision to take their own life happened at a moment in time of dark despair when you are not there to talk to them". And, "That it is not your fault that you were not there at that moment in time."

The AMHFA training was well received by Durri's workforce, which included transport drivers, reception staff, GPs, AHWs/AHPs, admin workers, dentists, and nurses.



Tamworth Aboriginal Medical Centre Staff Development Day

The Tamworth Aboriginal Medical Centre was lucky to have Richie and Kay in Tamworth this week to be a part of their staff development day.

Covering a range of topics from funding to 715 health checks, the Tamworth Aboriginal Medical Service is staying at the forefront of Indigenous health.

They engaged actively with all staff and hope to apply their knowledge to help further grow the organisation.



AH&MRC Public Health team visit Yoorana Gunya and Orange AMS

Our Public Health Medical Officer Kath Keenan and our Sexual Health Nurse Kodie Alderton were invited to Yoorana Gunya last week to talk about all things sexual health! The visit included meeting with the Executive and Clinical teams with a site tour before they got down to some sexual health education and group discussions.

There was contribution from all team members with enthusiastic conversations about processes for the uptake of sexual health screening, the importance of sexual health in the 715-health assessment and how AH&MRC could support Yoorana Gunya to achieve better health outcomes for the community.

Dr Kath and Kodie were also able to stop by Orange AMS (OAMS) and met with CEO Jamie Newman, the Sexual Health Nurse and Clinical Nurse Lead. They toured the already amazing facilities at OAMS and viewed the site for the approved hydrotherapy pool.

The Public Health team look forward to providing ongoing support to the teams visited and is keen to visit other member services. Please email publichealth@ahmrc.org.au if you are interested in a site visit or other assistance for your clinical teams.



Ear & Eye Health Site Visits

Recently, Mafi Kailahi, the Ear & Eye Health Programs Officer from AH&MRC, and Rebecca Stone, the Outreach Project Officer from Rural Doctors Network (RDN), conducted site visits to various locations.

These included Tamworth Aboriginal Medical Service (TAMS), Werin Aboriginal Corporation Medical Centre, and Durri Aboriginal Corporation Medical Service. During the visits, they met with the Practice Managers and clinical teams to discuss Ear Health Initiatives.

The discussions covered a range of topics, including internal mapping of Ear Health services and programs, identifying gaps and barriers in the community's access to quality ear health care, and exploring the services provided through RDN's outreach services. They also discussed upcoming training opportunities, such as an Ear Irrigation workshop with the Benchmark group on July 24th. Expressions of Interest (EOI) details for the workshop will be shared soon, and efforts were made to provide more localised training opportunities for clinical staff, Aboriginal Health Practitioners (AHPs), and Aboriginal Health Workers (AHWs).

The discussions also touched upon community events, such as TAMS Cultural Day, where support was provided for conducting ear health screening checks and sharing relevant resources. Additionally, there was a focus on providing Ear Health equipment to members who have received ear health training. The Practice Managers and clinical staff expressed their commitment to prioritising ear health within the community and their interest in upskilling the workforce, potentially through opportunities like the Cert IV in Audiometry offered by TAFE NSW.

The visit to Tamworth Aboriginal Medical Service (TAMS) took place on Monday, March 29th, while the visits to Werin Aboriginal Corporation Medical Centre and Durri Aboriginal Corporation Medical Service occurred on Thursday, June 8th, 2023.



Appointment of David MacQueen as Acting CEO of Katungul AMS

The Katungul Aboriginal Corporation Regional Health and Community Services Board is happy to announce the appointment of David MacQueen as Acting CEO, effective 9th February 2024.

David plans on making his transition from Katungul COO to Acting CEO as seamless and effective as possible for both stakeholders and staff.

David replaces Kayeleen Brown, who led Katungul for the last two years prior to her departure.

"I thank Kayeleen for her leadership and congratulate her on the achievements of Katungul during her appointment. I thank her for the support and guidance she showed as our community faced unprecedented hardship over the past two years."

Katungul looks forward to working with David to further the work of providing holistic and culturally appropriate health and wellbeing services for and with Aboriginal communities.



**Diabetes Education Workshop
– Dubbo**

The Diabetes Education Workshop was successfully held at Dubbo Zoo on March 21, 2024. The team from the University of Technology Sydney provided the high quality education supported by the Aboriginal Health & Medical Research Council of NSW and the RDN Care Partnership – Diabetes program.

The event was attended by health professionals from Western and Far West NSW LHDs, Aboriginal Medical Services, PHNs, and non-government primary care providers. It was an excellent opportunity for the Aboriginal Healthcare Professionals to learn about the range of clinical management and education skills through different sessions. Learning activities included HbA1c testing, glucose monitoring, diabetes education, cultural empathy, diabetes communication, and case studies, where participants shared their own experiences and discussed them.

The facilitators, Dr. Marlene Payk, Dr Shannon Lin, and Grace Ward, delivered informative sessions, including discussions and activities to engage the participants.

Staff from AH&MRC's Public Health, Member Engagement, and Training team attended and **“enjoyed the learning and networking opportunities. AH&MRC will further work towards engaging member services to benefit from these workshops and is keen on providing ongoing support to the partner organisations in the future.”**

AH&MRC will continue supporting member services so they may benefit from these workshops and is keen to work with partner organisations to provide ongoing professional development in the future.



**20 Years of Orange Aboriginal
Medical Service**

The Orange Aboriginal Medical Service is moving into its 20th year of operations this year, continuing the legacy of the Aboriginal Medical Service Redfern (AMS Redfern) which was established in 1971 as the first Aboriginal Community Controlled Health Service in Australia.

AMS Redfern was instrumental in providing the foundation for many other Aboriginal community organisations that provide a similar health care model for Aboriginal people.

On 14 May 2004, OAMS achieved corporate registration, marking the culmination of work that began 12 months prior to the official opening of the clinic doors for business the following year. OAMS staff and board came together recently to acknowledge and celebrate 20 years of continuous quality community care for our mob and community.



**ELEANOR
DUNCAN**
Aboriginal
Services

Major Capital Works Grant Secures \$4.6 Million for Mardi Property Refurbishment

Media release – Eleanor Duncan Aboriginal Services.

Darkinjung Country, Central Coast, NSW, 5 June 2024 – Eleanor Duncan Aboriginal Services is thrilled to announce that we have been awarded a Major Capital Works Grant totalling \$4,616,120.00. This significant funding will enable the much-needed refurbishment of our Mardi property, marking a monumental step forward in enhancing our services and facilities for the Aboriginal community on Darkinjung country.

This grant will allow our Aboriginal Medical Services team to co-locate at the newly refurbished Mardi property, enabling us to fully realise and maximise our transdisciplinary model of care. By bringing all our teams together under one roof, we can provide more cohesive, comprehensive, and culturally responsive healthcare to our community.

The refurbishment of the Mardi property is not just about improving “a” building; it’s about investing in the health and well-being of our community. This state-of-the-art facility will serve as a hub for delivering integrated services that address the physical, social, emotional, cultural, and spiritual well-being of our people. The upgraded facility will ensure that we can continue to support our community’s health and well-being now and into the future.

We are ecstatic about what this grant represents for our community. It is a testament to the strength, resilience, and excellence of our people. This funding will help us continue to thrive and showcase black excellence, providing a centre of excellence for the Aboriginal community on Darkinjung country.

This achievement reflects our commitment to cultural connectedness, excellence, and integrity. It reinforces our dedication to a holistic view of health that honours the cyclical concepts of life, death, and life, ensuring that our services are not just about individual well-being, but the well-being of the whole community.

We extend our heartfelt thanks to the Department of Health and Aged Care and NACCHO for this much-deserved grant. Their support is invaluable in helping us create an even better future for our community.



Marumali Program® at Work is for service providers who work with Stolen Generations Survivors and their families.

This workshop will support you and your team to:

- + Get to know the widespread impact of forcible removal and the potential paths for recovery
- + Recognise the signs and symptoms of trauma from forcible removal in clients, their family members and others involved with your service
- + Avoid re-traumatising Stolen Generations Survivors
- + Respond in a culturally safe way by integrating this into workplace policies, procedures and practices.
- + Marumali Program® at Work -First Nations Service Providers

Date: 13th-16th AUGUST 2024

Location: Kinchela Boys Home Aboriginal Corporation.
1/179 Botany Road, Waterloo

Time: 9AM-4PM

Cost: \$2900

The 4 day workshop empowers individuals and teams to provide a safe, appropriate and effective support to Stolen Generations survivors, their families and communities.

In this workshop you will learn about:

- + assessing clients' social and emotional wellbeing
- + providing appropriate support and referral.
- + identifying protective factors and holistic support resources

Knowledge and skills:

- + Understand and address the issues of trauma associated with forcible removal policies and practices.
- + Learn healing strategies that respect the rights of survivors to control the pace, direction and outcomes of their own journey.





Regional NSW Aboriginal medical service reinstated as Out of Home Care provider

An Aboriginal medical provider in regional New South Wales is celebrating their return to delivering culturally safe out-of-home care services for local Indigenous kids.

Riverina Medical and Dental Aboriginal Corporation (RivMed) in the Wagga region of the state recently had its accreditation reinstated after it was deferred due to operational policy and procedure shortfalls in 2022, with intervention from the Office of the Children’s Guardian, Department of Communities and Justice, and AbSec (NSW Child, Family and Community Peak Aboriginal Corporation).

At the time, 54 children in care supported by RivMed case management were transitioned into the care of other organisations.

A performance improvement plan was later developed with OCG, DCJ and AbSec involvement.

In January, the state’s Children’s Guardian Steve Kinmond reinstated RivMed’s accreditation.

The service has since strengthened its holistic out of home care model with cultural support plans with a culturally safe and centred approach at focus.

“We are now actively working with non-Aboriginal government organisations to transition Aboriginal children and cases to our dedicated team of First Nations staff, skilled in delivering effective foster care case management and support services,” RivMed chief executive Peta Larsen said.

“Through our model of care, Aboriginal children and their carers will receive culturally appropriate support with access to culture and community to help develop children’s positive self-identity, encourage healing, and maintain a sense of belonging, especially for those who have been disconnected from their immediate family.”

Ms Larsen said the reinstated accreditation was a testament to the body’s determination to provide for their community.

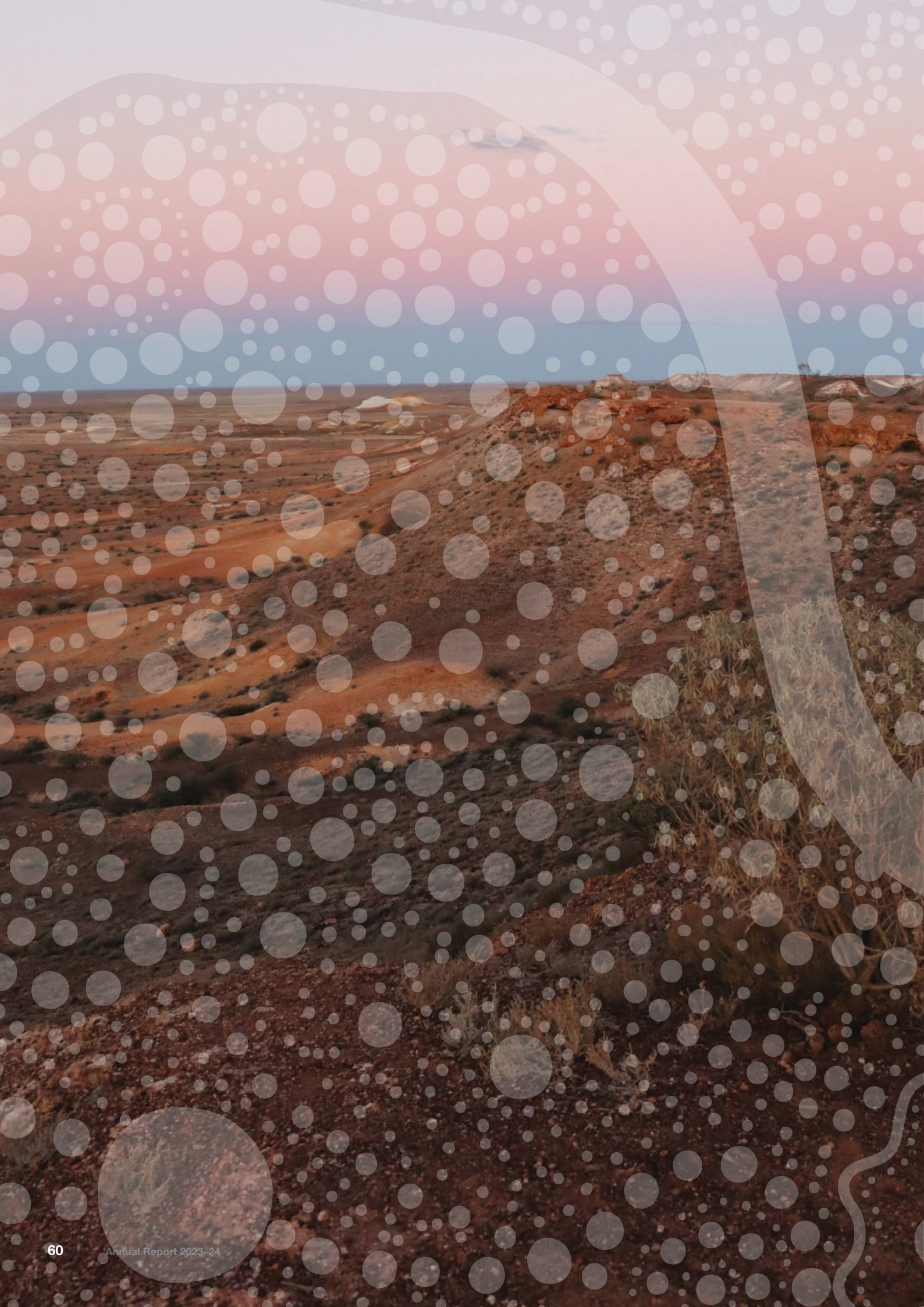
In a letter, Mr Kidmond confirmed the breadth to their service delivery.

“Given the improvement in systems and practice demonstrated by RivMed, I have removed the additional conditions previously imposed on RivMed,” he said, via a RivMed release.

“This includes the condition requiring RivMed to engage an external consultant with reportable conduct expertise and the condition limiting the number of children and young people to whom RivMed may provide statutory out-of-home care services to.”

“I have informed the Department of Communities and Justice that there are no longer any restrictions imposed by my office on the number of children and young people who may be placed with RivMed.”

RivMed has operated in the Wagga region since 1988.





Section 5

Financial Reporting

Aboriginal Health and Medical Research Council of NSW

ABN: 66 085 654 397

Auditor's Independence Declaration under Section 60-40 of the Charities and Not-for-profits Commission Act 2012 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 2024, 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.



Judy Brown CA B Bus

Brown Auditing Services Pty Ltd
Maitland NSW

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2024

	Note	2024 (\$)	2023 (\$)
State and Federal Grants	4	15,079,352	10,633,594
Other Funding bodies	4	320,277	518,510
Other income	4	724,268	692,902
Consulting fees		(1,116,563)	(706,806)
Employee benefits expense		(8,053,155)	(5,364,606)
Travel and accomodation expenses		(1,295,983)	(840,282)
Audit, legal and consulting		(426,858)	(155,244)
Rent and occupancy expenses		(210,880)	(109,345)
Venue expenses		(119,187)	(66,751)
Repairs and Maintenance		(147,518)	(84,787)
Computer software and consumables expenses		(183,699)	(183,699)
Depreciation/impairment		(95,475)	(447,453)
Programs and promotions		(711,171)	(3,400,412)
Post and printing		(1,945,361)	(33,345)
Telephone expenses		(39,846)	(42,061)
Motor Vehicle running costs		(28,474)	(55,725)
Recruitment and training		(76,993)	(81,372)
Other expenses		(63,407)	(246,505)
Surplus/(deficit) before income tax		(1,508,256)	26,613
Income tax expense		-	-
Surplus/(deficit) from continuing operations		284,270	26,613
Surplus/(deficit) for the year		284,770	26,613
Other comprehensive income, net of income tax			
Total comprehensive income for the year		284,770	26,613

The accompanying notes form part of these financial statements.

Statement of Financial Position

as at 30 June 2024

	Note	2024 (\$)	2023 (\$)
Assets			
Current assets			
Cash and cash equivalents	6	10,953,416	11,481,893
Trade and other receivables	7	2,372,971	685,469
Inventories	8	6,060	–
Other financial assets	9	5,576,176	2,544,769
Other assets	10	337,970	230,375
Total current assets		19,246,593	14,942,506
Non-current assets			
Property, plant and equipment	12	13,531,703	13,759,447
Intangible assets	13	7,494	16,636
Right-of-use assets	11	176,270	352,544
Total non-current assets		13,715,467	14,128,627
Total assets		32,962,060	29,071,133
Liabilities			
Current liabilities			
Trade and other payables	14	1,672,237	1,185,222
Employee benefits	17	383,186	238,783
Other financial liabilities	15	4,997	–
Other liabilities	16	11,601,296	8,460,855
Total current liabilities		13,661,716	9,884,860
Non-current liabilities			
Lease liabilities	11	174,993	354,656
Employee benefits	17	51,905	42,941
Total non-current liabilities		226,898	397,597
Total liabilities		13,888,614	10,282,457
Net assets		19,073,446	18,788,676
Equity			
Retained earnings		19,073,446	18,788,676
Total equity		19,073,446	18,788,676

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the Year Ended 30 June 2024

	Note	Retained earnings (\$)	Total (\$)
2024			
Balance at 1 July 2023		18,788,676	18,788,676
Surplus attributable to members of the company		284,770	284,770
Balance at 30 June 2024		19,073,446	19,073,446
2023			
Balance at 1 July 2022		18,762,064	18,762,064
Surplus attributable to members of the company		26,612	26,612
Balance at 30 June 2023		18,788,676	18,788,676

The accompanying notes form part of these financial statements.

Statement of Cash Flows

For the Year Ended 30 June 2024

	Note	2024 (\$)	2023 (\$)
Cash flows from operating activities:			
Receipts from grants and other customers		20,498,382	16,996,279
Payments to suppliers and employees		(24,116,778)	(10,035,060)
Interest received		356,523	67,607
Net cash provided by/(used in) operating activities	23	(3,261,873)	7,028,826
Cash Flows From Investing Activities:			
Proceeds from disposal of non-current assets		-	134,870
Purchase of property, plant and equipment		(298,011)	(178,778)
Movement of financial assets		3,031,407	(1,240,421)
Net cash provided by/(used in) investing activities		2,733,396	(1,284,329)
Net increase/(decrease) in cash and cash equivalents held		(528,477)	5,744,497
Cash and cash equivalents at beginning of year		11,481,893	5,737,396
Cash and cash equivalents at end of financial year	6	10,953,416	11,481,893

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the Year Ended 30 June 2024

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 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 – Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012*.

The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Significant accounting policies adopted in the preparation of these financial statements are presented below and are consistent with prior reporting periods unless otherwise stated.

Note 2 Summary of Significant Accounting Policies

a / Revenue and other income

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Company expects to receive in exchange for those goods or services.

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Company have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

When a non-current asset is disposed, the gain or loss is calculated by comparing proceeds received with its carrying amount and is taken to profit or loss.

Government grants are recognised at fair value where there is reasonable assurance that the grant will be received and all grant conditions will be met. Grants relating to expense items are recognised as income over the periods necessary to match the grant to the costs they are compensating. Grants relating to assets are credited to deferred income at fair value and are credited to income over the expected useful life of the asset on a straight-line basis.

Other income is recognised on an accruals basis when the Company is entitled to it.

Grant revenue

Government grants are recognised at fair value where there is reasonable assurance that the grant will be received and all grant conditions will be met. Grants relating to expense items are recognised as income over the periods necessary to match the grant to the costs they are compensating. Grants relating to assets are credited to deferred income at fair value and are credited to income over the expected useful life of the asset on a straight-line basis.

Notes to the Financial Statements

For the Year Ended 30 June 2024

Other income

Other income is recognised on an accruals basis when the Company is entitled to it.

Interest

Interest revenue is recognised as it accrues using the effective interest method. The rate is exactly dissected to estimate future cash receipts throughout the expected life of the asset.

Donation

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

b / Income tax

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

c / 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.

d / 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 significantly less than fair value have been recorded at the acquisition date fair value.

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 asset's 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.

Notes to the Financial Statements

For the Year Ended 30 June 2024

e / Financial instruments

Financial instruments are recognised initially on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

f / Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

g / Leases

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Company's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Company's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

h / Employee benefits

Provision is made for the Company's liability for employee benefits, those benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Note 3 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.

Key estimates – 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. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

Key estimates – 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.

Notes to the Financial Statements

For the Year Ended 30 June 2024

Key estimates – provisions

As described in the accounting policies, provisions are measured at management's best estimate of the expenditure required to settle the obligation at the end of the reporting period. These estimates are made taking into account a range of possible outcomes and will vary as further information is obtained.

Note 4 Other Revenue and Income

Revenue from continuing operations

	2024 (\$)	2023 (\$)
Revenue from contracts with customers (AASB 15)		
Revenue and Other Income		
State/Federal government grants	15,079,352	10,633,594
Other organisations	320,277	518,510
	15,399,629	11,152,104
Interest received	356,523	67,607
	356,523	67,607
Other Income		
Donations & sponsorships	8,648	142,408
RTO activities	120,502	222,508
Other income	238,595	243,041
Total other income	367,745	607,957
Total revenue and other income	16,123,897	11,827,668

Notes to the Financial Statements
For the Year Ended 30 June 2024

Note 5 Result for the Year

The result for the year includes the following specific expenses:

	2024 (\$)	2023 (\$)
Rental expense	178,380	109,345
Audit fee	45,500	47,933
Legal and professional fee	228,723	31,759
Consultancy expense	1,116,563	706,806
Depreciation Building	115,649	115,649
Depreciation Plant and equipment	110,893	63,986
Depreciation Fit out	7,054	55,736
Depreciation Motor vehicle	292,159	53,275
Website – amortisation	9,142	11,911

Note 6 Cash and Cash Equivalents

	2024 (\$)	2023 (\$)
Cash at bank and in hand	10,942,076	11,469,866
Other cash and cash equivalents	11,340	12,027
	<u>10,953,416</u>	<u>11,481,893</u>

Note 7 Trade and Other Receivables

	2024 (\$)	2023 (\$)
Current		
Trade receivables	2,348,586	687,298
Deposits	2	(1,829)
GST receivable	8,479	–
FBT receivables	15,904	–
Total current trade and other receivables	<u>2,372,971</u>	<u>685,469</u>

Notes to the Financial Statements

For the Year Ended 30 June 2024

Note 8 Inventories

	2024 (\$)	2023 (\$)
Current		
At cost:		
Finished goods	6,060	-
	<u>6,060</u>	<u>-</u>
Total	<u>6 060</u>	<u>-</u>

Write downs of inventories to net realisable value during the year were \$ NIL (2023: \$ NIL).

Note 9 Other Financial Assets

	2024 (\$)	2023 (\$)
Current		
Term deposit investments	5,576,176	2,544,769
Total other financial assets	<u>5,576,176</u>	<u>2,544,769</u>

Note 10 Other Assets

	2024 (\$)	2023 (\$)
Current		
Accrued income	179,375	91,522
Prepaid expenses	153,554	134,943
Investments	5,041	3,910
Total other assets	<u>337,970</u>	<u>230,375</u>

Note 11 Leases

	Buildings (\$)	Total (\$)
Right of use assets		
Year ended 30 June 2024		
Balance at beginning of year	352,544	352,544
Additions to right of use assets	(176,274)	(176,274)
Balance at end of year	<u>176,270</u>	<u>176,270</u>

Notes to the Financial Statements

For the Year Ended 30 June 2024

Note 12 Property, Plant and Equipment

	2024 (\$)	2023 (\$)
Land and buildings		
Land and buildings		
At cost	13,650,000	13,650,000
Accumulated depreciation	(578,247)	(462,597)
Total land and buildings	13,071,753	13,187,403
Plant and equipment		
Capital works in progress		
Total capital works in progress	-	-
Plant and equipment		
At cost	2,259,102	2,153,001
Accumulated depreciation	(2,101,103)	(1,990,710)
Total plant and equipment	157,999	162,291
Office Fit out		
At cost	259,188	259,188
Accumulated depreciation	(70,364)	(62,810)
Total Office Fit out	188,824	196,378
Motor vehicles		
At cost	644,469	452,555
Accumulated depreciation	(531,342)	(239,180)
Total motor vehicles	113,127	213,375
Total plant and equipment	459,950	572,044
Total property, plant and equipment	13,531,703	13,759,447

Notes to the Financial Statements

For the Year Ended 30 June 2024

a / Movements in carrying amounts

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

	Capital Works in Progress (\$)	Land and Buildings (\$)	Plant and Equipment (\$)	Office Fit out (\$)	Motor Vehicles (\$)	Total (\$)
Year ended 30 June 2024						
Balance at the beginning of year	-	13,187,403	162,291	196,378	213,375	13,759,447
Additions	-	-	106,101	-	191,910	298,011
Depreciation expense	-	(115,649)	(110,893)	(7,054)	(292,159)	(525,755)
Balance at the end of the year	-	13,187,403	157,499	189,324	113,126	13,531,703

Note 13 Intangible Assets

	2024 (\$)	2023 (\$)
Computer software		
Cost	45,710	45,710
Accumulated amortisation	(38,216)	(29,074)
Net carrying value	7,494	16,636
Total Intangibles assets	7,494	16,636

Note 14 Trade and Other Payables

	2024 (\$)	2023 (\$)
Current		
Trade payables	741,952	659,525
Accrued expense	930,285	401,227
Other payables	-	124,470
Total trade and other payables	1,672,237	1,185,222

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.

Notes to the Financial Statements

For the Year Ended 30 June 2024

Note 15 Other Financial Liabilities

	2024 (\$)	2023 (\$)
Current		
Credit card – unsecured	4,997	–
Total	<u>4,997</u>	<u>–</u>

The Company measures the following financial liabilities at fair value on a recurring basis:

Note 16 Other Liabilities

	2024 (\$)	2023 (\$)
Current		
Income received in advance	11,601,296	8,460,855
	<u>11,601,296</u>	<u>8,460,855</u>

Note 17 Employee Benefits

	2024 (\$)	2023 (\$)
Current liabilities		
Employee benefits	383,186	238,783
	<u>383,186</u>	<u>238,783</u>
Non current liabilities		
Employee benefits	51,905	42,941
	<u>51,905</u>	<u>42,941</u>

Notes to the Financial Statements

For the Year Ended 30 June 2024

Note 18 Financial Risk Management

	2024 (\$)	2023 (\$)
Financial assets		
Held at amortised cost		
Cash and cash equivalents	10,953,416	11,481,893
Trade and other receivables	2,372,969	685,470
Fair value through profit or loss (FVTPL)		
Fair value through Other Comprehensive Income (OCI)		
Total financial assets	13,326,385	12,167,363
Financial liabilities		
Financial liabilities measured at amortised cost	13,278,530	9,646,077
Financial liabilities at fair value		
Total financial liabilities	13,278,530	9,646,077

Objectives, policies and processes (alternate example)

Risk management is carried out by the Company's risk management committee under the delegated power from those charged with governance. The Finance Manager has primary responsibility for the development of relevant policies and procedures to mitigate the risk exposure of the Company, these policies and procedures are then approved by the risk management committee and tabled at the board meeting following their approval.

Reports are presented at each Board meeting regarding the implementation of these policies and any risk exposure which the Risk Management Committee believes the Board should be aware of.

Specific information regarding the mitigation of each financial risk to which the Company is exposed is provided below.

Liquidity risk

Liquidity risk arises from the Company's management of working capital and the finance charges and principal repayments on its debt instruments. It is the risk that the Company will encounter difficulty in meeting its financial obligations as they fall due.

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. Funding for long-term liquidity needs is additionally secured by an adequate amount of committed credit facilities and the ability to sell long-term financial assets.

Liquidity needs are monitored in various time bands, on a day-to-day and week-to-week basis, as well a rolling 30-day projection. Long-term liquidity needs for a 180-day and a 360-day period are identified monthly.

At the reporting date, these reports indicate that the Company expected to have sufficient liquid resources to meet its obligations under all reasonably expected circumstances and will not need to draw down any of the financing facilities.

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.

Notes to the Financial Statements

For the Year Ended 30 June 2024

The amounts disclosed in the table are the undiscounted contracted cash flows and therefore the balances in the table may not equal the balances in the statement of financial position due to the effect of discounting.

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, derivative financial instruments and deposits with banks and financial institutions, as well as credit exposure to wholesale and retail customers, including outstanding receivables and committed transactions.

The credit risk for liquid funds and other short-term financial assets is considered negligible, since the counterparties are reputable banks with high quality external credit ratings.

Trade receivables

Trade receivables consist of a large number of customers, spread across diverse industries and geographical areas. Ongoing credit evaluation is performed on the financial condition of accounts receivable.

The Company has adopted a policy of only dealing with creditworthy counterparties as a means of mitigating the risk of financial loss from defaults. The risk management committee has established a credit policy under which each new customer is analysed individually for creditworthiness before the Company's standard payment and delivery terms and conditions are offered. The Company review includes external ratings, if they are available, financial statements, credit agency information and industry information. Credit limits are established for each customer and the utilisation of credit limits by customers is regularly monitored by line management. Customers who subsequently fail to meet their credit terms are required to make purchases on a prepayment basis until creditworthiness can be re-established.

Those charged with governance receives monthly reports summarising the turnover, trade receivables balance and aging profile of each of the key customers individually and the Company's other customers analysed by industry sector as well as a list of customers currently transacting on a prepayment basis or who have balances in excess of their credit limits.

The Company's exposure to credit risk is influenced mainly by the individual characteristics of each customer. However, management also considers the factors that may influence the credit risk of its customer base, including the default risk associated with the industry and country in which the customers operate.

Management considers that all the financial assets that are not impaired for each of the reporting dates under review are of good credit quality, including those that are past due.

The Company has no significant concentration of credit risk with respect to any single counterparty or group of counterparties.

(i) Interest rate risk

The Company is exposed to interest rate risk as funds are borrowed at floating and fixed rates. Borrowings issued at fixed rates expose the Company to fair value interest rate risk.

The Company's policy is to minimise interest rate cash flow risk exposures on long-term financing. Longer-term borrowings are therefore usually at fixed rates. At the reporting date, the Company is exposed to changes in market interest rates through its bank borrowings, which are subject to variable interest rates.

Sensitivity analysis

The following table illustrates the sensitivity of the net result for the year and equity to a reasonably possible change in interest rates of +2.50% and -2.50% (2023: +2.50%/-2.50%), 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.

Notes to the Financial Statements

For the Year Ended 30 June 2024

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

(ii) 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.

Such risk is managed through diversification of investments across industries and geographic locations.

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

Banking and Finance 99% and shares 1 %.

Note 19 Members' Guarantee

The Company is registered with the *Australian Charities and Not-for-profits Commission Act 2012* and is a Company limited by guarantee. 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 Company. At 30 June 2024 the number of members was 49 (2023: 49).

Note 20 Key Management Personnel Disclosures

The remuneration paid to key management personnel of the Company is \$1,221,667 (2023: \$908,771).

Note 21 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2024 (30 June 2023:None).

Note 22 Related Parties

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.

Notes to the Financial Statements

For the Year Ended 30 June 2024

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:

	2024 (\$)	2023 (\$)
Profit for the year	284,770	26,612
Cash flows excluded from profit attributable to operating activities		
Non cash flows in profit:		
+ Depreciation/impairment	711,171	447,453
Changes in assets and liabilities:		
+ (increase)/decrease in trade and other receivables	(1,687,502)	(315,558)
+ (increase)/decrease in other assets	(107,595)	1,240,421
+ increase/(decrease) in inventories	(6,060)	-
+ increase/(decrease) in trade and other payables	487,015	520,330
+ increase/(decrease) in income in advance	3,140,441	4,104,141
+ increase/(decrease) in provisions	(6,084,113)	1,005,427
Cashflows from operations	(3,261,873)	7,028,826

Note 24 Events After the End of the Reporting Period

The financial report was authorised for issue on 18 November 2024 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 company is:

Aboriginal Health and Medical Research Council of NSW

35 Harvey Street

LITTLE BAY NSW 2036

Aboriginal Health and Medical Research Council of NSW

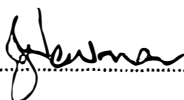

ABN: 66 085 664 397

Responsible Persons' Declaration

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

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

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

Responsible person  Responsible person 

Dated 19th November 2024



Level 1
14 Bulwer Street
Maitland NSW 2320
ABN - 51 611 569 003

Auditors Report to the members of the Aboriginal Health and Medical Research Council of NSW

Report on the Audit of the Financial Report

Qualified Opinion

We have audited the financial report of Aboriginal Health and Medical Research Council of NSW, which comprises the statement of financial position as at 30 June 2024, the statement of profit or 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 responsible persons' declaration.

In our opinion, except for the effects of the matter described in the *Basis for Qualified Opinion* section of our report, the financial report of Aboriginal Health and Medical Research Council of NSW is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of Council's financial position as at 30 June 2024 and of its financial performance for the year ended; and
- (ii) complying with Australian Accounting Standards - Simplified Disclosures and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Qualified Opinion

During the year changes to governance and management directly impacted the level and timeliness of documentation provided to support the audit process. As a consequence, we were unable to obtain satisfy ourselves that those charged with governance were able to access to critical information necessary for making informed decisions. The current board are taking steps to improve the governance processes however, I am unable to determine the impact, if any, on the financial statements that may result from the breakdown in the governance reporting.

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 Council in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act)* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (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 qualified opinion.

Responsibilities of Responsible Entities for the Financial Report

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

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

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Those charged with governance are responsible for overseeing the Council'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 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 the financial report.

Chartered Accountants



Judy Brown
B Bus RCA
Managing Director
Brown Auditing Services Pty Ltd
Location Maitland NSW
19 November 2024

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